The writer arrives at the conclusion that the symptoms usually ascribed to retroflexion—dysmenorrhœa, menorrhagia, sterility, and tendency to abortion—are more often due to complications than to the displacement itself.

THEILHÄNEN (*Ibid.*), in discussing the same subject, criticised the common explanation of the reflex symptoms accompanying retroflexion, as follows: 1. Pressure of the displaced organ upon the bladder, rectum, and pelvic nerves is regarded as the cause of many of these symptoms; but this is disproved by the fact that the weight of the uterus is too slight to cause such a result, while the rectum and pelvic nerves are sufficiently protected from such pressure. 2. Venous congestion has been frequently described, due to supposed torsion or obstruction of the veins in the broad ligaments, but this is prevented by the free anastomoses which exist. Moreover, one never finds in examining such displaced uteri either varices or infarcts, such as would result from long-standing hyperæmia. 3. The so-called reflex neuralgic, paralytic, etc., formerly attributed to retroflexion are now generally regarded by neurologists as of purely hysterical or psychical origin. The writer also calls attention to the fact that after the retrodisplaced uterus has been held in a position of ante flexion the supposed reflex symptoms may persist for several months.

He concludes with the statement that in a large proportion of his own cases of retroflexion (as well as in upward of four hundred cases in Landau's clinic), permanent good results were obtained by symptomatic treatment.

Curettement in Incurable Carcinoma.—BERTON (*Inaugural Dis. ; Centralblatt für Gyn.*, No. 43, 1897) reports the results of curettement and cauterization in 100 cases of incurable carcinoma of the uterus, treated in Winckel's clinic. In 60.8 per cent. of the cases a temporary improvement was observed as regarded the hemorrhage and foul discharge; but pain was relieved less often. In 32 cases a moderate rise of temperature followed the operation. One patient died of exhaustion after the curettement had been repeated three times.

Post-typhoid Suppuration in Ovarian Cyst.—PITHA (*Centralblatt für Gynäkologie*, No. 37, 1897) reports a case of ovariectomy for removal of a suppurating cyst, four months after the development of typhoid, being the third on record. Characteristic typhoid-bacilli were found in the cyst-contents. It was evident that the suppuration was a metastatic process due to migration of the bacilli through the wall of the cyst. Their persistence for so long a time showed their vitality, and the fact that they found in the cyst-fluid a favorable culture medium. Werth and Sudeck report cases in which pure cultures of the typhoid-bacilli were obtained eight months after recovery. The pyogenic action of these bacilli is also shown, though it is not certain that they were the direct cause of suppuration.

Vulvo-vaginitis in Children.—MARFAN (*Abeille Méd.*, No. 16, 1897) describes the complications of this inflammation, which may be threefold, viz.: 1. Inflammation of Bartholin's gland, phlegmonous vulvitis, and rectal blennorrhœa; and often urethritis, which may even become hemorrhagic. Metritis, salpingo-oöphoritis, and peritonitis may occur. All these are due to direct

extension of the inflammation. 2. Gonorrhœal ophthalmia, or infection by contact. 3. General infection, as gonorrhœal rheumatism, which may develop as early as the ninth day and involve one joint only, especially the knee, lasting about two weeks. It may be fatal in the newborn. Endocarditis and pleuritis are possibilities. The writer speaks highly of irrigation with permanganate of potash, 1 to 1000, or, if this fails, with sublimate, 1 to 10,000, resorcin 1 to 100, or nitrate of silver 1 to 3000. He also recommends the introduction of pencils containing iodoform and alum.

COMBY (*Gazette des Hôpitaux; Centralblatt für Gynäkologie*, No. 37, 1897) reports three cases of vaginal hemorrhage in young children, one of whom was only two years old, which had been diagnosed as metrorrhagia. Examination showed that the blood came from granulations around the meatus urinarius, while at the same time there was a profuse gonorrhœal discharge. The patients were promptly cured by irrigation with a weak permanganate solution and cauterization of the bleeding spots.

MEJIA (*Gaz. hebdom. de méd. et de Chirurgie*, No. 29, 1897) calls attention to the fact that in rare instances diffuse peritonitis may result from extension of a vulvo-vaginitis upward to the uterus and tubes. The prognosis is nearly always unfavorable. The diagnosis is difficult, but the condition may usually be inferred in a case of gonorrhœal vulvo-vaginitis in which violent diffuse peritonitis develops, appendicitis being excluded. Abdominal section offers the only prospect of saving the patient, and must be performed as early as possible.

Effect of Abdominal Section on Peritoneal Tuberculosis.—WESTPHAL (*Centralblatt für Gynäkologie*, 1897, No. 41), after making a series of clinical observations, decides that none of the theories advanced to account for the curative effect of celiotomy in peritoneal tuberculosis are entirely satisfactory. The removal of bacilli or of exudates, diminution of the intra-abdominal pressure with secondary hyperæmia, emptying of lymph channels—these play only a minor part in the healing process. It does not seem credible that diseased conditions which have existed for months or years could be favorably influenced by changes which are necessarily only transient. The writer believes that, aside from all these, the main factor is doubtless the free admission of the external air to the peritoneal cavity, which in some unexplained way, under favorable conditions, effects a cure.

Carcinomatous Degeneration of Uterine Fibroid.—RANEMACHER (*Inaugural Dis.; Centralblatt für Gynäkologie*, 1897, No. 41) describes an interesting specimen, removed post mortem, which at first sight seemed to be one of true carcinomatous degeneration of a fibro-myoma. But, on closer study it was evident that the two fibroid tumors affected were really invaded by outgrowths from an adjacent malignant neoplasm of the corporeal endometrium. The mucosa covering one of the interstitial tumors was entirely replaced by cancerous tissue.

The writer affirms that all cases of so-called carcinomatous degeneration of uterine fibro-myomata are doubtless examples of secondary infiltration of cancer-cells from the diseased endometrium, as in the case cited.