

Mackenrodt, in continuing the discussion, held that vaporization was a distinct step backward in gynecological therapeutics, to be included in the same class with cauterization with chloride of zinc. He had been obliged to extirpate several uteri for hæmatometra due to cicatricial contraction of the cervix following such treatment. Climacteric hemorrhages, if not due to malignant disease, are referable to arterial sclerosis. How this condition could be cured by destruction of the endometrium he could not understand. Total extirpation of the uterus is not only safe, but more scientific in cases of recurrent bleeding. With submucous fibroids repeated curettement is better than vaporization, while if the hemorrhage is due to adnexal disease the latter treatment is certainly useless.

The speaker did not find that the great expectations which had been held in regard to the intrauterine use of steam had been realized, but in isolated cases of hæmophilia he acknowledged that it might be indicated, though he had never met with one himself.

Czempin said that he had used steam at a temperature of 100° to 101° C. for three minutes with marked benefit, and had never seen stenosis follow. He had always made it a practice, however, to pass sounds for six weeks afterward, in order to insure patency of the cervical canal. He disagreed with Mackenrodt with regard to arteriosclerosis as a cause of climacteric hemorrhages, and in any case the effect of vaporization was to contract bloodvessels and to cause shrinkage of the uterine parenchyma, as well as the endometrium.

Appendicitis Complicated by Ectopic Gestation.—TEMOIN (*La gynécologie*, 1904, No. 2) reports two cases of acute appendicitis associated with extrauterine pregnancy. In both the latter condition was not suspected, as the symptoms pointed clearly to perforation of the appendix. In both it was necessary to resort to median laparotomy, as the ordinary lateral incision did not give sufficient room. The diseased appendix and ectopic sac were fused together. One operation was performed on the fourth and the other on the fifth day after the initial attack, vaginal drainage being employed. Both patients recovered.

Endothelioma of the Cervix Uteri—KIRCHGESSNER (*Zeitschrift für Geb. u. Gyn.*, Band xlix., Heft 2) concludes an article on this subject as follows: Contrary to the opinion of Gebhard, young subjects are more apt to be attacked with this disease than old. Endothelioma may develop in nulliparæ as well as in multiparæ. The clinical symptoms are the same as those of cancer, *i. e.*, hemorrhage and foul discharge. The neoplasm is usually nodular, of variable consistence. No case of recurrence after removal has been reported, in spite of Burst's statement that endothelioma is known to recur locally. It grows slowly and has a limited power of metastasis. A radical operation should be performed as soon as the diagnosis is confirmed microscopically.

Tubercular Infection of Ovarian Cysts.—PRUSMANN (*Archiv. für Gynäkologie*, Band lxxviii., Heft 3) affirms that no genuine case of primary tuberculosis of the ovary has yet been described. In the case reported by him an ovarian cyst containing tubercles was removed, without any trace of the disease elsewhere in the pelvis or abdomen. In this instance infection may have occurred through either the genital tract or the lymphatics, *i. e.*, by coitus. The finding of giant cells in