the canal was constricted abruptly with very thin and soft walls. It was impervious; distal to this the tube was enlarged to the size of a walnut and contained sebaceous matter.

For a distance of 3 cm., beginning 2.5 cm. from the uterus, the right tube was much thinned and impervious; in fact, macroscopically no trace of the tube could here be found. Beyond this portion it seemed normal. A small fibroid was found in the uterine wall in the cornu just behind the tubal insertion. The possibility, even the probability, of a former salpingitis is to be suspected, both from the findings and the severe pain the patient had experienced. That a developmental abnormality antedated and had a causative effect upon the inflammation cannot be successfully disputed.

These possibilities are also illustrated in a case of congenital atresia of the left tube reported by Lejars (*ibid.*). The right appendage of a girl, aged seventeen years, was a pus tube and an ovarian cyst, both of which were adherent to the omentum and to the uterine fundus. The left tube, ovary, and border of the uterus from the cervix to the cornu had the appearance of a bridle or band of tissue attached to the cervix at one end and at the other to the wall of the pelvis, well separated from the fundus. The structure was fibrous and ended in a small pavilion near which was a very small microcystic ovary. Microscopic study of the tube showed it to be impermeable except for a very short distance at the fimbriated end. This tube was clearly one the development of which had been arrested early in foetal life, the cord-like body evidently being the part of the left Müllerian duct that forms the Fallopian tube and left half of the uterine body.

The Diagnosis and Treatment of Genito-urinary Tuberculosis with Koch's Tuberculin.—R. BRINBAUM (*Zentralbl. f. Gynäk.*, 1907, xxxi, 1174) states that he has used Koch's tuberculin for diagnostic purposes in 100 cases, with satisfactory results, as judged by the subsequent history or operative procedure; 23 patients have been treated with either the new or the old tuberculin of Koch for such conditions as tuberculosis of the appendages and tuberculosis of the bladder with marked improvement or cures in many instances.

Migration into the Bladder of an Artery-clamp Left in the Abdominal Cavity.—W. STOECKEL (*Zentralbl. f. Gynäk.*, 1907, xxxi, 1105) says a laparotomy was performed upon a woman in October, 1906, and a hemostat evidently left in the abdomen. About eight months afterward the patient complained of pain upon urination, and vaginal and cystoscopic examinations revealed the presence of an instrument partly within the bladder. A colpocystotomy was performed and the instrument, which was found to lie in part in a walled-off abscess posterior to the bladder, was removed.

Perforation of the Uterus.—R. V. BRAUN-FERNWALD (*Zentralbl. f. Gynäk.*, 1907, xxxi, 1161) reviews the reported cases of perforation of the normal and the pathological uterus by the use of sounds, curettes, bougies, irrigators, forceps, and other instruments, and discusses the diagnosis and treatment of perforation. Mention is made of a case coming under his own observation in which the end of a glass catheter