Ureteral Surgery.—FRANZ (*Zeitschrift für Geb. u. Gyn.*, Band 1., Heft 2 and 3) reports six cases of injury to the ureters during the course of difficult abdominal operations, in all of which the ureter was successfully implanted in the bladder.

The writer states, as the result of experiments and clinical observations, that the flow of urine through the implanted ureter is at first impeded in consequence of a localized oedema of the ureteral mucosa. This soon subsides, as a rule, though rarely complete occlusion of the duct may result. A certain amount of dilatation of both the ureter and the renal pelvis may follow this temporary oedema.

Advantages of Abdominovaginal Drainage.—OBERLAENDER (*Zeitschrift für Geb. u. Gyn.*, Band 1., Heft 2 and 3) states that combined abdominal and vaginal drainage was employed in 20 per cent. of Orthmann's private abdominal sections between April, 1899, and April, 1902. Only two patients died.

The writer believes that this method is best for drainage, especially when a quantity of pus has escaped, when large raw surfaces are left, and when there is fear of a subsequent intestinal fistula.

Hæmatoma of the Ovary.—POTIER (*Revue de gynécologie*, vol. vii., No. 5) includes under this head only hemorrhages into Graafian follicle. He reports the case of a young married woman, where the diagnosis of ectopic pregnancy had been made. An ovary the size of a hen's egg was removed, which contained several hemorrhagic cysts communicating with one another, as well as a number of follicles containing blood. The cortex was thickened as the result of inflammation, so that the follicles could not rupture. The hemorrhage was supposed to be due to excessive coitus.

Pneumococcus Peritonitis.—v. BRUNN (*Beiträge zur klin. Chirurgie*, Band xxxix., Heft 1) reports 2 cases from the Tübingen clinic, making 72 now on record. The writer calls attention to the fact that the fluid in the peritoneal cavity is usually thick and fibrinous and that it tends to become encapsulated, thus rendering the prognosis favorable. These collections of fluid are most often found in the neighborhood of the umbilicus and in the iliac fossæ. The abdominal viscera are seldom involved, but the lungs, pleura, meninges and pericardium are frequently affected.

The disease is most common in girls under fifteen years, beginning as a pneumonia, followed by increased temperature, abdominal pain, vomiting and diarrhoea. The process is soon localized in the abdomen, and persists for several weeks, with variable temperature, moderate pain and gradual loss of strength. The fluid may be evacuated spontaneously, but surgical intervention is preferable. In adults the diagnosis is more difficult, as it is liable to be mistaken for typhoid or tubercular peritonitis. It is characterized by an acute onset, followed by localization in the abdomen. Early incision and drainage are indicated.

Sarcomatous Degeneration of Fibroids.—HAUBER (Munich inaugural dissertation: abstract in *Zentralblatt für Gynäkologie*, 1904, No. 11) found 3 cases among 138 cases of fibromyoma in Klein's clinic. He infers that about 3 per cent. of all fibroids undergo sarcomatous degen-