

are no tubes (*mycelium*), but simply beaded rows of five to six spores at most.

These results confirm the discovery of Gruby in all that is essential, but they differ from his description completely in some points of detail.—*Archives de Physiologie*, Nos. 2 and 3, 1874.

R. JANSCH, *A case of Pregnancy in a Rudimentary Horn of the Uterus; Death by Hæmorrhage; Transmigratio Seminis extra-uterina.* (Virchow's Archiv, 1873, lviii. 185-203).—The author brings a contribution in answer to the question, If a stunted supplementary horn can be the seat of a development of the ovum, even in a case in which communication with the cavity of the developed uterine horn must be excluded? A woman, aged 27, who had given birth, normally, three years previously, had not menstruated for four months when she fell sick with the most violent symptoms of an effusion into the peritoneal cavity. The passage of fragments of decidua lead the diagnosis to the right etiological cause. Death thirty-six hours after the attack. Blood coagula were found in the pelvis, and in the midst of them the following:—From the vagina towards the right stretches the cylindrically formed uterus, "from the point of which the appendages of the right side take their origin." The rudimentary left uterine horn is connected with the left convex border by a broad thin band. In shape and form it is very like a hen's egg. The appendages of the left side, the round ligament, pervious tube 12 cm. long, ovary with corp. lut. ver., are present, normally. The placenta, with membranes and foetus, are applied mushroom-like to the stunted horn. The foetus corresponded in development to the sixteenth or eighteenth week of pregnancy, and was a male. The weight of the placenta and rudimentary horn was 350 gm.

Most deserving of consideration is the already mentioned ligamentous bond of union between the supra-cervical part of the normally developed horn and the right side of the rudimentary uterus. It was 8 cm. long, and contained fine bundles of smooth muscular fibre, and a very narrow canal lined with ciliated epithelium.

The author excludes decisively the idea that the obliteration of this canal, which was in the direction of the normal horn, 2 cm. long, and was absolute, had taken place during the pregnancy, and sees himself, therefore, compelled, in order to explain the foetation of the left supplementary horn, to assume a "transmigratio seminis extra-uterina."—*Centralblatt*, 1874, No. 13.

L. PERL, *On the Influence of Anæmia on the Nutrition of the Muscles of the Heart.* (Virchow's Arch., 1873, lix. 39-51).—The observation of Ponfick, that the combination of fatty degeneration of the heart with anæmia, was frequently preceded by considerable losses of blood, induced the author to determine experimentally if this degeneration stands in connexion with the anæmia so caused.

In a first series of experiments, he practised on dogs large venesections at long intervals (every five to seven days, 3 to 3½ per cent. of the actual weight of the animal); in a second series, more frequent and smaller venesections (every three to four days, 1 to 1½ per cent.).

The operations were well borne by the animals: the wounds healed regularly without fever. Only in one case was there embolism of the lung.

Whilst the six animals of the second series, on whom in minimum ten and in maximum seventeen venesections were practised, remained quite lively, and when killed, thirty-six or thirty-nine days afterwards, did not show the slightest alteration of the muscular substance of the heart; on the contrary, the seven dogs of the first series, on whom five to seven venesections were practised, gradually became much emaciated, lost their appetite, were depressed, became partially œdematous in the extremities, and died at last within eleven weeks and with all the appearances of marasmus. With the exception of a single animal that died, after four weeks, in all the others the heart was found flabby and of a clear yellowish colour. On microscopic examination, the known appearances of an exaggerated fatty degeneration were found in a great number of the muscular fibres. These fibres lay irregularly distributed between others that were still normal in greatest numbers in the papillary muscles, especially of the left ventricle. In the absence of any other cause, these changes may be considered as due to the abstractions of blood, and the anæmia thereby produced.—*Centralblatt*, 1874, No. 15.

PANAS, *On Section of the Buccal Nerve from the Mouth.* (*Archives Génér. de Méd.*, Février 1874.—The nervus buccalis is a mixed nerve which is not seldom the seat of violent neuralgia. Yet it has hitherto been divided only six times, either from the cheek inwards, after Michel, or from the mucous membrane of the mouth, after Nélaton.

The author publishes a seventh case, in which he operated from the mouth.

The patient, a woman 65 years old, who had for twelve years suffered from violent attacks of buccal neuralgia, submitted to an operation after having tried in vain remedies of the most diverse kinds. Panas operated as follows:—

The corresponding corner of the mouth is drawn strongly outwards. The operator feels with the index finger of the left hand for the external ridge of the ascending ramus of the lower jaw, and makes over it an incision 2 to 2½ cm. long, from the last upper to the last under molar. After separating the mucous membrane, the horizontally running fibres of the buccinator muscle are seen, which are divided. Outwards from the muscle is found the nerve, which is freed and cut. The result was, a month after the operation, per-