Seitz and Jess: Renal Glycosuria of Pregnancy in the Diagnosis of Pregnancy, Münchener medizinische Wochenschrift, 1922, lxi, 6.

In following up the work of Frank and Nothmann (experimental glycosuria in diagnosis of pregnancy) the authors find: In about half the cases of pregnancy the administration of one hundred grams of grape sugar gives rise to a glycosuria without an abnormal increase of the blood sugar; the test is not constant in the early months of pregnancy, and almost always fails in the last two or three months; the test can only be considered a probable sign in the diagnosis and differential diagnosis of pregnancy.

S. B. SOLHAUG.

Kast, L., Wardell, E. L. and Myers, V. C.: The Significance of Small Amounts of Sugar in the Urine. American Journal of the Medical Sciences, 1920, clx, 877.

Clinical interpretation placed upon glycosuria has progressed during the past few years.

With a delicate quantitative test for sugar, developed by Benedict and Osterberg, hourly variations of sugar output are detected in normal individuals. Such tests show increased output two or three hours following ingestion of food. In diabetics the relative increase in excretion of sugar is much greater at these times.

Conclusions: Sudden new appearance of sugar is rare. Occasional careful quantitative estimations of sugar output in 24 hour specimens are more valuable than daily routine qualitative estimations in treatment of diabetics. Routine qualitative estimations on morning specimens or specimens taken at random may be quite misleading.

J. WARREN BELL.

Bartholomew, Sale and Calloway: Diagnosis of Pregnancy by the Roentgen Ray. Journal American Medical Association, 1921, lxxvi, 912.

Centers of ossification develop in the clavicles of the human fetus in the sixth or seventh month and, soon thereafter, in other bones. This fact, which is quite constant, has led to the attempt to diagnose pregnancy by means of the Roentgen ray. While Edling has succeeded in demonstrating parts of the fetal skeleton *in utero* as early as the end of the fourth month, the authors were unable, even in the most favorable cases, to demonstrate pregnancy by this method before the fifth month, and then only in one-third of the cases examined. During the sixth month, one-half of the cases examined were positive.

R. E. WOBUS.

Corner: Internal Migration of the Ovum. Johns Hopkins Hospital Bulletin, 1921, xxxii, 78.

Corner says that with the rarest exceptions all human cases of migration of the ovum are explained by the external route (where the ovum passes from the ovary into the abdominal cavity and thence into the opposite tube). He cites the case of Andrews (1912) as the most satisfactory instance of internal migration where one of twin embryos was interstitial in the right side and one normally implanted in the uterine cavity, in a woman whose right tube and ovary were absent. In his work on the pregnant sow, he found (1915) that one or more ova migrate in at least one third of all cases. In the pig the number of corpora lutea probably represents accurately the number of eggs which are discharged into the Fallopian tubes at the ovulation which gave rise to the pregnancy. In examining the ovaries and uteri of 545 pigs he found that internal migration (where the ova pass through the homolateral tube into the uterus thence to be implanted in the opposite uterine cornu or tube) was the rule. He offers the hypothesis that internal migration in the sow is under physiologic regulation for useful ends, which hypothesis was ful-