the intestines and bladder, the peristaltic movements and those of the diaphragm, the contractions of the voluntary muscles, etc. The supposed variation in pressure due to different positions is also entirely theoretical.

Blood Examinations in Pelvic Suppuration.—LAVENBURG (*Centralblatt für Gynäkologie*, No. 22, 1902) repeats the observations of Ditzmann, with whose conclusions he agrees, adding some interesting deductions of his own. He finds that in cases of suppuration there is a diminution of the red corpuscles, with a rapid increase in the white. The latter gradually diminish in number after the acute stage, to increase with each exacerbation. The leucocytosis varies directly according to the intensity and extent of the suppurative process. If it is limited the number of white corpuscles soon sinks to normal; in protracted febrile cases the leucocytosis varies with the different phases of the disease, the red corpuscles behaving in the opposite way.

The influence of the patient's constitution upon the leucocytosis is quite striking. In a subject who is exhausted by a long illness, or by loss of blood, an increased leucocytosis may persist even after the pus focus has disappeared.

The possibility of mistaking true leukæmia for temporary increase in the white corpuscles must be borne in mind. The increase in eosinophile cells and the presence of large mononuclear cells with neutrophile granules, not seen in normal blood, would settle the diagnosis. Moreover, it must not be forgotten that increased leucocytosis may be present in connection with wasting diseases, fevers, cancer, etc., and that there are daily variations, especially during digestion.

Cystic Degeneration of the Ovary.—KAHLDEN (*Beiträge zur path. Anatomie u. zur allgem. Pathologie*, Band xxxi.) presents the results of his careful studies of an old subject, on which he throws new light. He divides the cases into three groups, viz.: 1. Those in which the ovary is filled with small cysts, showing various stages of degeneration, where it is difficult to decide macroscopically whether the condition is normal or pathological. It seems to represent essentially an increase in physiological processes. 2. In this group the changes are more evident, as some of the dropsical follicles attain a considerable size and others atrophy. Hyperæmia is more marked, with resulting hemorrhages, so that some follicles lose their lining epithelium and are filled with coagula. 3. In the third group the cystic formation is general, though ova can still be found in some of the follicles, even when they are denuded of epithelium. Degeneration of the ovum is often preceded by changes in the membrana granulosa.

Microscopically, the writer found that in the majority of the cases so-called *hydrops folliculi* was due to glandular formations following ingrowth of the germinal epithelium, and not to simple dilatation of a pre-existing follicle. Moreover, he demonstrated the fact that this mode of origin could be inferred in some cases of ordinary cystic degeneration. [The practical bearing of these observations will be evident when one recalls the frequency with which ovaries used to be sacrificed merely because a few cysts were observed on their outer surface. While this condition is no longer regarded as a proper indication for removal of an ovary, we may well ask whether the pendulum

has not swung too far in the opposite direction, and whether "conservative surgery" has not been practised in cases in which any interference with the normal organ was mischievous. We have always looked with disapproval upon ignipuncture and the excision of small dropsical follicles, and the custom of including such cases under the head of true conservative operations.—H. O. O.]

Radical Operation for Cancer of the Uterus.—In a recent discussion before the Dutch Gynecological Society (*Centralblatt für Gynäkologie*, No. 22, 1902) the consensus of opinion seemed to be against the abdominal operation. Kouwer affirmed that it had not been proved that it was radical in the sense of removing all the disease. He did not believe that it was often possible to tell whether the lymph nodes were affected or not. Of thirteen patients operated upon by himself within the past three years by the abdominal route, five died from the operation, two had ureteral fistulæ, and two had an early recurrence. Treub thought that with a mortality of 33 per cent. simple palliative treatment was preferable.

Treatment of Inoperable Cancer with Methyl-blue.—CUCCA and UNGARO (*Rassegna d'ost e gin.*; *Centralblatt für Gynäkologie*, No. 22, 1902) use the following solution: Methyl-blue, 90 grains; 90 per cent. alcohol and glycerin, aa 3 drachms; water, 7 ounces. This is applied to the diseased cervix on tampons after previous curetting. A weaker solution is used for vaginal and intra-uterine irrigation. The results have been quite satisfactory, patients being kept comfortable and free from hemorrhage and discharge for months, or even years. Pain was relieved so that morphine could be dispensed with, and the progress of the disease was evidently retarded. No unpleasant effects were noted after long use of the remedy.

Hæmatocoele following Divulsion.—CARSON (*Progrès Méd. belge*, No. 1, 1901) reports the case of a young woman in which divulsion and curettement were performed for menorrhagia. Three days later she had abdominal pain, elevation of temperature, vomiting, and tympanites. A hard tumor appeared on the left side, extending from the cul-de-sac to the umbilicus. As septic symptoms developed, a vaginal incision was made and a quantity of pus and blood was evacuated, the patient making a good recovery. The reporter suggests that there might have been a rupture of the veins of the pampiniform plexus. [Why not rupture of the cervix or perforation of the uterus?—H. O. O.]

Menorrhagia in Young Girls.—SIRDEY (*Révue Gen. de Chir. et de Thérapeutique*; *Der Frauenarzt*, 1901, No. 8) refers to cases of obstinate menorrhagia in which no local cause can be found. In consequence of modesty and ignorance the patient often becomes exceedingly weak and exsanguinated before the physician's attention is called to the condition, or else she is wrongly treated for anæmia. The flow is only increased by the tonics which are given, if no change is made in the hygiene or environment.

As regards treatment hot douches are seldom necessary. Hot rectal irrigation may be substituted. The patient should be kept absolutely quiet in