

Hemorrhagic infarction of the uterus, the writer adds, only occurs under peculiar conditions, changes in the vessel-walls being most important. The disturbance of the circulation following the occlusion of the uterine arteries, in consequence of emboli, thrombi or ligation, produces a different effect. In general, the uterus is placed under the most favorable anatomical conditions for the rapid and entire restoration of the circulation after ligation of the arteries, so that marked disturbances seldom result therefrom.

THE DECIDUA CIRCUMFLEXA IN TUBAL PREGNANCY.

FRÄNKEL (*Ibid.*) in an elaborate paper on this subject concludes that at the placental site the tubal wall is greatly thinned, so that often only the subserous connective tissue containing muscular fibres is present. In this tissue are found canals lined with cubical epithelium, the origin of which is unknown. The wall of the tube opposite to the placental site is thickened by a new development of connective tissue between the muscle-fibres. The decidua of the tube consists of two layers, one of pure embryonic tissue, and the other containing decidual cells with connective and smooth muscular tissue. No decidua is found at the point where the ovum is attached. The writer was never able to discover any trace of a decidua circumflexa. The fetal membranes are identical with those in uterine gestation.

THE CURE OF PERITONEAL TUBERCULOSIS BY CÆLIOTOMY.

MANNOTTI and BACIOCHI (*ibid.*) conducted a series of experiments in rabbits and dogs with a view of determining the influence of explorative cœliotomy in tuberculous peritonitis. In rabbits improvement was commonly noted, but never a cure; in dogs a cure was the rule. The tubercles were absorbed and were transformed into connective tissue; the absorption was apparently secondary to destruction of the virus and vascular new-formation, being most marked in dogs. In consequence of the transformation of tubercles into connective tissue troublesome intestinal adhesions are liable to form. It is only by reopening the abdomen that one can determine positively the value of cœliotomy in these cases. Though most of the tubercles are rapidly absorbed, some are slow to disappear, hence it is necessary to be careful in pronouncing a patient as entirely cured, even when the clinical symptoms are favorable. The beneficial effects of cœliotomy do not seem to be more marked when the peritoneal cavity is irrigated with sterilized water or antiseptic solutions. The observers conclude that in animals opening the abdomen causes a certain inflammatory reaction of the peritoneum, accompanied by a marked increase of its absorptive power, which results in a prevention of further infection, degeneration of cells, vascularization of tuberculous nodules, and finally their absorption and transformation into connective tissue.

THE PATHOLOGICAL ANATOMY OF THE FEMALE PELVIC ORGANS IN CHOLERA.

RUSI (*Zeitschrift für Geb. u. Gyn.*, Band. vii., Heft 1) reports the results of his observations on the bodies of sixteen subjects who died of cholera. Macroscopically the uterus was extremely congested, the cavity invariably contain-