the idiopathic impotence of fertilization or sterility is rare in either sex, but the acquired impotence of procreation is very frequent. Half of the sterile marriages are due to azoospermia of the male as a result of gonorrhea and at least 90 per cent of the cases of sterility of the female are caused by the infection of the wife from her husband. Talmey regards electricity the best remedial agent in the treatment of endometritis, metritis, salpingitis, ovaritis, and pelvic peritonitis. Its use is strictly contraindicated where there is pus. The author believes that dyspareunia and lack of orgasm are not rarely the cause of sterility, and that electricity is of great therapeutic value in these cases.

C. O. MALAND.

Nassauer: Treatment of Sterility. Muenchener medizinische Wochenschrift, 1920, lxxvii, 1463.

The author briefly reviews the known causes of sterility in the female emphasizing the probable importance of the rôle played by the internal secretions and deriding simple antelexion of the cervix, simple retroversion of the corpus uteri and especially the "stenosis of the cervix" as causes of sterility.

He holds that the nervous element as a factor in producing sterility has been overlooked and proposes it as the underlying cause for the so-called "stenosis of the cervix" which is only a temporary uterine cramp. Dilatation therefore is not indicated nor successful (because the internal os remains unaffected by this procedure). It is fair to assume that uterine cramps like those excited by the irritation of a sound, occur during coitus (a parallel is found in vaginismus).

Sterile women, by whose temperament it may be assumed that this phenomenon occurs, are treated first for their nervous condition—rest, tonic, change of surroundings, etc. Then the author employs an instrument which he calls "das Fruchtlet," an aluminum tube (sides perforated) that conforms to the size and shape of the cervical passage, extending from just above the internal os to the external os where it is joined to a doubly concave, centrally perforated button that fits the portio and also serves to gather the semen and guide it into the uterine cavity via the cannula in the cervix. It leads to an improved circulation of the uterus, the uterine contractions do not recur, and hence the instrument serves the double purpose of maintaining the passage open for semen to pass, and of preventing its expulsion after having reached the uterine cavity.

The "Fruchtlet" is inserted (repeatedly if necessary) shortly after menstruation and allowed to remain until just preceding the following menses. The woman is advised to remain quiet, with buttocks raised, for some time following insemination.

The author reports four cases where the employment of this device was followed by impregnation of patients long sterile.

E. B. SOLHAUG.

Bandler: The "Higher Up" Theory of Sterility and Its Relation to the Endocrines. New York Medical Journal, 1919, cix, 309.

After excluding gross inflammatory conditions and tumors, Bandler thinks that sterility is largely a matter of endocrine dysfunction and remediable by the administration of the proper gland extracts. He

claims that corpus luteum extract aids in the implantation of the ovum in the uterine mucosa. In threatened and repeated abortions he has used for years a combination of thyroid extract, arsenic, bichloride of mercury and stypticin with good result. At present, however, his usual treatment of sterility consists in the administration of the extract of the whole ovary, thyroid and ovarian residue. To this he adds other endocrines as seem indicated. This, he thinks, should be the routine method of treatment.

In case of failure, he advises some operative measure, either in the cervix or "higher up," e.g., "curettage in cervical and uterine adenoids," and has seen pregnancy follow the resection of polycystic ovaries. If the husband is at fault, he should be fed on endocrines.

R. E. WOBUS.

Wessel: A New Method of Temporary Sterilization. Zentralblatt fuer Gynaekologie, 1921, xlv, 75.

While chronic nephritis, tuberculosis, heart disease, diabetes, certain psychoses, osteomalacia, and marked pelvic contraction, are recognized as indications for sterilization, the various methods heretofore employed for the purpose have been effective only when performed so that the result is permanent. There are certain cases, however, where temporary sterilization might be of value, as, for example, in the case of tuberculosis susceptible of cure, and for such purposes Wessel describes the technic carried out by Gutbrod on some six cases during the past two years. The technic consists in opening the inguinal canals on each side, as in the Alexander-Adams operation, passing up to the peritoneum about the round ligament, and, after depression of the ovary into the fold of this peritoneum, securing it much as the stump of an appendix is peritonized. Wessel believes that, when required, the ovary may be freed from its peritoneal covering, and that it will function as before. Unfortunately the results have not been uniform, one failure in six being attributed to too rapid absorption of the catgut. In the remaining cases the ovaries are palpable and are about the size of a walnut on each side, but the patients are without symptoms.

H. M. LITTLE.

Schiffmann: The Question of Sterilization by Means of Ligation of the Tubes. Zentralblatt fuer Gynaekologie, 1921, xlv, 464.

Sterilization by ligation of the tubes has not proved a success. The difficulty of occluding the tube by means of ligatures has long been known from animal experimentation. To four human tubes examined by him some time after this operation the author adds a fifth case: a twenty-eight-year-old woman, who had been operated upon for complete prolapse and had been sterilized by means of thin silk ligatures placed with the maximum of care. The prolapse recurred and the patient returned to the clinic seven months later. At this time the tubes were secured for histologic study. The ligatures had not produced complete occlusion of the lumen of the tubes. Schiffmann finds that the anatomic results of ligation are practically those described by Kalliwoda: Distention of the vessels, narrowing of the lumen of the tube without atresia, the appearance of flattened cubical epithelium with decrease of the infolding of the mucosa and, particularly,