

been no postoperative deaths, and in all cases the cure has been permanent.

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ROYAL WHITMAN, M.D. "The Distinction between Fracture of the Neck of the Femur and Epiphyseal Disjunction in Early Life, with reference to its Influence upon Prognosis and Treatment." *Medical News*, September 24, 1904.

As a result of the writer's investigations into fractures of this region, it is now generally admitted that fracture of the neck of the femur is relatively common in early life. Exception is taken to the strong tendency among German writers to class these cases as epiphyseal separations rather than simple fractures, and several good points are brought forward against such a classification. The distinction between the symptoms and physical signs in the two classes of cases is given, and the nature of the deformity explained in the situation of the injury and its effect upon the function of the joint. As regards treatment, simple fracture should be treated by fixation at the limit of normal abduction, an attitude which implies restoration of the depressed neck to its normal position. Partial epiphyseal separation should be treated by direct operative reposition of the head. Excision, which is at present in such favour with German surgeons, should be an operation of necessity rather than choice. One should never be content with mechanical support, however efficient it may be in relieving the immediate symptoms, for normal function is dependent upon normal form, and one should always aim to remedy deformity whenever it is practicable.

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FRANK H. MURDOCK, M.D. "The Indications for Surgical Intervention in Chronic Gastric Ulcer." *Medical Record*, October 1st, 1904.

Fenwick's classification is the one preferred, consisting of the gastralgic, the catarrhal or vomiting, the dyspeptic, the hæmorrhagic, and the cachectic. Hæmorrhage, perforation and stenosis of the pylorus are the three chief points considered. Hæmorrhage is stated as occurring in about 18 per cent. of all cases of chronic ulcer, and is of a more serious nature than in the acute, and is very apt to recur. Operation should not be delayed too long, as death often occurs without surgical interference. In cases of perforation immediate operation is, of course, demanded. As to the frequency with which stenosis of the pylorus follows chronic ulcer, Brinton computed that severe stenosis occurs in one out of two hundred cases. Fenwick's figures for partial