

cosis is not necessary, as most of the patients bear the application easily. Active uterine contractions followed, and in some cases were quite violent, attended with reflex vomiting, but there were no other unpleasant consequences. Sloughing occurred, and was not completed before the fourteenth day, the endometrium not being entirely regenerated until four weeks had elapsed; showing that the cauterizing effect was quite as profound as after the use of the Paquelin. Twenty-eight patients, with hemorrhagic endometritis, treated in this manner were discharged cured, and ten with hemorrhage following abortion; in the latter, decidua remanens were first removed with the curette before applying the steam.

The use of this agent is also highly recommended in cases of malignant disease of the corpus uteri.

The advantages claimed for this method of intra-uterine cauterization are the ease and rapidity with which it can be effected in a clinic, the immediate hemostatic effect, and the deep slough which is caused, as well as the freedom from untoward results. The after-treatment is simple. The patient is kept in bed until the slough has entirely separated, the vagina being irrigated and tamponed lightly with iodoform-gauze. No intra-uterine injections are given. Among the disadvantages the writer mentions the unequal character of the cauterization and the fact that the after-treatment is more prolonged than after curettement. He is not willing to assert that "vaporization" is preferable to the latter operation.

**Separation of the Abdominal Wound after Coeliotomy.**—BUETTNER (*Ibid.*) reports the following case illustrating the disadvantages of catgut sutures. In a case of coeliotomy for fibromyoma complicating pregnancy (fifth month) the peritoneum, muscle and fascia, and skin were closed separately with continuous sutures of catgut, additional sutures of the same material being passed through the entire thickness of the abdominal walls, which were observed to be unusually relaxed and atrophied in the median line. On the ninth day the deep sutures were removed, and the wound was found to have healed perfectly. Soon after the patient was seized with a fit of coughing, and the wound burst open to the extent of four inches, allowing the escape of coils of intestine which were adherent to one another and to the parietes by recent bands. The gut was irrigated with saline solution, returned to the cavity, and the wound, after freshening of the edges, was closed with interrupted silk sutures, including all the layers. The patient's recovery was uneventful.

[The writer infers that catgut should only be used to unite the peritoneum. He has evidently had no experience with chromicized gut, or nonabsorbable, sutures for uniting the fascial edges—H. C. C.]

**Pregnancy following Transplantation of the Ovaries.**—GRIGORIEFF (*Ibid.*) details some interesting experiments in rabbits in which he excised the ovaries and transplanted them either to points in the broad ligaments, near the uterine cornua, or even to pockets formed in the peritoneum at distant sites. The animals were killed six months later, after they had become pregnant, and careful studies were made of the gross and microscopical anatomy of the pelvic organs. It was demonstrated conclusively in

each case that no ovarian tissue remained at the original site of the ovary.

The writer's deductions are: 1. The favorable results obtained are to be attributed largely to the rigid aseptic technique observed during the operations. 2. It is certain that the transplanted ovary continues its normal development after transplantation, and that nearly any portion of the pelvic peritoneum may be selected as its new site. 3. The follicles undergo the usual processes of development seen in the normally situated ovary. 4. Single follicles mature, rupture, and corpora lutea are formed in a perfectly normal manner. 5. Pregnancy may occur and continue to full term after transplantation of the ovaries.

**Asthma during Menstruation.**—KATZ (*Deutsche med. Wochenschrift*, 1896, No. 50) reports the case of a healthy multipara, aged thirty-two years, who had suffered for a year with attacks of asthma, which appeared only at the time of menstruation, ceasing as soon as the flow stopped. The physical signs were typical of bronchial asthma. The writer explains the phenomenon by irritation of the sympathetic nerves and resulting spasm of the bronchial muscles, due to increased blood-pressure in the abdominal viscera at the time of menstruation.

**The Influence of the Pelvic Organs upon the Urinary Secretions.**—Bossi (*La Gynécologie*, 1897, No. 2) publishes the results of a series of observations undertaken with the purpose of determining the variations in the daily quantity of urine, and in the amount of urea, in women with pelvic disease, both before and after operation. It was found that there was a decided diminution in both for several days after radical operations and also during profuse uterine hemorrhages. The data are too few to allow of any useful generalizations.

## PÆDIATRICS.

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**Treatment of Excessive Inflammatory Reaction after Vaccination.**—LUCAS (cited in *Revue mensuelle des Maladies de l'Enfance*, July, 1897) refers to the excessive inflammatory reaction often observed after the vaccination with calf-lymph. In some cases this reaction becomes a complication of considerable gravity; the pustules tend to become confluent, the zone of phlegmasia extends, the axillary ganglia become greatly enlarged, and the arm œdematous. The most satisfactory treatment of this condition, Lucas