HUNGARIAN OBSTETRICAL AND GYNÆCOLOGICAL LITERATURE IN 1902.

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I.—OBSTETRICS.

The Early Recognition of Pregnancy.

DIRNER. *Szüleszet és Nőgyógyászat*, 1902, No. 1.

DIRNER, on the ground of very close investigation of a large series of cases, is convinced of the value of the symptom noted by von Braun, Piskacek and others as a proof of pregnancy. A groove, more or less longitudinal, is to be felt on either the front or back of the uterus. It is to be detected long before Hegar's sign, von Braun claiming to have diagnosed pregnancy in the first week.

Twin Pregnancy.

FRENREISZ. *Gynæcologia*, 1902, No. 4.

FRENREISZ reports 283 cases of twin and 6 triplet pregnancies under observation in the maternity of Professor Kézmarszky from 1869 to 1900. One twin labour occurred to every 87 single labours, one triplet labour to 4,167. The number of multiple births represented 1·14 of per cent of all the cases. Of the 560 twin children 273 were males and 287 females. There was a slight majority of twin girls; twins of different sex were very rare, even amongst the heterologous or two-ova twins. Of the mothers, 89, or 31·449 per cent. were primiparæ, and 94, or 68·55 per cent. multiparæ. The one-ovum twins stood to the two-ovum twins in the proportion of 1 to 3·7. The proportion, according to Ahlfeld, is 1 to 8·15, to Späth 1 to 17. Frenreisz found that two-ovum twins were more frequent in mature women, one-ovum twins in mother between 15 and 20. Single ovum twin pregnancy occurred in equal proportion in primiparæ and multiparæ, whilst the majority of two-ovum fetuses in this series were, as other authorities have noted, less developed than two-ova twins; the proportion of weight being 2,195 to 2,797 grammes. But Frenreisz made out a greater average difference in weight between two-ova twins (320 grammes) than between the single variety (223 gr.). No remarkable or reliable ratio between the lengths of

each twin could be obtained. Head presentation was most frequent in single-ovum twins, being 66 per cent., in the others it was 53 per cent. Not one case of transverse presentation was reported amongst single-ovum twins; ten occurred in the 97 two-ova twin labours. In the first class there were 54.1 per cent. premature labours, among the two-ova cases only 21.1 per cent. Intra-uterine death occurred in 33.3 per cent. of the first class and 77 per cent. of the second. Twin pregnancy was diagnosed as such before delivery in 28.5 per cent. of all the cases. There were nearly twice as many premature labours amongst the primiparæ as amongst the multiparæ. Turning to the delivery of each fœtus, the head presented in 337 (62.63 per cent.) of all the children, the breech in 177 (32.89 per cent.), and the presentation was transverse in 24 (4.46 per cent.). In 245 cases both children were placed vertically, in 24 one was transverse, in none were both transverse. The interval between the delivery of the twins averaged 0.15 minutes, in one case it was over 27 minutes. The mortality and morbidity of the mothers showed a rate which proved that twin pregnancy and delivery if properly treated was not more dangerous than single gestation and labour. The life of the fœtus was much more prejudiced. There were six triplets in the series. In four there were 2 male fœtuses to 1 female, in one 1 male and 2 females, and in the sixth 3 females. One mother was 24, one 27, and the remaining four over 30. One mother was a primipara, three were 3-paræ, one a 4-para and the sixth had been ten times pregnant. No less than twelve of the children, that is to say, four labours, were mature, the remainder being premature. The author reports a remarkable case in the private practice of Professor Këzmàrszky, where the triplets were all girls and are living, healthy and strong, having reached the age of 20. Dr. Temesváry adds a case reported by Dr. Konràd in the *Orvosi Hetilap*, 1902, No. 37, where a twin was delivered at term; half an hour later a fœtus papyraceus of the fifth month was expelled.

Face Presentations.

PALOTAI (ANDOR). *Gynækologia*, 1902, No. 1.

