

a period preceding by a week or ten days the first menstrual epoch at which menstruation did not occur. Thus, if the last day of the last menstrual period is stated to be the first of a given month, the period of gestation should be counted, not from this date, but from the 20th or possibly the 25th of this month.—*Am. Journ. Med. Sciences.*

(It will be seen that the above differs somewhat in its statement of connection between ovulation and menstruation from the opinions of Dr. CLARENCE WEBSTER lately given in this journal.—Ed.)

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Before the International Congress at Geneva, BANTOCK gave the following conclusions as to "Closure of Abdominal Wound after Ovariectomy or Laparotomy."

1. Suppuration of the abdominal wound is due, not to the presence of bacteria, but to foreign bodies or strangulation by tight sutures.
2. In many cases simple through and through sutures are sufficient.
3. In stout patients it is better to close the peritoneum separately, and the remaining layers of the wound with one or two series of sutures.
4. Silk-worm gut is the best for interrupted sutures, and catgut (not chronicised) for buried sutures.

Howitz believes that just as little of peritoneum as possible should be included: in fact, he approves of the plan of some operators, not to suture the peritoneal edges at all, but to allow them to unite toward the abdominal cavity. Patients should not be allowed to leave the bed until three weeks have elapsed.

The speakers seemed to be evenly divided in their advocacy of tier and through and through sutures.—*Am. Jour. Med. Sciences.*

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BICYCLING FOR WOMEN.—THEILHABER recommends cycling in cases of amenorrhœa, especially when the uterus is undeveloped. Dysmenorrhœa of nervous origin in young girls and sterile women is often relieved. In endometritis, the writer has seen no result favorable or otherwise from this form of exercise; in the menorrhagic form he advises against it on theoretical grounds. It should be forbidden in chronic as well as acute gonorrhœa, in salpingitis, and in sub-acute and chronic peritonitis of whatsoever origin.

Flexions and versions do not constitute a contraindication; in fact, cycling is often recommended for patients with these conditions, with the view of relieving nervous symptoms and strengthening flabby muscles.