has not swung too far in the opposite direction, and whether "conservative surgery" has not been practised in cases in which any interference with the normal organ was mischievous. We have always looked with disapproval upon ignipuncture and the excision of small dropsical follicles, and the custom of including such cases under the head of true conservative operations.—H. O. O.]

Radical Operation for Cancer of the Uterus.—In a recent discussion before the Dutch Gynecological Society (*Centralblatt für Gynäkologie*, No. 22, 1902) the consensus of opinion seemed to be against the abdominal operation. Kouwer affirmed that it had not been proved that it was radical in the sense of removing all the disease. He did not believe that it was often possible to tell whether the lymph nodes were affected or not. Of thirteen patients operated upon by himself within the past three years by the abdominal route, five died from the operation, two had ureteral fistulæ, and two had an early recurrence. Treub thought that with a mortality of 33 per cent. simple palliative treatment was preferable.

Treatment of Inoperable Cancer with Methyl-blue.—CUCCA and UNGARO (*Rassegna d'ost e gin.*; *Centralblatt für Gynäkologie*, No. 22, 1902) use the following solution: Methyl-blue, 90 grains; 90 per cent. alcohol and glycerin, aa 3 drachms; water, 7 ounces. This is applied to the diseased cervix on tampons after previous curetting. A weaker solution is used for vaginal and intra-uterine irrigation. The results have been quite satisfactory, patients being kept comfortable and free from hemorrhage and discharge for months, or even years. Pain was relieved so that morphine could be dispensed with, and the progress of the disease was evidently retarded. No unpleasant effects were noted after long use of the remedy.

Hæmatocoele following Divulsion.—CARSON (*Progrès Méd. belge*, No. 1, 1901) reports the case of a young woman in which divulsion and curettement were performed for menorrhagia. Three days later she had abdominal pain, elevation of temperature, vomiting, and tympanites. A hard tumor appeared on the left side, extending from the cul-de-sac to the umbilicus. As septic symptoms developed, a vaginal incision was made and a quantity of pus and blood was evacuated, the patient making a good recovery. The reporter suggests that there might have been a rupture of the veins of the pampiniform plexus. [Why not rupture of the cervix or perforation of the uterus?—H. O. O.]

Menorrhagia in Young Girls.—SIRDEY (*Révue Gen. de Chir. et de Thérapeutique*; *Der Frauenarzt*, 1901, No. 8) refers to cases of obstinate menorrhagia in which no local cause can be found. In consequence of modesty and ignorance the patient often becomes exceedingly weak and exsanguinated before the physician's attention is called to the condition, or else she is wrongly treated for anæmia. The flow is only increased by the tonics which are given, if no change is made in the hygiene or environment.

As regards treatment hot douches are seldom necessary. Hot rectal irrigation may be substituted. The patient should be kept absolutely quiet in

bed until a day or two after the flow has entirely ceased. In the intervals between the periods all violent exercise—dancing, cycling, etc.—should be interdicted, as well as balls and theatre-going. Cold douches and massage are beneficial. The diet should be simple, stimulants, tea and coffee being forbidden. Ergot and hamamelis are recommended during the flow.

OBSTETRICS.

UNDER THE CHARGE OF

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Suppression of Urine following Labor.—McKERRON (*Journal of Obstetrics of the British Empire*, 1902, vol. iv. No. 1) contributes a paper upon this subject, with a report of six cases from his own observations.

His first case was that of a multipara who gave premature birth to a still-born fœtus at the eighth month. The urine had been examined at intervals of about a month, but showed no albumin. There is no statement regarding the specific gravity, quantity, percentage of urea, nor whether casts or epithelial débris was present. During her first pregnancy she had had œdema, scanty urine, with a large quantity of albumin. She had been delivered of a dead fœtus at seven months, after an easy labor. During the pregnancy under consideration she remained fairly well until she was seized with sudden pain in the lower part of the abdomen, followed by vaginal hemorrhage. This ceased, but a few hours afterward a seven-and-a-half months' fœtus, but recently dead, was suddenly expelled. The placenta was covered with adherent black clots. Following this labor the patient had complete suppression of urine, which very gradually gave place under appropriate treatment to a temporary polyuria. The patient made a gradual and apparently complete recovery. Complete suppression of urine lasted in this case about three and a half days. McKerron states that it is the sole recorded case which he has found in which recovery followed complete suppression of urine after labor.

The second case was that of a multipara who had much sickness and prostration during pregnancy, who had borne one living child and had lost two children at the sixth month. During the pregnancy in question the urine was not examined, because the symptoms were similar to those in previous pregnancies when the urine was found to contain no albumin. This patient was suddenly seized with severe pain in the epigastrium and discharge of blood from the vagina. She expelled a dead fœtus, had suppression of urine, and died on the fourth day.

Case third was that of a primipara who was under observation until she entered the hospital. She was delivered by forceps of a living child. This