GYNECOLOGY.

 UNDER THE CHARGE OF

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 THE VALUE OF THE TAMPON IN THE DIAGNOSIS OF CHRONIC
 ENDOMETRITIS.

SCHULTZE (*Centralblatt für Gyn.*, May 11, 1889) urges the use of the tannin and glycerin tampon, emphasizing the fact that the purulent character of the uterine discharge, and not its amount, is the main indication of the existence of endometritis. The discharge is often so slight that the patient herself does not notice it, yet it is readily appreciated on the removal of a tampon which has lain in contact with the cervix for twenty-four or forty-eight hours. After practising this method daily for twelve years the writer can testify to its great practical value.

 TUBERCULOSIS OF THE GENITAL TRACT.

BARBIER (*Gaz. Méd.*, 1888, No. 39) believes that a woman can be infected by a tuberculous man during coitus. Bacilli have been demonstrated in the semen, as well as in the discharge attending tuberculous epididymitis. The uterus may be infected by extension from a tuberculous growth on the vulva, without any intermediate trace of infection in the vagina. The writer even admits the possibility that tuberculous infection may be transmitted by the finger of the attendant, by unclean instruments, or even through the medium of the air.

 LIGATION OF THE ARTERIES SUPPLYING THE UTERUS.

GUBAROFF (*Centralblatt für Chirurgie*, No. 22) recommends this bold procedure in cases of inoperable cancer attended with severe hemorrhage, intraligamentous tumors, and subserous myomata, and for the relief of metrorrhagia of unknown origin which resists all ordinary treatment. The technique is as follows: An incision is made as in ligation of the common iliac, the lower angle of the wound being at the internal ring. When the peritoneum is reached it is stripped upward from the iliac fossa and the point of division of the common iliac is sought for. The peritoneum is drawn inward with a Sims's speculum until the internal iliac is exposed; the latter artery is then followed downward into the pelvis until the uterine is reached, the ureter being the guide to it at the point where the latter duct crosses the artery. The ovarian artery may also be readily found, isolated, and ligated. The artery supplying the round ligament will be identified at the lower angle of the wound as it enters the canal with the cord, but as it is difficult to separate and tie it, it is better to ligate the inferior epigastric, of which it is a branch.

[This operation must strike the surgical reader as not only too heroic for a mere palliative measure, but as unscientific. It is certainly unjustifiable to