GYNÆCOLOGICAL.

I. Elephantiasis of the Clitoris and Vesico-Vaginal Fistula of Non-Traumatic Origin in a Syphilitic Subject; Operation; Cure. By PROF. V. LAURO (Naples). The patient, æt. 27, had not suffered of any disease during her infancy, and began to menstruate at her twelfth year. In her thirteenth year she was attacked by measles. When eighteen years old, she became a prostitute and soon after this was suffering from blenorrhagia and syphilis. After these diseases the sexual appetite, which, during the acute and sub-acute stages, had become diminished, increased, and the patient became addicted to masturbation. Examination of the genital organs revealed the following: Enormously enlarged clitoris, upon which another neoplasm was discovered, which was 20 cm., long and somewhat smaller than the pathological clitoris; normal nymphæ, except that the left gave off a band, about 8 cm., long, the tissue of which resembles that of the nymphæ. Urine dribbled from the vagina; behind the orifice of the urethra a solution of continuity was detected, which was divided by a septum, and lead into the urethra. Besides, a fistula was detected in the vaginal wall, back of the first, corresponding to the neck of the bladder, from which urine dribbled away. This latter was circular and 5 mm. in diameter.

DIAGNOSIS.—Elephantiasic hypertrophy of the clitoris and its adjacent structures, urogenital fistula in communication with the vagina in a syphilitic patient.

In order to repair these defects Prof. Morisano (who operated on this case) removed the hypertrophied organ together with the nymphæ by the knife and closed the fistulæ, after freshening up their edges, according to Sim's method and his own modification of the latter. The resulting cure was complete. The author, after discussing the causes and pathology of this disease, concludes that it resembles essentially elephantiasis. The histologico-pathological examination of the removed tissues showed them to be of an elephantiasic nature. The band of tissues which extended from the nymphæ and prepuce of the clitoris were caused by adhesion which was the result of contact of the

parts during cicatrization in the healing process of former ulcerative (syphilitic) lesions. An uro-genital fistula caused by syphilitic ulcerations is rarely met with in practice, and some gynæcologists even deny it. The clinical observation observed by the author "dissipates," he says, "every doubt."—*Gazzetta degli Ospitali*, September, 1890.

II. Congenital Absence of the Vagina; Rudimentary Uterus; Integrity of Its Appendages; Autoplastic Operation with a Successful Result. By DR. SAMUEL GACHE (Buenos Ayres, S. A). Josephine, a young girl, æt. 17, in good health and without any hereditary antecedents, other than that her father, at the age of 47 years, had died of pulmonary tuberculosis, presented herself at the hospital for treatment. Physically, she was poorly developed, indeed she was of a nervous and sympathetic type, but neither hysteric nor subject to hysteriform crises. At the age of 13, she suffered chorea of the right side of the body, which disappeared under the influence of a treatment with bromides. She has never menstruated, neither has she suffered from pains in the abdomen. Six months before entering the hospital she experienced darting pains in the hip and muscles, which reappeared two or three times a month without regularity. She never has noticed any supplementary hæmorrhages. At the age of 16, she attempted to perform coitus and found it impossible. She then entered the hospital of her town, where she was told that she had an imperfect hymen; nothing, however, was done to relieve her.

On examination, the external genitals were found to be well formed; the pubes abundantly covered with hair, the labia majora thick and large, the labia minora well developed. On separation of the labia absence of the vaginal orifice was noticed; in its place a hard and fibrous membrane, slightly depressed in its center and uniting the base of the labia minora occupied the place of the vaginal introitus. The urethral opening was in its normal site. By examination, per rectum, which was in its normal position, its anterior wall was felt to be in immediate contact with the bladder and no trace of the vagina could be made out. The finger, pushed high up in the rectum, detected the rudimentary uterus as a small and hard body of the size of a hazel-nut.