the case of old pus-tubes. Cases with acute symptoms are, of course, excluded. The *rationale* of the treatment, according to the writers, is that in consequence of the dilatation, the uterus becomes softer and the uterine opening of the tube less contracted; by curettement the hypertrophied endometrium, which is the cause of tubal disease, is removed; and by prolonged drainage the uterine canal is kept patent, so as to allow exit of the secretions from the uterus and tube.

[It is rather interesting to observe a revival of the theory of tubal drainage, which has been so strongly opposed on anatomical grounds. Without questioning the value of curettement in these cases, we have never been convinced that the operation actually reopens an occluded tube.—ED.]

Anatomy of the Round Ligament.—SELLHEIM (*Beiträge zur Geb. und Gyn.*, Band iv., Heft 2), from careful dissections in the cadaver, notes several points of practical interest in connection with Alexander's operation. He was always able to find the ligament at the external ring. Both the mass of fat (mentioned by Imlach) and the nerve are uncertain guides. Within the canal, especially at the middle third, the cord is attached to surrounding tissues by fibres of muscular and connective tissue.

The writer regards an open canal of Nuck as a rare condition. He never found it in any of his subjects. The ligaments are longer in nulliparae and thicker in multiparae. In the latter a process of peritoneum is often carried into the canal; less frequently the cord may be cleft. Both of these conditions result from the process of involution following childbirth.

To expose the ring he recommends an incision, two inches long, beginning about half an inch inside of the pubic spine, and insists on blunt dissection after incising the skin and superficial fascia. No attempt should be made to pick out the tissue at the external ring, for fear of dividing some of the fibres of the ligament. It is not necessary to open the canal.

Retroversion without Symptoms.—E. SCHROEDER (*Zeitschrift für Geb. und Gyn.*; Band xliii., Heft 3) examined 411 patients, with the view of determining how many with retrodisplacement presented no symptoms referable to the condition. His conclusions are that the normal position of the uterus is ante flexion. In 25 per cent. of his cases retrodisplacement was present without giving rise to any painful symptoms, retroflexion being only half as frequent as retroversion; hence the inference that retroversio flexio is a common condition requiring no treatment in itself.

Tetanus following Vaginal Fixation.—MENZER (*Zeitschrift für Geb. und Gyn.*, Band xlv., Heft 3) reports a case of tetanus which developed on the eighth day after a strictly aseptic operation, with afebrile convalescence, and terminated fatally three days later. The wound presented an unhealthily discoloration and secreted a brownish pus, which, injected into mice, produced typical phenomena of tetanus in a few hours. No tetanus bacilli could be isolated. Injections of antitetanus serum and salt solution were used without benefit. The result of the autopsy was negative. There was no evidence of inflammation in or around the vaginal wound. The writer was unable to explain the source of infection unless on the theory that the