

Thrombosis following Abdominal Section.—RIEDEL (*Centralblatt für Gynäkologie*, 1903, No. 3) reports eight cases in which the thrombosis was on the left side, and three on the right. Two of the latter followed fixation of the right kidney. The left vein was affected in five cases of appendicitis, in one of which no operation was performed. The thrombosis in most instances did not develop until several weeks after operation, and the majority of the cases were aseptic (?).

The writer attributes the complication to the prolonged recumbent posture, and explains its greater frequency in the left vein as due to the pressure of the superimposed arteries, which cross it at a more obtuse angle than on the right.

Adhesions following Laparotomy.—PEMHORST (Inaugural Dis.; abstract in *Centralblatt für Gynäkologie*, 1903, No. 6) studied sixteen cases in which the condition of the abdomen was noted at the time of a secondary operation or at autopsy. In all a previous abdominal section had been performed, and the most careful means had been employed to prevent the formation of adhesions by covering the stumps and raw surfaces with flaps of peritoneum, making as small an incision as possible to avoid the entrance of air and suturing the peritoneal edges exactly, and filling the bladder before closing the cavity.

In only four cases were adhesions absent, mostly between the omentum and the abdominal wound. In three cases they were slight, in four extensive, in three there were adhesions of the intestines to the stump. If there was elevation of temperature after operation they were always found, but in three cases the convalescence had been afebrile. The writer concludes that adhesions are the result of local inflammation, and that they cannot be prevented by the most rigid aseptic precautions.

Results of Hysterectomy for Cancer of the Uterus.—GLOCKNER (*Centralblatt für Gynäkologie*, 1902, No. 52) reports the results of operations at the Leipzig Clinic between 1887 and 1901. Nine hundred and seventy-four cases of cancer of the uterus were treated, 260 of which were regarded as suitable for radical operation. Vaginal hysterectomy was performed 225 times, 4 patients were subjected to caeliotomy, and in 24 the combined method was adopted. The peritoneum was sutured in 115, and the cavity was left open in 139; 22 died, or 8.46 per cent. Injuries to the uterus, bladder, or intestines occurred 18 times, 4 being fatal.

One hundred and sixty-two cases were kept under observation for five years, of which 47 (35.6 per cent.) remained free from recurrence.

Etiology of Tubal Pregnancy.—OPITZ (*Zeitschrift für Geb. u. Gyn.*, Band xlviii., Heft 1), from a study of twenty-three specimens of tubal gestation, arrives at the conclusion that the cause of arrest of the impregnated ovum in the tube is the presence in the latter of cul-de-sac formed by the adhesion of neighboring folds of mucous membrane, the result of previous attacks of salpingitis. These false cavities were found in every specimen examined by examining numerous serial sections. This explanation has not been offered by any previous observer.