it. New needles are used for each patient, and a separate applicator is unnecessary. No control scarification is used. If the reaction is doubtful it is of no value. Herrman has never seen a control which could be mistaken for a positive reaction.

A Case of External Masculine Pseudohermaphroditism; Sarcoma of the Ovary.—Broca (*Bull. et mém. de la soc. de chir. de Paris*, 1909, xxxv, 294) reports the case of a boy, aged seven years, looking like a boy of ten. There was very little of feminine facies and characteristics about him. He had an abdominal tumor, which had existed for six months. During his sixth year the following surprising condition developed: the penis became quite large, the voice deepened; he developed pubic hair; and his breasts became as large as those of a girl thirteen to fourteen. He had a hypospadias; the left testicle was missing from the scrotum; on the right side a hernia was noted containing a mass resembling a testicle. The abdominal tumor resembled a uterine or ovarian fibroid, but as there was no doubt as to the sex of the patient, it was believed to be a fibroid of the mesentery. The operation revealed a solid ovarian tumor with a normal tube and an atrophic uterus. A fibrous cord represented the vagina. The uterus and left ovary were removed; the right ovary and tube were contained within the hernia, and had no uterine connection. A radical operation was performed for the hernia, the ovary and tube having been reduced into the abdominal cavity. Pathologically the tumor was found to be an endotheliofibromyxosarcoma of the ovary. The penis, as stated above, was well developed; it had a normal glans and prepuce, the urethral orifice being situated 3 cm. back of the glans. A cord passing along its under surface caused an incurving of the glans. The pubic hair was long and very dark. The scrotum was of normal appearance, excepting that instead of hanging below the penis, it surrounded it, the latter seemingly growing out of it, as is the case with the clitoris and the labia majora. There was no sign of vaginal orifice. Four years later the child was still in excellent health; there was no sign of menstrual congestion; the child was of normal stature. The pelvis and thorax presented the characteristics of a male; the breasts were much less developed in proportion than at the time of the operation—in fact, they look like those of a boy. The external genitalia were as before, and there was no sign of a recurrence of the tumor. He was at the head of his class, and was able to take part in the games of boys of his age.

Adenoids, Nocturnal Incontinence, and the Thyroid Gland.—Williams (*Lancet*, 1909, i, 1245) had the adenoids of a nine-year-old boy removed, hoping it would cure him of nocturnal incontinence. It made the boy much worse, however, and believing that the removal of the adenoids deprived the boy of a necessary internal secretion, he then gave him thyroid extract, one-half grain twice daily. The result was instantaneous and complete, the boy no further wetting the bed. Twenty-four other cases were thus treated, with but one failure. He concludes that adenoid vegetations should no longer be considered as a cause of nocturnal incontinence; in fact, Williams believes that adenoids afford some measure of protection against this weakness, and he further believes that if the two co-exist, it is due to a common cause—insufficiency of the internal secretion of the thyroid gland.