are shortened. This backward subluxation is always made easier by the relatively small size of the glenoid cavity in infancy.

Any abnormality in the shape of the head of the humerus or in the glenoid in a case accompanied by paralysis or lack of development of the deltoid and supra-and-infra-spinatus muscles is probably secondary to the paralysis, and if accompanied by a dislocation is not to be looked upon as the primary cause of the dislocation. Lack of bony development of a paralyzed arm may become very marked after the lapse of years, and this lack of bony development is not in any way to be regarded as proof of a congenital defect.

All early cases of obstetrical paralysis are to be treated by sling or bandage, which will support the paralyzed muscles and prevent dragging on the ligament and injured nerves.

In cases of obstetrical paralysis which persist without improvement there is reason to hope that surgical intervention looking to a union of the torn ends of the fifth and sixth cervical roots at a point from a quarter to three-quarters of an inch from their emergence from the canal may be of benefit.

The subluxation resulting from the paralysis is to be treated by stretching or section of the contracted muscles and ligaments, by osteotomy, arthrodesis or muscle transfer, according to the conditions present in each case.—*J. S. Stone in Boston Medical and Surgery Journal, Archives of Pediatrics.*

FRACTURE OF THE NECK OF THE FEMUR IN CHILDREN.

Whitman reports (*Annals of Surgery*, February, 1900) 18 cases in children between the ages of two to sixteen. The physical characteristics of this injury are shortening of the limb of one-half to three-quarters of an inch with corresponding elevation of the trochanter and slight outward rotation of the leg. For several weeks or months there may be discomfort on manipulation, but when repair is complete the range of motion is not restricted or slightly limited, and a slight limp is the only symptom. Until recent years this injury was supposed to be confined to adults. In many instances patients are able to walk about within a few days; thus it may be inferred that the separation of the fragments is incomplete, and that the fracture is rather a bending than a displacement. Discomfort or pain during the stage of repair is very often mistaken for hip-disease. Röntgen pictures show depression of the neck as a whole rather than at