

normal menstruation. Fresh blood was observed at the fimbriated ends. In serial sections œdema, hyperæmia and hemorrhagic infiltration were noted. Leucocytes were present in the subepithelial tissue and between the epithelial cells, some of which were exfoliated. Fresh blood within the tubes and at the abdominal ostia had evidently come from the superficial capillaries. The changes were most marked at the uterine end.

Influence of Diabetes on the Female Genitals.—CALLIAN (*Zentralblatt für Gynäkologie*, 1903, No. 16) presents the results of his observations in 58 cases of diabetes. Pruritus vulvæ was the most common condition.

The writer emphasizes the importance of careful examination of the urine in all women with pelvic troubles, since glycosuria may be present without polyuria. The gravity of the prognosis is directly proportional to the sexual activity of the patient.

Atrophy of the uterus and ovaries due to arterial sclerosis is common, and above all menstrual disturbances. The writer has observed marked relief of the diabetes after the removal of fibroids, but he advises operation only if life is threatened by hemorrhages, otherwise the treatment should be confined to a strict antidiabetic diet.

Uterine Hemorrhages in Typhoid Fever.—SOUKOSTAVSKA (*Zentralblatt für Gynäkologie*, 1903, No. 16) states that metrorrhagia frequently appears during the course of typhoid, especially in women who are anæmic or menstruate irregularly. This phenomenon is usually noted at the height of the disease, rarely at the beginning. The hemorrhage lasts from four to five days, and may recur frequently, but rarely affects the patient's general condition. Menstruation may appear prematurely in young girls, or may return in women who have recently passed the climacteric.

The writer explains the hemorrhage as due to increased blood pressure within the abdomen. No special treatment is necessary, calcium chloride being preferable to ergotin. It is not necessary to suspend bathing during the flow.

Tumors of the Round Ligament.—EMANUEL (*Zentralblatt für Gynäkologie*, 1903, No. 17) has collected 76 cases from the literature, to which he adds four others from his own practice. The tumors in his cases were about the size of a pigeon's egg, and were situated in front of the external ring. Two were lymphangiectatic fibromyomata and two pure fibromata. Of the collected cases, 58 were extraperitoneal, being outside of the canal, and only 18 were situated within the pelvis. In no instance has a tumor been found within the canal. Fibromata and fibromyomata are most common.

Laparotomy in Tuberculous Peritonitis.—THOENES (*Zentralblatt für Gynäkologie*, 1903, No. 17) reports 33 cases, from which he draws the following conclusions: 1. In the serous form the prognosis is good, provided that there are no marked visceral complications. 2. The absence of fever and weak heart action usually indicates that such complications are not present. 3. In most cases in which there is no effusion abdominal section is dangerous, or is rarely followed by good results, excluding primary tuberculosis of the tubes.