DR. PALOTAI reports a series of 103 face presentations observed in Buda-Pesth at the Obstetrical Clinique of Prof. Këzmàrszky from 1874 to 1900. 34.95 per cent. of the mothers were primiparæ; 46 were from 18 to 24 years of age, 30 from 25 to 19, 13 from 30 to 34, and 14 from 35 to 40. Only in three instances was the pelvis narrowed, nominally in the first degree, in no case was the pelvis of

the flat type; in 11 cases the conjugata externa measured over 20 centimetres, in one case it was even 23 cm. in length. The head measurements seem to exert a much greater influence, because the biparietal diameter showed an average of 9.34 cm., while in normal presentations it did not exceed 9.2 cm.; the straight diameter measured 12.6 cm. (as against 11 cm. in normal presentations). The circumference was also relatively large—35.48 cm., in comparison with 34.36 cm. normal presentations. In something more than half of the cases (50—66 per cent.) the foetus had originally lain in the first position, in accordance with Matthews Duncan's theory so strongly opposed by Schauta. In two cases the over extension caused the foetus to become anencephalous; in two others hydramnion was observed. In two cases twins were brought into the world with face presentation; and in one case the umbilical cord was very short, and, conjointly with the malpresentation, accounted for the death of the child. The duration of the labour averaged 14 hours and 6 minutes, that is, 52 minutes more than in head presentations. Operative measures were required in five cases only, or 4.85 per cent.; Zweifel's percentage was 7.63, Kann's (Breslau) 28.2. Indeed, strictly speaking, it was only in three out of the five (2.91 per cent. of the whole) that an operation was needed on account of the malformation alone. Of the mothers, only one died, and not owing to the malpresentation but to eclampsia; thus the mortality was *nil* as far as face presentation itself was concerned. At the Clinique of Braun the mortality was 5.7 per cent, and in Wallstein's 5.16 per cent. The morbidity of the puerperium was 13.59 per cent., about as much as after normal confinements. Perineal rupture took place in 13 cases (=12.62 per cent.), against 14.26 per cent. in all labours in the clinique. Amongst the infants eight died in consequence of the confinement, or 8.16 per cent.; this latter number exceeds that following head presentation by 3.6. According to Winckel and Olshausen the mortality of children is 13 per cent., whilst Weiss's percentage is 12. The author concludes from the foregoing data that face presentation is to be treated like head presentation, that is to say, expectantly. It is advisable to pay particular attention to the heart sounds. Finally the author remarks the labour with face presentation can be considered as eutopic when the more than low mortality of the mothers shown by his statistics is considered.

Brow Presentations.

PALOTAI (A.). *Orvosi Hetilap*, 1902, No. 19.

DR. PALOTAI endeavours to elucidate the question of brow presenta-

tion, with an explanation which he arrived at on the ground of investigations and observations of 12 cases in 17,169 labours (1 in 1,430) which were admitted into the Obstetrical Clinique of Prof. Kèzmàrszky. The duration of the delivery was on an average 24 hours 24 minutes. The average was 27 hours 8 minutes in primiparæ, and 6 hours 36 minutes in multiparæ. In six cases terminating spontaneously it was 13 hours 4 minutes; in six cases terminated by operative measures it was 32 hours. In two of the latter turning was performed with subsequent extraction. In two other cases the forceps had to be applied. The measurement in the six spontaneously born children averaged 46·9 cm. length and 2,438 grammes weight. From these data he concludes that in brow presentation spontaneous labour and normal duration of parturition can be expected, but this is the case only if the fœtus be small or the labour occur prematurely. In mature or even in very well developed premature infants the labour must usually be aided by operative methods, or at the best it will be of exceedingly long duration if spontaneous. The mortality of mothers averaged 0 per cent. (by Geboke 10 per cent., Heinricius 17 per cent.). Amongst the ten living children seven were born showing pallid asphyxia, and two with livid asphyxia. (According to Hecker the mortality of the newborn amounted to 28 per cent., Veisz 36·8 per cent., Geboke and Spiegelberg 44 per cent., Cohnstein 50 per cent., and Helly 55 per cent.) As to treatment, the author does not favour manual conversion, as statistics show that this manœuvre does not favour the child, whilst it exposes the mother to the danger of infection. As long as speedy termination of the labour is not indicated, expectant treatment is advisable, but when it becomes necessary we must choose that operation which seems to offer the greatest chance of success.

Induction of Premature Labour.

DIRNER. *Szüleszet és Nőgyógyászat*, 1903, No. 3.

DR. DIRNER gives a brief summary of the 55 cases of artificially induced premature labours reported up to the present date in Hungary and known to him. It is of historical interest that the first was undertaken by Semmelweiss in 1856. The author also reports 14 operations in his own practice. The indication for operation was in most cases narrowness of the pelvis, in some kidney disease, heart affections, phthisis, etc. The author considers that the 34th to the 38th week is the best time for induction of labour. The best operation was metreurysis, with the Barnes-Fehling kolpeurynter, following a

preparatory dilatation of the os uteri with Hegar's dilators. Dirner has confidence also in the Krause method. The mortality of the fœtus amounted in his cases to 35·7 per cent., but, omitting two cases of eclampsia, would be as low as 17 per cent.

