GYNECOLOGY.

UNDER THE CHARGE OF

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Leucocytosis in Pelvic Suppuration.—DUTZMANN (*Centralblatt für Gynäkologie*, 1902, No. 14), from observations in forty cases of pelvic disease, arrived at the conclusion that hyperleucocytosis is of great value as a diagnostic sign. In several cases the presence of pus was established in the absence of the usual symptoms. In one instance, with 16,000 white cells to the cubic millimetre, the temperature was actually subnormal. On exploring the uterus and evacuating pus the number fell to 6800. In another, in which the count was 17,800, with a low temperature, the diagnosis of fibroma or hæmatocele was made, and laparotomy was about to be performed, when an abscess ruptured into the rectum, the number of leucocytes dropping to 8300. Again, the writer found no increase in the leucocytes in cases diagnosed as salpingitis and mural abscess, his opinion being invariably confirmed by operation. Another interesting fact was the hyperleucocytosis observed in cases in which abscesses had been imperfectly drained.

Degeneration of Uterine Fibroids.—CULLINGWORTH (*Journal of Obstetrics and Gynecology of the British Empire*, 1902, No. 1) reports 100 cases of operations for uterine fibromyomata; in 52 of which the specimens showed more or less evidence of degenerative changes. Of these 27 were myomatous, 5 fibrocystic, 18 necrotic, 1 sarcomatous, and 1 calcareous.

The writer lays especial stress upon the age of the patient, myxomatous degeneration being most common between forty-two and fifty-two, while necrosis was noted in patients between thirty-six and forty-six years of age. Pain was a marked symptom in 38 cases, especially in connection with necrosis and cystic degeneration.

Peritoneal Adhesions.—KATOUNAKY (*Wratsch*, 1901, No. 29) calls attention to a class of cases in which a broad ribbon-like adhesion extends from the sigmoid flexure to the parietal peritoneum. The cause of this condition has not been explained, though Gersuny has attributed it to traumatism, or to the escape of blood into the peritoneal cavity during menstruation. The symptoms are somewhat vague, such as pain in the hypogastrium, dyspareunia, and obstinate constipation. Pain is experienced on palpation over McBurney's point and over the sigmoid. There is tenderness on vaginal palpation, even when the pelvic organs are normal. The writer admits that a positive diagnosis cannot be made.

Castration for Uterine Fibroids.—KAKOUSHKINE (*La Gynécologie*, February, 1902) reports 105 operations by Russian surgeons. The tumors were nearly all of large size. The mortality was 6.6 per cent., as compared with 9 per cent. in 300 cases reported by Zevarikine and 8.5 per cent. in 900 cases by Olshausen.

In the writer's cases the tumor diminished in size in 72 per cent., remained stationary in 25 per cent., and increased in 3 per cent. Pain was relieved in 40 per cent., diminished in 35 per cent., and was not relieved in 25 per cent. He is opposed to the operation.

Formalin as an Intra-uterine Application.—MENGE (*Centralblatt für Gynäkologie*, 1902, No. 13) calls attention to the superior excellence of formalin as an escharotic as compared with chloride of zinc. He employs both the pure drug and the 50 per cent. solution. It is especially valuable in cases of endometritis following abortion and labor at term, a single application often being sufficient to stop hemorrhage and foul discharges. The writer is strongly opposed to intra-uterine injections of caustic solutions.

Vaginal versus Abdominal Myomectomy.—MARTIN (*Centralblatt für Gynäkologie*, 1902, No. 14) emphasizes the fact that since the indications for myomectomy have been so much extended it is important to select a method of operation which gives the best remote as well as immediate results. He is strongly in favor of the vaginal route. The size of the tumor is not in itself a contraindication, since growths of large size can readily be removed per vaginam by morcellation. On the other hand, in the presence of firm suprapelvic adhesions, especially intestinal, the abdominal route is preferable; but deep pelvic adhesions and intraligamentary tumors are best handled from below.

The writer fears injuries to the bladder and ureter more than he does hemorrhage, especially the former. He has never injured the ureters during vaginal myomectomy, though this accident has frequently occurred in his abdominal operations. When it is possible he enucleates tumors without removing the uterus. In young women he tries to leave one ovary. The writer reports the results of his work during three years at the Greifswald clinic—87 vaginal and 31 abdominal myomectomies. The latter were all complicated, and 6 terminated fatally. Of the vaginal operations 35 were total hysterectomies, with no deaths, and 52 were enucleations, with 2 deaths.

Transverse Abdominal Incision.—FELLENBERG (*Centralblatt für Gynäkologie*, 1902, No. 15) reports 70 cases in which Küstner's transverse crescentic incision was made through the skin. The advantages are not only cosmetic, but by opposing a superficial transverse to a deep vertical incision there is less danger of hernia. It is used only in cases in which a small wound is necessary and pelvic drainage is not required.

The disadvantages of this method are the necessity of dissecting off the skin and adipose layer from the adjacent fascia over a considerable area, and the consequent impairment of the chances of primary union. In fact, it occurred in only two-thirds of the cases. Drainage of the skin wound is recommended.