travels at intervals from the end of the horn to the cervix. Occasionally it occurred in the opposite direction. An even more pronounced wave was observed in the vagina. Lesser peristaltic waves were observed traveling in an oblique direction from the round ligaments in spiral fashion towards the cervix.

In the pregnant organ the contractions become somewhat more irregular and occur at longer intervals. In the later stages of pregnancy there is a tendency towards longer periods of contraction of the entire organ, followed by longer periods of complete relaxation. In no case did he observe the so-called pendulum movements mentioned by other observers who removed the uterus partly from the organism.

After the injection of pituitrin, he observed very active contractions with deep transverse furrows. These contractions were of about one minute's duration and were followed by longer periods of rest, during which the uterus appeared cyanotic. These contractions were as severe and of the same duration 4 hours after injection of the pituitrin as at the beginning.

R. E. WOBUS.

Naujoks, Hans: *The Influence of Anatomic Changes in the Membranes upon the Time of Their Rupture.* Zeitschrift für Geburtshilfe und Gynäkologie, 1921, lxxxiv, 304.

The author made histologic examinations of the membranes in a number of cases of labor to determine whether there were any anatomic changes to which premature or delayed rupture might be ascribed. In all cases of premature rupture for which no definite mechanical factors could be held accountable, he found two in which the structure was entirely normal; in 5 degenerative phenomena were more or less pronounced, usually affecting the chorionic epithelium; amniotic epithelium and membrana intermedia were at times affected. The most varied types of degenerations were observed, disintegration of the nucleus, pyknosis, vacuolization of the protoplasm, hyaline degeneration of the connective tissues as well as marked deposition of pigment in one case. Inflammatory changes were found in 3 cases; in 2 combined with degenerations, in 1 alone. The fact that the inflammatory changes were far more marked in the decidua and chorion than in the amnion indicates that they probably spread from the uterine cavity to the membranes rather than the reverse as a secondary result of premature rupture. Delicacy of certain layers, especially the two connective tissue layers and the absence of the membrana intermedia occurred in other cases, alone or combined with degenerations.

Out of 5 cases of delayed rupture he found definite anatomic changes in 4. These consisted in increased thickness and density of the connective tissue layers, or in an increase in the smooth muscle cells in the amniotic or chorionic connective tissue.

MARGARET SCHULZE.

Lorenzen: *The Body Weight of Pregnant Women and the Influence of Impending Labor upon It.* Zeitschrift für Geburtshilfe und Gynäkologie, 1921, lxxxiv, 426.

The author calls attention to Zangemeister's conclusions concerning the weight of pregnant women: The body weight of the pregnant woman increases almost uniformly after the 27th week; after the 36th week there is a slight increase in the amount of gain. From the third day before labor until the time of birth there is a sudden decrease in weight—in these two days the pregnant woman loses on an average 1 kg. In following daily the weight of 78 pregnant women, Lorenzen was unable to confirm Zangemeister's conclusions. He found that the factors of daily variation were so great that it was impossible to follow the general tendency of the weight curve except by averages of several days or a week, and impossible to prophesy impending labor merely because of the loss of a few hundred grams in