

always increased in amount, but after this diminution and disappearance were noticed. Cure occurs through a degeneration of the epithelioid cells, without the intervention of wandering cells, independently of phagocytosis and without the formation of fresh connective tissue. Dr. Gatti thinks the serous fluid which is thrown out the first few days stimulates the repressive processes after laparotomy; this is effected by the serous fluid bathing the tuberculosis mass, however thick, and having a bactericidal and attenuating action on the tubercle bacilli.—*Medical Record*.

* * *

LABOR AFTER SYMPHYSEOTOMY.—Th. B. Hansen (*Hospitals Tidende*) attended a woman in confinement who had been delivered by symphyseotomy three years previously. She gave birth to a well-developed child, weighing six and a half pounds, without difficulty. The child, however, died in parturition on account of prolapse of the cord. Immediately after the birth of the child the two branches of the symphysis were found to be separated about four centimetres. A strong bandage was applied to the pelvis, and in five weeks the woman was able to walk a mile without difficulty. The distance between the two portions of the symphysis was then found to be one centimetre.—*University Medical Magazine*.

* * *

THE INDICATIONS FOR VENTRAL FIXATION OF THE UTERUS.—The following indications for ventral fixation of the uterus are given by Dr. G. M. Edebohls in the *Medical News*: 1. Vaginal fixation of the uterus does not come within the sphere of legitimate operations in women liable to future pregnancy. 2. The indications for ventral fixation of the uterus should be limited to the utmost degree in women liable to subsequent pregnancy. 3. Ventral fixation is never indicated in uncomplicated retroversion of the uterus. 4. Inability of an operator to perform shortening of the round ligaments may be an indication for ventral fixation, but not in the case of one claiming to be a specialist in gynæcology. 5. Ventral fixation is indicated, as an adjuvant, in the performance of combined operations for prolapsus uteri et vaginæ. 6. Ventral fixation is indicated as a closing step in all celiotomies in which the adnexa are removed and the uterus is left. 7. Ventral fixation may be indicated, under exceptional conditions, in cases of adherent retroversion, with tubes and ovaries in good condition. 8. Ventral fixation may be indicated in the most aggravated cases of uncomplicated sharp retroflexion. The writer has not met such a case not amenable to successful treatment by shortening the round ligaments. 9. Ventral fixation is indicated, under certain conditions, in cases of uterus unicornis.—*Medical Record*.