

lowed by operation upon the tubes by vaginal incision. In 41 cases this procedure resulted successfully. The effort is made to operate practically outside the peritoneum by traction upon the uterus and round ligaments with tenaculum forceps, making it feasible to secure the insertion of the tube in the peritoneal wound. The excision of a considerable part of the tube at the isthmus is efficient. This method, however, should be limited to the early months, and should not be performed later than the third month. After this time general narcosis is necessary, and pure chloroform is given where there is much expectoration, or lumbar anesthesia is selected. By experiment upon animals, it is found that guinea-pigs from which the ovaries have been removed show a lessened tendency to the spread of tuberculosis, although such animals often show less resistance to a primary infection.

Ectopic Pregnancy Twice in the Same Patient in Six Months, Necessitating Two Laparotomies.—OLIVER (*Brit. Med. Jour.*, December 23, 1911) reports the case of a patient in her second pregnancy, seven weeks advanced, suddenly seized with severe pain in the lower abdomen, and a hemorrhagic discharge. Although operation was not performed for nearly a month there was a continuous vaginal hemorrhage, and three separate attacks of pain. On examination the uterus was not enlarged, and a small swelling was found in the lower portion of the abdomen, with great tenderness. At operation the omentum and intestine was adherent to a swelling in the left posterior segment of the pelvis. On separating the adhesions dark blood immediately escaped. The left tube and ovary were removed, the tube containing an embryo of six or seven weeks, with a quantity of blood clot. Menstruation returned two months after operation, and was normal. The next period was missed, followed by slight pain in the abdomen, with vaginal hemorrhage. A month later, on palpating the abdomen there was slight tenderness in the right iliac region, the body of the uterus was not enlarged, and behind the uterus to the right was a small dense, movable swelling, slightly tender. At the second operation the small intestine was extensively adherent to the tumor. The hematoma burst as soon as grasped, and the right tube and ovary were removed. The tube contained an embryo about three-eighths of an inch in length. The patient made an uninterrupted recovery.

Changes in the Quantity of Blood in Pregnancy, Labor, and the Puerperal Period.—FRIES (*Zeits. f. Geburts. u. Gynäk.*, 1911 Band lxix, Heft 2,) has conducted a series of experiments to ascertain what variation, if any, takes place in the quantity of blood in pregnancy, parturition, and the puerperal period. He finds that during pregnancy a slight diminution in the relative quantity of blood, as compared to the body weight, takes place. During labor and the puerperal period this is succeeded by a gradual rise to the normal, while the quantity of blood, in proportion to the body weight, is often considerably increased in contrast to a loss of body weight at this time. These facts are interesting in connection with pathological conditions occurring during pregnancy, such as eclampsia, heart lesions, unusual plethora, or anemia.