

rudimentary uterus, the right adnexa being absent. Histologically the ovary presented the foetal type, the superficial epithelium being absent. Birnbaum alludes to fifteen cases of hernia of the ovary collected by Küstner, and adds eight others which came under his own observation. The condition is in most instances congenital and is often associated with failures of development. Taxis is usually impossible, so that operation becomes necessary—either replacement of the uterus, or extirpation of the latter and ovary if the uterus is rudimentary.

Perforation of the Uterus.—TREUB (*Zentralblatt f. Gynäkologie*, 1906, No. 28) reports the two following cases of perforation of the uterus:

CASE I.—A woman in order to interrupt pregnancy, introduced into the uterus a bougie, which she left *in situ* for some time while she attended to her work. When she tried to remove the instrument only the knob on the end came away. Three weeks later she entered the clinic with slight bleeding, but no fever. A fluctuating tumor was felt above the symphysis with some resistance in the cul-de-sac. On incising a preperitoneal abscess, the bougie was removed.

CASE II.—A woman who had passed over her period eight days introduced a catheter into the uterus, and being unable to find it again entered the clinic three days later. A mass could be felt in Douglas' pouch, but on incising posteriorly nothing could be palpated. The uterine cavity was dilated and explored but the catheter could not be felt. The curette removed some decidua. The patient's temperature rose and a swelling appeared over Poupart's ligament on the right side, in which the catheter was found to be imbedded.

Hemorrhagic Endometritis.—GOTH (*Monatsschrift f. Geb. u. Gyn.*, 1906, Band xxiii, Heft 5) calls attention to the fact that the first menstruation after curetting is usually delayed, probably due to the protracted renewal of the endometrium. Hemorrhagic endometritis is most common during the period of sexual activity, and is usually accompanied by hypertrophy of the endometrium in nullipare, hyperplasia being most common in those who have borne children. The histological character of the endometritis is not influenced by disease of the uterus or adnexa

Fibroma of the Ovary.—LOSINSKI (*Russki Vratsch; Zentralblatt f. Gyn.*, 1906, No. 29) reports the case of a girl, aged sixteen years, with a solid abdominal tumor accompanied with moderate ascites. The tumor was a fibromyoma of the left ovary, weighing over a pound. The writer commenting on the presence of smooth muscle-fibers, believes that they are derived from the utero-ovarian ligament and the middle coat of the small arteries. He alludes to forty-nine cases collected by Basso.

Gonorrhœal Infection of the Urinary Tract in the Female.—KNORR (*Zentralblatt f. Gyn.*, 1906, No. 30) bases his deductions on cystoscopic examinations of upward of 3000 patients, extending over a period of seven years. He is fully in accord with Bumm with regard to the infrequency of gonorrhœal cystitis and ascending infection. While the urethra and neck of the bladder are often infected, pure gonorrhœal