

cells, blood pigment, and pus cells. The patient grew worse, although on examining the blood no pathological organisms of an infectious character could be found. She was thought to have chorio-epithelioma or gangrene of the uterus. Under anesthesia the uterus was removed through the vagina; the right ovary was also removed, and the stumps of the broad ligaments brought into the vaginal wound, and packing of iodoform gauze inserted. On examining the uterus its muscle was found to be a dirty grayish brown and highly disintegrated. In several places the uterine wall was almost perforated. On microscopic examination the tissues were found in a condition of cellular necrosis. The patient made a speedy and an uninterrupted recovery.

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D.,

OF NEW YORK.

Dermoid Cysts of the Ovary.—SCHOTTLAENDER (*Archiv. f. Gynäkologie* 1906, Band lxxviii, Heft 1) found in the walls of these cysts numerous cavities lined, and often filled, with epitheloid and giant cells, which represent dilated lymphvessels due to the irritation caused by the invasion into them of sebaceous material from the skin. This cell proliferation may be so marked as to justify the diagnosis of lymphangioma or endothelioma. The fact that these spaces are lined with lutein membrane does not prove that dermoids are developed from the ovum. According to Schottlaender they are secondary cysts; whether they all develop in this way, or are due to fetal inclusion, is not yet certain.

The Physiology of Uterine Contraction.—KURDINOWSKI (*Archiv. f. Gynäkologie*, 1906, Band lxxviii, Heft 1) from experiments on rabbits finds that cold excites contraction more than heat. Cold water acts more promptly in cases of uterine hemorrhage and a less quantity is required; nor is an intrauterine injection required, since the mere contact of cold with the portio is enough to excite general contractions. Long-continued mechanical irritation, as by rubber bags, leads to atony of the uterine muscle. Weak stimuli are better, such as electricity.

Intestinal Fistulæ following Laparotomy.—OSTERLOH (*Zentralbl. f. Gynäkologie*, 1906, No. 34) reported ten cases of intestinal fistulæ following laparotomy, with eight recoveries. In every instance the fistula healed spontaneously. In the discussion of the paper Leopold reported three cases, two terminating fatally; Peters two cases, in which the fistula closed without operation. The latter thought that in these cases the prime factors in the causation of the fistula was a peculiarly soft condition of the intestinal wall in a given case, especially when it was adjacent to a purulent collection.