

of the German Gynæcological Society (*Centralblatt für Gynakologie*), considers only those cases in which surgical treatment is indicated—that is, those in which the tubes are affected. Two forms of tuberculous disease of the tubes should be distinguished, an acute and a chronic; in the former both the muscular and serous coats undergo cheesy degeneration, numerous bacilli being found in the interior of the tube, while in the latter the tubal wall undergoes hypertrophy and cell-infiltration, while its contents contain only a few bacilli. The increase in size of the tube, which may be considerable, is due to the collection of pus in its interior, as well as to the hypertrophy of the wall.

With regard to the treatment of this condition the writer does not agree with Hegar, who advises extirpation of the tuberculous tubes even when the peritoneum is affected; under these circumstances he simply evacuates the contents of the tube, which does not refill. In the discussion following the reading of the paper Elischer agreed with the reader that it was inadvisable to extirpate the tubes in cases of general tuberculosis. Hegar explained that he had been misunderstood as to two points. The reader had quoted him incorrectly as having stated that a tuberculous tube was thickened at its uterine end more frequently than was the case in any other form of salpingitis. He would, of course, not remove the tubes in cases of general tuberculosis, though he would not hesitate to do so when the disease was limited and the tubes were evidently the original foci; if the latter contained pus he would certainly remove them.—*The American Journal of the Medical Sciences.*

THE URINE IN PERNICIOUS ANÆMIA.—Dr. William Hunter, of Cambridge University, England, who last year published some interesting and important observations regarding the symptomatology and pathology of pernicious anæmia, has now supplemented these in the *Practitioner* for September, by other observations on the urine in a case of this disease—observations which he thinks show that the urine in pernicious anæmia presents specially characteristic features, and such as serve to establish the diagnosis of the disease.

A relatively high hæmoglobin percentage to

the number of red blood corpuscles Dr. Hunter considers to be the only characteristic feature presented by the blood in pernicious anæmia, but he is of those who regard pernicious anæmia as a distinct and separate disease, not merely as an extreme form of anæmia or chlorosis or the terminal stage of other diseases.

In the case under observation, the color of the urine was the most striking feature throughout. It was exceedingly high, varying slightly from time to time, but always remaining very much higher than ever observed in conditions of health. At no time were any bile pigments to be detected. As regards its spectrum and its chemical behavior, the coloring matter present in such large quantities had all the characteristics of pathological urobilin; and there is no doubt that in all cases such urobilin is a product derived from the disintegration of hæmoglobin. The richness of the patient's urine in coloring matters could have had absolutely no relation to the absorption of matters derived from the food, as this was as little nitrogenous as possible, and consisted mainly of milk. The excretion of such large quantities of coloring matter, entirely independent of the occurrence of fever or of any diminution in the quantity of urine or rise in the specific gravity, was regarded by the observer as of the greatest interest and importance in its bearing on the diagnosis of the disease; Dr. Hunter is disposed to maintain that the excretion of such large quantities of pathological urobilin appears extremely valuable evidence as to the essential nature of the disease, that it depends on an excessive destruction of blood, that it is hæmolytic in its nature.

In his former observations, his conclusions regarding the hæmolytic nature of his disease were based solely on (1) a consideration of anatomical changes to be found after death, and (2) on the possibility of inducing experimentally similar changes in animals by the action of blood-destroying agents.—*Boston Med. and Surg. Jour.*

TREPHINING IN HEAD INJURIES.—To systematize, to some extent, the indications for trephining in case of head injury, Zeidler (*Wein med. Presse*,) draws a sharp distinction between the local injury to the skull, and the secondary