The prognosis is unfavorable, as recurrence is usually rapid. Out of sixteen cases operated upon in Olshooser's clinic the disease reappeared in fifteen, only one patient being well at the end of two years. This tendency is probably due to the intimate relation between the vaginal wall and the pelvic connective tissue, as well as to the difficulty of preventing cancerous infection of the extensive raw surfaces left after excision of the neoplasm.

MALIGNANT ADENOMA.

RUGE (*Ibid.*) affirms that this variety of neoplasm is distinguished both by the form of the epithelial cells and by their arrangement. As contrasted with the epithelial hyperplasia and new formation of glands seen in ordinary glandular endometritis the malignant growth shows either an overgrowth of cells into the dilated lumen, giving rise to a confused intermingling of cell-columns or a new formation of glands by outgrowths of the epithelial elements, thus presenting the ordinary picture of adenoma.

HYPERTROPHY OF THE SPLEEN CURED BY EXPLORATIVE CÆLIOTOMY.

MARCHAND (*Gaz. des Hôpitaux; Centralblatt für Gyn.*, 1894, No. 21) reports the case of a woman, aged thirty-eight years, who had suffered for eighteen months with marked ascites and œdema of the lower extremities associated with cachexia. She had been tapped several times, each time three gallons of fluid being removed, after which no enlarged spleen could be palpated, extending below the umbilicus. The pulse and temperature were continuously elevated. An explorative incision was made, extensive omental and intestinal adhesions being separated, and the peritoneal cavity was flushed with a solution of boric acid and closed without drainage. The patient recovered quickly, the ascites did not return, the œdema disappeared, and the splenic tumor gradually diminished in size. The writer infers that this result was due to the separation of adhesions and thorough irrigation, which removed the irritation of the peritoneum; how far the hypertrophy of the spleen contributed to the ascites was not clear.

[While the writer is doubtless correct in his conclusions regarding the beneficial effect of the operation, he is in error in calling it an explorative one in the strict sense. We have always held that an explorative cœliotomy is one in which the abdominal cavity is simply opened without disturbing the existing condition, by separating adhesions or irrigation. The curative effects of many so-called explorations are really due to these additional manipulations.—H. C. C.]

TUBERCULOSIS OF THE PORTIO VAGINALIS.

WILLIAMS (*Medical Press*, September 5, 1894) reports two cases of this disease, in one of which the autopsy showed pulmonary tuberculosis with caseous mesenteric glands. The pelvic organs were not affected, with the exception of the lower third of the cervix and the upper part of the anterior vaginal wall, where there was a large ulcerated surface with slightly elevated margin, the base of which was studded with grayish granulations, in which were found typical giant cells and tubercle bacilli. A careful microscopical

examination of the uterine body, adnexa, and bladder showed that these were not affected.

In the second case, a multipara, aged thirty-six years, of delicate health but with no tuberculous history, had had a profuse leucorrhœa for several months, with painful and scanty menstruation, but without other local symptoms. There were evidences of incipient pulmonary trouble. The cervix uteri was infiltrated and indurated, and on inspection presented an eroded appearance, being the seat of a grayish ulceration, with hard, well-defined edges, which healed freely on swabbing it. Microscopical examination of a portion of the ulcerated tissue showed the characteristic appearances of tuberculosis, bacilli being found in this as well as in the vaginal discharge. The patient improved greatly under general and local treatment, the latter consisting in curettage and the application of pure carbolic acid.

Reviewing the literature of the subject, the writer infers that tubercle of the cervix, whether primary or secondary, tends, in obedience to some unascertained law, to limit itself to that structure, thereby constituting in the first instance the only tubercular lesion in the whole genital tract. It is doubtless due to direct infection by the fingers, by instruments, or by coitus, rather than to the contact of infectious discharges originating higher up in the genital canal, there being a previous lesion of the cervix as well as an "inherited predisposition to genital tuberculosis." Patients between the ages of twenty and forty seem to be most susceptible to this local manifestation of the disease.

It is highly important to distinguish a tuberculous from a cancerous ulceration of the cervix, since hemorrhage and a foul discharge may be present in both. The detection of tubercle bacilli in the vaginal discharge is the only positive evidence of the true condition.

As regards treatment, iodine and iodoform have been used successfully to cause healing of the tuberculous ulcers. Curettage, followed by the use of the thermo-cautery, and complete excision and amputation of the cervix have been employed with more or less success, though the disease tends to recur. [The writer makes no reference to total extirpation of the uterus, which would commend itself to modern surgeons as the most radical way of dealing with a localized manifestation of a disease which tends to disseminate itself so rapidly.—H. C. C.]

COMPARATIVE MICROSCOPICAL STUDIES OF THE OVARY.

FOERSTER (*Ibid.*) concludes a paper on this subject with the following deductions: In accordance with the views of His the ovary is to be looked upon as an erectile organ, with an excess of fibrous over smooth muscular tissue in both the cortex and the medullary portion. In the former the muscular fibres interlace in an almost vertical sagittal direction. A plexiform arrangement of the same fibres is seen in the ovary of the cat, ewe, and the guinea-pig. The arteries of the medulla in the human ovary are very tortuous, their muscular coat being prone to undergo hyaline degeneration, while obliterating endarteritis is common; in the cow, ewe, and sow coils of arteries, veins, and capillaries are always found, the walls of which have undergone myxomatous degeneration, while within these vascular tufts there is an effusion of lymph which (in the opinion of the writer) is probably occasioned