wall of the cyst to the abdominal wall, and packing the cavity with iodoform gauze sprinkled with salol. The patient made an uncomplicated recovery. The case was one of abdominal pregnancy, and was remarkable for the ease with which the foetal sac was removed.

VAGINAL OPERATION FOR EXTRA-UTERINE PREGNANCY.

An interesting case, in which the vaginal operation for extra-uterine pregnancy was performed, is reported by CHRISTIAN FENGER in *The American Journal of Obstetrics* for April, 1891. The patient was a primipara who had suffered for several months from a tumor in the right side of the abdomen, whose presence was accompanied by hæmorrhage and discharge. On admission to the hospital foetal outlines could be detected, the head lying in the left iliac fossa, the body inclined upward to the right; on the left side the foetal head could be felt through the vagina. The placental souffle could be heard over the abdomen below the umbilicus to the left. The operation was performed by a median incision through the perineum to give room; the left index finger placed in the rectum marked out the extent to which the tumor was covered by the rectal wall. The transverse incision was made above this point by a cautery; craniotomy was then performed, the foetal head presenting at the opening. It was necessary to get away portions of the foetal bones, but the body was easily delivered. The sac was thoroughly irrigated with boric acid solution. The placenta was found high up in the left iliac fossa, and was perfectly adherent; two large drainage-tubes were put into the cavity and surrounded by gauze dusted with salicylic acid, and the vagina was also filled with this packing. Antiseptic dressing was placed over the vulva; on the seventeenth day the placenta came away. The patient made a good recovery, the uterus being of normal size firmly adherent to the left side of the pelvis; the child was at term, and was found to be in a perfectly aseptic condition. Fenger waited until a week after the placental souffle had ceased before operating. He states that when suppuration has set in, and the tumor is low down in the small pelvis, the placental circulation having ceased, the vaginal operation may be considered in comparison with the abdominal. It is also indicated in old suppurating foetal sacs with disintegrated foetus presenting in the vagina.

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D., M.R.C.S.,
OF NEW YORK.

VAGINAL EXTIRPATION OF THE UTERUS FOR OTHER CONDITIONS THAN CANCER.

FRANK (*Centralblatt für Gynäkologie*, 1890) reports ten cases of total extirpation for myoma and seven for procidentia, with two deaths in the first

series—one from shock and one from broncho-pneumonia ten days after operation. The indication in the latter series was the large size of the uterus, and the impossibility of retaining it in position; in four cases Fritsch's plan of supplementing the hysterectomy by immediate colporrhaphy was adopted with satisfactory results.

CHANGES IN THE OVARIES IN CONNECTION WITH FIBROID TUMORS.

POPOW (*Centralblatt für Gynäkologie*, 1890), from anatomical studies of forty ovaries removed in cases of castration for fibro-myoma, arrives at the following conclusions:

1. The ovaries always undergo structural changes in connection with fibromyomata; these may be interstitial or follicular.
2. Hyperplasia of the fibrous stroma, with considerable hypertrophy of the gland, is the most common change.
3. The interstitial process may be either local or general, and is associated with endarteritis and contraction of the lumina of the vessels, as well as with thickening of the perineurium and atrophy of individual nerve-fibres.
4. The follicular changes result either in complete atrophy of the follicles, leading to the formation of *corpora albicantia*, or in cystic degeneration; the former seems to be the more common of the two.

CASTRATION IN ATRESIA OF THE GENITALS.

MATTERSDORF (Inaugural Thesis, Breslau, 1890) has collected ten cases in which this operation was performed, to which he adds the report of one from the Breslau clinic. The patient was a girl, aged twenty-two years, who had never menstruated, but had severe abdominal pains every month. She apparently had no vagina, but a large tumor was found extending upward as high as the umbilicus, with which was a second smaller tumor that was evidently the uterus. The hæmatocolpos was emptied by perforation through the vulva. Four years later the patient returned with a hæmatometra, which was evacuated per vaginam, the adnexa being removed at the same time with an entirely satisfactory result.

CASTRATION IN OSTEOMALACIA.

SCHAUTA (*Wiener med. Wochenschrift*, 1890, No. 19) recommends this procedure in cases of osteomalacia in which the disease progresses after labor and does not yield to other treatment. The cure is probably due to the cessation of menstruation. He operated upon a IV.-para, aged thirty-two years, who had been suffering with osteomalacia for five years and had been confined to her bed for over a year. The pains ceased six months after the operation and the patient was able to resume her occupation.

THE LYMPHATICS OF THE FEMALE GENITAL ORGANS.

POIRIER's important studies on this subject are included in a monograph which will repay careful reading. From observations in over three hundred female subjects, women and children, in which the lymphatics were injected with quicksilver, the author has corrected several errors of former observers.