perience he draws the following conclusions: (1) Placenta-Opton can be used therapeutically to increase the severity of the pains in any stage of labor. (2) The intramuscular injection of this substance has a good effect upon all menstrual disorders due to hypofunction of the uterus.

Kratzeisen: **Animal Experiments with Placenta-Opton.** Deutsche Medizinische Wochenschrift, 1921, xlvii, 1260.

Substantiating the work of Fellner and others, Kratzeisen found that the injection of placenta extract caused a very definite hypertrophy of the female sexual organs of rats and guinea pigs. These changes, consisting of an increase in size, were apparent in immature as well as in mature animals. In young guinea pigs the uterus was fully twice as large in all dimensions after these injections than in the controls. The vagina also showed an increase in size, both the length and the thickness of the walls being augmented. The thickening in each case was due to a hypertrophy of the muscle cells and not to edema. The mammae were also involved, the changes being apparent in the nipples and areolae.

Mature guinea pigs manifested clonic spasms after large doses, which soon subsided, but they showed no decrease in appetite or other reaction. Rats showed no reaction whatever. Unlike Fellner's animals, none of this series showed any parenchymatous changes in the kidneys or other organs which, this author believes, were due to alcoholic and ethereal extracts used by the former.

R. E. WOBUS.

Martin, Ed: "Placenta-Opton" as Oxytocic. Monatsschrift für Geburtshilfe und Gynäkologie, 1921, liv, 288.

To test the efficacy of Merck's Placenta-Opton, Martin selected six patients, in whom the membranes had ruptured before the onset of labor. After several hours' observation, in each patient with the pains absent or very weak and irregular, an ampoule of the Placenta-Opton was injected intramuscularly. Within a few minutes after the administration of the drug, contractions became more severe and recurred at closer intervals. In no case was there any apparent harmful effect on mother or child. He was not able to start pains in patients who gave no signs of being in labor, but is quite convinced that rhythmic uterine contractions can be induced by the substance when the patient is at term.

EVERETT D. PLASS.

Herrmann: **Specific Ovarian Secretion.** Zentralblatt für Gynäkologie, 1921, xlv, 501.

Herrmann claims priority in the isolation of the lipid of the ovarian secretion in contradiction to Fellner.

H. M. LITTLE.

Fellner: **Remarks on the Article of Herrmann and Stein: "Is the Active Substance of Corpus Luteum Specific for Sex?"** Zentralblatt für Gynäkologie, 1921, xlv, 568.

Fellner refers to his work, which appeared in August, 1912, and revealed the active substance of the corpus luteum as a lipid. He found similar lipoids in ovary, placenta, and later also in the testicle, described their solubility, etc. About the same time Iscovesco reported on an active substance of the corpus

luteum—a lipid, but this work was incomplete and he had no knowledge of the lipid of the ovary or placenta. Fellner's work was demonstrated at the Gynecological Congress in 1913. In 1915 Hermann (in the *Monatssch. f. Geburtsh.*) described certain experiments on animals, which supported Fellner's work. It was merely confirmation and dealt solely with specificity on the basis of distillation.

H. M. LITTLE.

Fellner: Function of Ovaries during Pregnancy (Interstitial Cells). *Monatsschrift für Geburtshülfe und Gynäkologie*, 1921, liv, 88.

From a series of experiments in which guinea pigs were injected with ether and alcohol extracts of cows' ovaries in various stages of the oestrous development, the author draws several conclusions: (1) The "sexual-lipoid" is present not only in the corpus luteum, placenta, and membranes, but also in the interstitial cells of the ovary; (2) the secretory function of the interstitial cells of the ovary in the non-pregnant animal is very small, but it increases during pregnancy until it is scarcely less marked than that of the corpus luteum; (3) the corpus luteum during pregnancy has the same secretory activity as at other times, and (4) the total secretory function of the ovary is increased during pregnancy by reason of the increased activity of the interstitial cells.

E. D. PLASS.

Weishaupt: Lipoids in Human Ovary. *Monatsschrift für Geburtshülfe und Gynäkologie*, 1922, lvi, 276.

A study of a considerable series of human and animal ovaries was made by histological methods using various more or less specific staining reagents to demonstrate the presence and distribution of the lipid materials in the cells. In general it was concluded that the lipid substances are largely concerned with the nutrition of the more important cells of the ovary and that they probably have little to do with its internal secretory activity. The chief argument is that lipid was demonstrated in the ovaries of the non-pregnant woman in the same locations and approximately the same amounts as in the ovaries of pregnant and puerperal women.

E. D. PLASS.

Hirst, J. C.: The Comparative Value of Whole Ovarian Extract, Corpus Luteum Extract, and Ovarian Residue in Menstrual Disorders. *New York Medical Journal*, 1921, cxiv, 391.

The author believes that the various ovarian extracts are best administered by deep muscular or intravenous injection. In this way, the nausea, which is a common complaint after oral administration, may be avoided as well as the changes due to oxidation and digestion. He details the technic of administration. As a result of his personal experiences, he formulates the following conclusions: Results are not invariable with any extract but if intelligently used, a good degree of success can be expected, excepting always the use of ovarian residue, where the results are considered decidedly nebulous. Results are often slow, particularly in menstrual disorders, and patience is one of the prime requisites in both patient and doctor. Results are most prompt in the menopause with the whole ovarian extract and in the nausea of pregnancy with corpus luteum extract. The most discouraging results are with the cases of obesity and amenorrhea. Cooperation between physician and patient is needed and over-optimistic statements are to be avoided. The tendency is to expect too much and too quickly.

MARGARET SCHULZE.