quickly reaccumulate after several tapplings, but when an exploratory incision is made this may not occur, although the conditions remain unchanged. Hence the following conclusions may be drawn: After the abdomen has been opened in a case of tuberculosis and the peritoneum has been irritated by manipulation, a plastic exudate is thrown out and adhesions are formed. Provided that no conditions are present favorable to their further development, the bacilli are destroyed by this exudate and the tubercles undergo fibrous degeneration. In the course of time the exudate is absorbed and a cure of the disease results.

NEW METHOD OF TREATING PERITONEAL TUBERCULOSIS.

NOLAN (*Berliner klin. Wochenschrift*, 1893, No. 24), being convinced that the favorable results observed after celiotomy are due to the simple contact of air with the peritoneum, has conceived the idea of introducing air into the abdominal cavity through a needle. He reports three cases, two of which were successful. In these, repeated tapplings had been employed, but the ascitic fluid always reaccumulated, until air was pumped in by means of an apparatus devised by the writer. A third successful case is reported by Mosetig-Moorhof.

TREATMENT OF STERILITY.

SEELIGMAN (*Münchener med. Wochenschrift*, 1893, No. 45) has found that in his experience the husband is in fault in 75 per cent. of the sterile marriages, through azoospermia due to double epididymitis. That the latter condition is not necessarily hopeless was shown by the reappearance of living spermatozoa in the semen after treatment. He recommends the active treatment of gonorrhoeal epididymitis as soon as possible after the inflammatory stage, with a view to prevention.

The application of galvanism to the cervical endometrium is often successful, as well as the use of the faradic current in cases where there is entire absence of sexual response on the part of the female.

THE ACTION OF SALICYLIC ACID ON THE UTERUS.

BINZ (*Berliner klin. Wochenschrift*, 1893, No. 41) states that salicylate of sodium has a beneficial effect in cases of dysmenorrhoea and scanty menstruation not due to chlorosis. In gouty subjects it is indicated in cases of menorrhagia, as well as in patients who are prone to early abortion.

VAGINO-FIXATION OF THE UTERUS.

KNORRE (*Centralblatt für Gynäkologie*, 1893, No. 51), in an extended article, reports the results of a series of twenty-four cases operated upon in Küstner's clinic according to Mackenrodt's method. Of these only nine were entirely successful. He regards the operation as indicated in all cases of retroversion with a movable uterus that cannot be kept in position by a pessary, especially when there are accompanying lacerations of the cervix and perineum; also when the patient cannot tolerate a pessary. It is contra-indicated in

prolapsus, in retroflexion with fixation, and in cases in which a cure can be expected with a pessary.

NEW OPERATION FOR STENOSIS OF THE OS UTERI.

POZZI (*Annales de Gynécologie et d'Obstétrique*, December, 1893) describes the procedure thus: He first divides the cervix on both sides with scissors, then excises a wedge from each flap on either side of the canal—four in all. The mucous membrane of the vagina is united to the mucosa of the cervical canal with silver-wire sutures in such a way as to close the four raw surfaces. The result is a condition similar to that of an ordinary bilateral laceration, but without the formation of cicatricial tissue and the disturbances to which this gives rise.

FIBROMYOMA OF THE OVARY OR BROAD LIGAMENT.

DELEGRANGE (*Archives de Tocologie et de Gynécologie*, 1893, No. 12) reports a case of fibromyoma of the ovary weighing nearly seven pounds. The tumor was adherent and the pedicle was twisted several times about its long axis. On section the growth showed hemorrhagic softening. There was some doubt as to whether it originated in the ovary or in the broad ligament. The writer gives the histories of six reported cases of pedunculated fibromyoma of the broad ligament, from which he makes the following deductions: Ascites was seldom present to any extent. In most cases the tumor grew rapidly and was accompanied by severe pain, probably due to the presence of adhesions. The differential diagnosis from ovarian fibroma, or even from pedunculated uterine fibroid is practically impossible. The surgical treatment of these neoplasms presents no special features.

PSEUDO-MEMBRANOUS ENTERITIS FROM A GYNECOLOGICAL STANDPOINT.

MONOD (*Ibid.*) concludes an article on this subject as follows: 1. Pseudo-membranous enteritis is frequently observed in connection with disease of the uterus and adnexa. 2. It affects the large intestine and gives rise to chronic constipation with colicky pains. 3. It may coexist with membranous dysmenorrhœa. 4. Sometimes it seems to be due to compression of the rectum by the retroflexed uterus. 5. In some instances it seems fair to infer that it is the result of the extension of an inflammatory process from the uterus or peri-uterine tissues. 6. The possibility of its existence should be borne in mind in all cases of intractable abdominal pain in patients with pelvic trouble. A careful study of the symptoms will show that these are often due not to disease of the uterus or adnexa, but to the intestinal tract.

TREATMENT OF INFLAMMATION OF THE ADNEXA.

JACONS, of Brussels (*Ibid.*), reports eighty-six cases of cœliotomy for disease of the adnexa, with five deaths; and one hundred and forty cases of vaginal extirpation of the uterus, with diseased tubes and ovaries, with only two deaths. In the former series the result was only partly successful in thirty cases, while in the latter he obtained a cure in one hundred and