

and thin. Fellner conducted his experiments on animals. He has not made his special nerves or their origins very clear. He gives, however, the best explanation of post-operative atony of the uterus, with which all gynæcologists are familiar.

Aschoff, in the *Zeitschrift f. Geb. u. Gyn.*, contributes a paper upon the "Anatomy of the Lower Uterine" Segment and throws light upon this much-disputed area. He maintains that the macroscopic designation of the cervix uteri does not correspond to the microscopic.

Macroscopically, the cervix extends from the external os to the narrowest part of the uterine cavity, *i.e.*, to about the middle of the corpus of the virgin uterus—a spot marked by a slight constriction externally, by the line of attachment of the peritoneum, and by the presence of the circular vein. This upper limit Aschoff suggests to designate as "Orificium Internum Anatomicum."

Microscopically, the cervix uteri extends only to the upper limit of the true cervical mucosa, a level some distance below the first. At this point the junction of the cervical and corporeal mucosa, Aschoff puts the internal orifice of the cervix—"Orificium Internum Histologicum."

Between the histological, or internal orifice of the cervix, and the anatomical, or internal orifice of the uterus, is the isthmus uteri. This isthmus in pregnancy becomes the lower uterine segment. The upper limit of this segment, *viz.*, the internal orifice of the uterus, indicates the level of the retraction ring.

(b) Pathology.—In the pathological returns of the year perhaps the first place falls to the subject of chronic metritis—"Fibrosis Uteri," so-called.

This is a condition where the uterus becomes usually symmetrically enlarged, with its muscular walls uniformly thickened; where it becomes firmer in consistence; where the urgent symptom is severe, and persistent hæmorrhage which a curetting of the mucosa oftentimes merely aggravates.

During the year several papers have appeared and our knowledge of the subject has been considerably increased. The chief virtue of these papers lies in the fact that their authors, or most of them, have been content to describe faithfully the clinical and pathological findings in their respective cases—to record facts. Elaborate and more or less imaginative classifications have so died a natural death. That all true progress is towards simplicity has been here well exemplified.

The names of these observers in their alphabetical order are:—Addinsell, Anspach, Donald, Gardner and Goodall, Macdonald, Shaw, and Wittek.