

on the cessation of which it disappears. In others, it remains present during the remainder of the patient's life, becoming more marked during each period of pregnancy. In addition to the above varieties, which may be called physiological, many forms of ovarian and uterine disease are productive of similar subcutaneous deposits of pigment. These pathological deposits are chiefly characterized by their persistence, *i.e.*, once they appear they do not tend to vary in their intensity unless it is to become darker and more extensive.

The authors consider the cause of this condition to be some disturbance of the ovarian secretion.

The *treatment* may be either (a) local, attacking pigmentation itself, or (b) general, as where the active cause is sought for and removed. *Locally*, Besnier applies an ointment composed of equal parts of olive oil and vaseline at night, while one of carbonate of bismuth and kaolin of each 10 grammes and vaseline, 40 grammes is used in the morning and during the day.

Hagar uses a glycerol composed of

Precip. Alba.

Bismuth. Sub-nit, aa 40 grs.

Glycerole d'Amidon 15 "

applied daily.

Uterine Traumatism.

BROTHERS, ABRAM. "Accidental Perforation of the Uterus." *American Gynecology*, April, 1908.

The uterus is far more often perforated than is usually believed, cases not being reported on account of the fear of the operator, of ridicule or adverse criticism. Such accidents may end fatally, but this is rather the exception than the rule.

Eight cases are cited, of which four were seen in consultation and four occurred in the writer's own practice. Of the four consultation cases, three died. The perforation of the uterus of the patient who recovered took place through the anterior wall into the tissue between the bladder and uterus where an abscess formed and was subsequently emptied by operation.

In three of the cases which occurred in the writer's clinic, the accident was immediately discovered, the operation stopped and douching was omitted. All three recovered. Salpingectomy was carried out in the fourth case and the opening up of the peritoneal cavity for this purpose was taken advantage of to sew up the opening in the uterus with a perfect result.

Perforation of the uterus by the curette was recognized many years ago. Tait, in 1872, reported three cases of what he called "metro-peritoneal fistulas" due to this trouble.