Transverse Presentation.

ZBORAY. *Gynækologia*, 1902, No. 3.

DR. ZBORAY, of Bèla, has published very complete statistical tables of 101 transverse and oblique presentations observed in the maternity wards of Dr. Tauffer between 1881 and 1900. The proportion of transverse to normal presentations was 1 in 102. Among the mothers were 12 primiparæ, 29 2-paræ and 60 multiparæ, or 1 in 7·4 occurred in primiparæ. The proportion, according to Veit, is 1 in 3, von Franqué 1 in 8·5, von Kèzmarsky 1 in 2·8. As to age, two mothers were under 20, 61 between 20 and 30, 34 between 30 and 40, and 4 over 40. The head lay to the left in 46, on the right in 55 cases; the back was anterior in 57 and posterior in 44 cases. Pelvic contraction was detected in 17·82 per cent. of the cases, twin pregnancy in 9, both twins lay transversely in 5, the twin first delivered in 3, the second in 1. The fœtus was macerated in 8·9 per cent. of the cases; placenta prævia was present in 8 cases. Repeated cross-births occurred in six cases. Out of these two were 4-paræ, one a 3-para, two 10-paræ, and one an 11-para. One of the women ten times pregnant had passed through eight labours with transverse presentation, nearly all in the same maternity. The measurements in this instance were: Interspinous 27 cm., intercrystal 28·5 cm., conjug. extern. 17·5 cm., conjug. diag. 10cm. Hydramnion was noted in one case, spontaneous evolution of the usual type in two, both premature, and both where the fœtus was macerated, but *partus conduplicato corpore* did not occur in any case. Podalic version was performed in 87 cases, in eight of these by the combined method. In 78 of these cases extraction immediately followed turning, in nine delivery took place spontaneously; in four of the nine the combined method had been adopted. Laceration of the cervix occurred after eight extractions only. In three the os was four fingers' breadth in width, in two three fingers' breadth, in the rest two fingers' breadth. Out of 74 children living at the beginning of labour 19 were delivered dead, in eight the membranes had ruptured early, 20·5 per cent. of the fœtuses delivered by extraction and 57·1 per cent. of those spontaneously delivered after version were dead at birth; among the latter three deaths were attributed to the premature detaching of the

placenta and three to placenta prævia with narrow pelvis, so that expectant treatment was employed until the fœtus was turned. Cephalic version was performed in eight cases, three times with complete success, whilst in five podalic version was afterwards necessary; decapitation with Braun's blunt hook was necessary on seven occasions. The direct maternal mortality amounted to 2·97 per cent., including two cases of rupture of the uterus, one of which occurred before admission into the maternity. A third case of rupture recovered after packing of the uterus. Three women died of sepsis in the puerperium, all had been admitted in a neglected condition.

Rapid Decapitation in Neglected Transverse Presentations.

NÁDORY. *Gyógyászat*, 1902, No. 1.

DR. NÁDORY relates two cases of neglected transverse presentation. In one there were twins and the placenta became prematurely detached. The mother was greatly reduced by severe flooding, and although decapitation was promptly performed when the true condition was recognised, her life was lost. An ordinary hook, it appears, was used. Dr. Nádory advocates Kèzmàrsky's wire-loop decapitator, which can be readily applied and will effect its object in from two to five minutes without injuring the maternal soft parts.

Rupture of the Uterus.

Two cases of some interest were reported in the Hungarian medical press in 1902. KUBINGI (*Budapesti Orvosegyesület*, March 8, 1902) publishes a case of spontaneous rupture of the uterus in a woman, aged 33, during her seventh labour. The fœtus was expelled into the abdominal cavity. The head was reached and perforated, then the fœtus was extracted. The tampon was applied to the uterus and the abdomen bandaged. The patient recovered. VALLA (*Orvosi Hetilap*, 1902, No. 49) was called in twelve hours after rupture had occurred during an attempt to turn in a neglected cross-birth. The laceration was transverse and complete. The patient was 23 years old and in her fourth labour. Dr. Valla at once amputated the uterus above the cervix; the patient was much exhausted by a four hours' journey by train and cab. Hæmorrhage occurred shortly after operation, and the abdomen was once more opened. An artery was found bleeding in the broad ligament. After saline solution hyperdermically and camphor enema the patient rallied and recovered.

