

New York; Dr. John A. Sampson, of Albany; and Dr. Matthew D. Mann, of Buffalo, on this subject, who speak of perforations and even death occurring in careless hands. He then describes the operation, its fields of usefulness and finally the pitfalls to be avoided.

Dysmenorrhoea is often relieved by dilatation and persistent hemorrhages by repeated curettages. In sterility dilatation is more or less irrational, but often works marvelously well. In incomplete abortions it should not be used as a routine measure, although necessary where there is too prolonged hemorrhage or febrile disturbance. In cancer of the uterus, curettage is necessary with subsequent microscopic diagnosis. The importance of preserving specimens in a 10% formalin solution and sending them to a competent pathologist for an opinion is emphasized.

The author mentions and shows pictorially in original sketches six dangers connected with dilatation and curettage: (1) pulling down the cervix and rupturing an unsuspected pelvic abscess; (2) rupturing the cervix out into the broad ligament by overzealous dilatation; (3) perforation of the fundus with the uterine sound; (4) perforation of a retroflexed uterus with a dilator; (5) perforation of the ante flexed uterus with a dilator; and (6) tearing a hole in the fundus of the uterus with a curette. In the last event it has sometimes happened that the bowel has escaped and the befuddled operator has proceeded to cut it off.

*Changes in the Blood Immediately Following Transfusion.* John G. Huck, Baltimore, Md. Johns Hopkins Hospital Bulletin, Vol. 30, No. 337, March, 1919, p. 63.

Following the injection of blood an immediate increase in the red cell count was found, showing a marked increase, in many cases apparently out of proportion to the quantity of blood introduced. In one case the red count rose from 880,000 to 1,488,000 immediately after the injection of 500 c. c. In some cases this increase continued for several hours, then falling to normal at the end of 24 hours. In other cases, however, there was a marked increase at the end of 24 hours. In several instances, the count fell for a few hours and then rose slightly. The hemoglobin usually showed a uniform rise following transfusion, reaching its maximum at the end of 24 hours. In some cases the hemoglobin did not run parallel with changes in the red count.

In practically every case there was some increase in leucocytes. In several instances, however, they remained stationary or even fell. The most striking change in the differential count was an increase in polymorphonuclear neutrophils. Occasionally, a neutrophilic myelocyte was seen following transfusion, but there was no outpouring of nucleated red cells. The very few found in four instances were probably accidental. The point of practical interest and importance is that no exact mechanical effect can be demonstrated following the introduction of definite quantities of blood. Whereas, generally

speaking, the introduction of blood raises the count, the effect is essentially a biologic one involving the redistribution of blood in the body, and its exact nature is not at present understood.

*The Interrelationship Between Ovarian Secretion and Uterus.* F. C. Floeckinger, Taylor, Tex. Texas State Journal of Medicine, Vol. 14, No. 10, February, 1919, p. 322.

The importance of the relationship of the internal secretion to radical operations on the female generative tract has been strongly emphasized. From the immense literature on the subject, the author extracts the facts, which lead him to study the relationship between uterus and ovarian secretion.

In those cases in which the ovaries in the child-bearing period must be sacrificed, the author comes to the conclusion that in those cases in which complete ablation has been done, the neurotic symptoms of artificial menopause were very light, and only about 50% will show neurotic disturbances. If neurotic symptoms appear, they generally are very light and last about six months, whereas in those cases where the uterus was preserved, the neurotic symptoms lasted much longer and were more severe. The author lays great stress upon the psychological effect produced in case complete ablation is done and the patient informed in detail of the nature of the operation.

Great diplomacy must be exercised in presenting the nature of the operation to the patient: first, to avoid the psychological effect; second, to protect himself from legal proceedings; and third, the importance of bringing those patients operated upon back to health. By all means conservative surgery should be executed in all cases.

*Tuberculous Anorectal Fistulas: Report of Two Cases Showing Secondary Lung Involvement and Late Clinical Evidence of Their Character.* S. Mortimer Hill and Arthur A. Landsman, New York, N. Y. Journal American Medical Association, Vol. 72, No. 12, March 22, 1919, p. 860.

The authors report two cases of tuberculous ano-rectal fistula which originated in abscess about the rectum and appeared benign infections, showing none of the characteristics of surgical tuberculosis in this region until several months had elapsed. Then, as the wounds failed to show the usual signs of repair and assumed an unhealthy look by becoming swollen, edematous, spongy and irregularly ulcerated, examination disclosed that the condition was a specific infection due to the tubercle bacillus and that pulmonary metastasis had developed.

They sound a note of warning that clinical signs alone are insufficient in some cases to establish the true nature of a fistula in ano, until late in the disease, and that in some persons resistance is diminished to such an extent as to make them liable to secondary lung involvement from a primary focus about the rectum.