Ureteral Surgery.—FRANZ (*Zeitschrift für Geb. u. Gyn.*, Band 1., Heft 2 and 3) reports six cases of injury to the ureters during the course of difficult abdominal operations, in all of which the ureter was successfully implanted in the bladder.

The writer states, as the result of experiments and clinical observations, that the flow of urine through the implanted ureter is at first impeded in consequence of a localized oedema of the ureteral mucosa. This soon subsides, as a rule, though rarely complete occlusion of the duct may result. A certain amount of dilatation of both the ureter and the renal pelvis may follow this temporary oedema.

Advantages of Abdominovaginal Drainage.—OBERLAENDER (*Zeitschrift für Geb. u. Gyn.*, Band 1., Heft 2 and 3) states that combined abdominal and vaginal drainage was employed in 20 per cent. of Orthmann's private abdominal sections between April, 1899, and April, 1902. Only two patients died.

The writer believes that this method is best for drainage, especially when a quantity of pus has escaped, when large raw surfaces are left, and when there is fear of a subsequent intestinal fistula.

Hæmatoma of the Ovary.—POTIER (*Revue de gynécologie*, vol. vii., No. 5) includes under this head only hemorrhages into Graafian follicle. He reports the case of a young married woman, where the diagnosis of ectopic pregnancy had been made. An ovary the size of a hen's egg was removed, which contained several hemorrhagic cysts communicating with one another, as well as a number of follicles containing blood. The cortex was thickened as the result of inflammation, so that the follicles could not rupture. The hemorrhage was supposed to be due to excessive coitus.

Pneumococcus Peritonitis.—v. BRUNN (*Beiträge zur klin. Chirurgie*, Band xxxix., Heft 1) reports 2 cases from the Tübingen clinic, making 72 now on record. The writer calls attention to the fact that the fluid in the peritoneal cavity is usually thick and fibrinous and that it tends to become encapsulated, thus rendering the prognosis favorable. These collections of fluid are most often found in the neighborhood of the umbilicus and in the iliac fossæ. The abdominal viscera are seldom involved, but the lungs, pleura, meninges and pericardium are frequently affected.

The disease is most common in girls under fifteen years, beginning as a pneumonia, followed by increased temperature, abdominal pain, vomiting and diarrhoea. The process is soon localized in the abdomen, and persists for several weeks, with variable temperature, moderate pain and gradual loss of strength. The fluid may be evacuated spontaneously, but surgical intervention is preferable. In adults the diagnosis is more difficult, as it is liable to be mistaken for typhoid or tubercular peritonitis. It is characterized by an acute onset, followed by localization in the abdomen. Early incision and drainage are indicated.

Sarcomatous Degeneration of Fibroids.—HAUBER (Munich inaugural dissertation: abstract in *Zentralblatt für Gynäkologie*, 1904, No. 11) found 3 cases among 138 cases of fibromyoma in Klein's clinic. He infers that about 3 per cent. of all fibroids undergo sarcomatous degeneration.

eration. After the menopause such tumors should never be regarded as harmless, but should be kept under constant observation, and should be promptly removed if they begin to increase in size. The statistics of myoma operations are now so good that it is better to extirpate them early rather than to wait until rapid growth is noted. An exception is made, however, in the case of tumors which increase in size under the influence of pregnancy.

DERMATOLOGY.

UNDER THE CHARGE OF

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A Papuloexudative Dermatitis Produced by Pilocarpine.—HALLOPEAU and VIELLARD (*Annales de Dermatologie et de Syphiligraphie*, 1904, No. 3) report a case of extensive eruption following the prolonged use of pilocarpine. The patient, a man aged fifty-two years, consulted a distinguished ophthalmologist for some trouble of vision, who diagnosed an episcleritis and increased ocular tension, for which he prescribed instillations of 0.05 per cent. solution of pilocarpine and hypodermic injections of 0.05 centigram to 1 centigram of the same drug. Under this treatment the vision improved, but after thirty-five hypodermic injections and about eighty instillations an eruption appeared which occupied the face, the trunk, and the limbs. This eruption was a polymorphous one, consisting of papules, vesicles, pustules, and impetiginous crusts; some of the lesions were umbilicated like the eruption of smallpox. Symptoms of systemic intoxication accompanied the eruption, and at the end of two months the patient died.

Histological examination of the eruptive lesions revealed an inflammatory exudate about the excretory ducts of the sweat glands. The authors conclude, from a study of this unusual case, that pilocarpine introduced into the organism for a prolonged period by hypodermic injection and by instillation may give rise to an eruption of umbilicated papules which are situated in the sweat glands, the place of election for the eruption being the face and limbs. The exudate, at first serous, soon becomes purulent. This eruption differs in its clinical characters from all the dermatoses hitherto described, and is accompanied by grave disturbance of the general health, particularly of cerebral and cardiac innervation. The eruption is unaccompanied by fever. No antidote for pilocarpine is known, nor any efficacious way of eliminating it.

The Cutaneous Manifestations of Appendicitis.—MOTY, in a communication made to the Société Française de Dermatologie et de Syphiligraphie (*Annales de Dermatologie et de Syphiligraphie*, 1904,