is less common, and is usually intermittent. Glycosuria has been observed.

10. In many striking cases there has appeared to be morbid alteration of the thyroid gland.

11. The action of the heart is usually rapid, irregular, and easily disturbed; palpitation is usually common, and in some cases intermittent tachycardia has been noticed. Hæmic and functional murmurs are not uncommon.

12. Among other symptoms and morbid associations observed are drug idiosyncrasies, urticaria, local œ ema, angina pectoris and pseudo-angina, hyperidrosis, asthma, hay-fever, vertigo, migraine, and other forms of headache, transient hemiopia, menstrual irregularities, intermittent polyuria, rheumatism, chorea, epilepsy, neurasthenia, gastralgia, and membranous enteritis—most of which are doubtless related as effects of a common cause or as secondary results.

13. The development of pulmonary tuberculosis in some cases is probably a sequence of vascular and trophic disturbance in the lung.—Solis Cohen, in *Phil. Med. News.*

THE OPERATIVE TREATMENT OF PERITONEAL TUBERCULOSIS. — The value of operation in the treatment of peritoneal tuberculosis in children has been much disputed, and even yet is by no means generally allowed. The numerous cases benefitted by laparotomy have been challenged as to correctness of diagnosis and the indications which predict a favorable result not thoroughly understood. The report by Conitzer of seven cases operated upon for tuberculosis of the peritoneum throws some light upon the points in dispute. The children varied from two and a quarter to nine years of age. Four cases were of the exudative form, in which their was a diffuse superficial inflammation of the peritoneum, with numerous very small tubercles upon the parietal and visceral membrane, and free serous fluid in the abdominal cavity. In all of these cases there was but slight disturbance of the general health. Some anorexia and heaviness and disinclination to move about were the chief symptoms. Some of the patients, too, had grey-colored stools, though not otherwise icteric. The other three cases were of the dry adhesive form, in which there was more general disturbance and often pain, and a considerable degree of matting together of the intestines and omentum. The operation consisted only of an incision into the abdomen, and, after allowing the free fluid to escape, closing up of the wound. No washing or manipulation of the cavity was done in any case. The four exudative cases all made a lasting recovery. In each microscopic examination of the tissue showed characteristic tubercular structure, giant-cells, and in two cases the presence of bacilli. The three other cases all showed caseous tubercular nodules with bacilli. One case recovered from the operation, and after four and a half months was still relieved from much of the pain and discomfort, though not at all well. The other two cases died with little or no relief.

After discussing these cases in detail he draws the following conclusions: 1. Peritoneal tuberculosis is spontaneously curable: the dry form in very few, the exudative form in a very large number of cases. 2. All forms may be cured or at least relieved by laparotomy, even when other treatment, including puncture, has failed. 3. The results of the operation depend upon (*a*) the form of the disease, the best results being obtained in the cases of effusion; (*b*) the duration of illness; (*c*) eventual complication. 4. The operation is contra-indicated in advanced cases or those with marked tuberculosis of other organs. 5. No explanation can be given of the reason or manner of the curative effect.—*Boston Med. and Surg. Jour.*

DEEP INCISION OF CERVIX AND PERINEUM IN LABOR.—Duhrssen (*Archiv für Gynäk.*), publishes a highly important monograph on this subject, with statistical tables. He maintains that the practice is invaluable when labor is impeded by resistance of the soft parts alone. As long as the patient is not already in a septic condition, there is no danger provided that strict antiseptic precautions be taken. The practice saves the patient from the risks of Cæsarean section, induction of labor, and craniotomy in all cases where undilatability of the soft parts is the obstacle to delivery. In 27 cases in Dührssen's experience, where this obstacle was overcome by incisions and craniotomy avoided, labor was concluded with the forceps in 24, by turning and extraction in 2, and by bringing down the feet and extraction in 1. Only one mother and one child were lost. Hence, as compared with perforation, the mortality is for the child 96.3 per cent. less, and for the mother it is almost similar, since in 28 cases of perforation the same obstetrician lost one mother. Out of 29 cases of perineal incisions alone, excluding all subjects with obstacles to labour outside the soft parts, the mortality for the mother was 6 9 per cent., and no child was lost. Incisions are most urgently indicated when rigidity of the soft parts exists in elderly primiparæ, or when complicated by eclampsia or premature rupture of the membranes. The supravaginal part of the cervix must be fully dilated, a dilator being used if necessary. External pressure must be employed when the head lies high in the pelvis. In cutting into the cervix four incisions must always be made, and they must extend to the vagina. The posterior should be made first, the anterior last. Suture after delivery is unnecessary. The perineum requires a unilateral deep incision between the anus and tuber ischii. The wound must be very carefully sutured after delivery. Pro