Dermoid Cyst Obstructing Labour; Cæsarean Section; Fundal Incision.

KONRÅD (*Reference not given by our correspondent*) was called in to a case of obstructed labour. The patient was 22 years old, and had borne three children. A large tumour filled the pelvis and made delivery through the natural passages impossible. The uterus was exposed by abdominal incision; there was a dermoid ovarian tumour below and behind it. As the patient was in a state of collapse ovariectomy was not attempted, and Cæsarean section was performed. Fritsch's fundal incision was found convenient under the circumstances. The child was saved, and the puerperium passed off without any complications. The tumour, which sprang from the left ovary, was as big as a man's head.

Polycystic Degeneration of Kidneys as an Obstacle to Labour.

KIRCHNER. *Magyar Irvosok Lapja*, 1902, No. 31.

THIS case is of considerable interest, as the patient, 38 years of age, had been twelve times pregnant without apparently any previous bad labours. On this occasion one kidney was so large that it proved a serious obstacle to delivery. The child was over $7\frac{3}{4}$ lbs. in weight and 16 inches in length. It was anencephalous with polydactyly, and died immediately after birth. The puerperium was normal.

Precipitate Labour; Charges of Infanticide.

JELLACHICH. *Gyógyászat*, 1902, Nos. 30, 31, 33, 34.

THREE cases of high medico-legal importance are reported in a valuable monograph by Dr. Jellachich on precipitate labour. In all three cases the mothers were charged with infanticide. In two of the cases the fœtus was delivered during defæcation and was suffocated in the fæces or drowned in the water in the pan of the closet. In the third the infant was born under similar circumstances; the cranium was fractured by striking the pan. There being no evidence whatever of criminal intent in any of these cases all three women were acquitted.

Ritgen's Method for Support of Perinæum during Labour.

IVÁNYI. *Szülészet és Nőgyógyászat*, 1902, No. 1.

DR. IVÁNYI had adopted the Ritgen-Olshausen method of defending the perineum by the introduction of two fingers into the rectum

during the passage of the head at the termination of prolonged labours. After long experience he is convinced of its value, and does not appear to have any fear that the operator's fingers may convey sepsis into the genital tract in necessary manipulations after the delivery of the child.

Inversion and Prolapse of Uterus during Defæcation after Parturition.

REISZ (*no reference given by our correspondent*) reports a case where a woman, aged 35, had been sixteen times pregnant, including five miscarriages. For over three months during her last pregnancy she suffered from chronic intestinal catarrh with severe tenesmus. During the puerperium, being constipated, she strained at defæcation; prolapse of the uterus and inversion occurred in consequence. Three hours later the inversion was successfully reduced by pressure with the hand.

Atresia after Use of Cranioclast.

REISZ. *Sebeszet*, 1902, No. 4.

REISZ examined a woman, aged 25, who had once been pregnant, a year and a half previously. Delivery was effected by perforation and the cranioclast. The parts were damaged, and complete atresia of the vagina was the result. Reisz restored the patency of the vagina by a successful operation.

Somatose in Lactation.

LÉVAI (D.). *Gyógyászat*, 1902, No. 34.

SOMATOSE is a soluble powder prepared from meat, and chiefly consists of albumose. Dr. Lévai tried its effects on sixteen pregnant women, eleven of whom were primiparæ. The doses were administered from between 13 to 38 days before expected labour. During the puerperium an average of 89 cubic cm. of milk was secreted in 24 hours, containing 3·592 per cent. fats. The quality was very good and above the average in women not treated with somatose; in them, according to Temesváry, the amount of milk secreted at the same period is 51·4 cubic cm. in 24 hours, the percentage of fats 2·919. The colostrum is replaced by milk by third day; in none of the sixteen cases was the secretion of milk retarded to the fourth. One patient was a 3-para, who had previous been unable to suckle her children. Somatose was given in daily doses of 12 grammes for a

month before labour. She secreted 140 cubic cm. of milk with 2·563 per cent. fat. In two similar cases where lactation was not possible at a previous labour, 120 cubic cm. and 145 cubic cm. of milk was secreted daily. He advises, on the strength of the above experiences, that in women not likely to secrete sufficient milk 12 to 18 grammes should be given daily during the last month of pregnancy. Dr. Lévai failed to get such good results from ferrosomatosé.

The Chorionic Epithelium.

LENHOSSEK. *Mathematikai és Természettudományi értesítő (Mathematical and Natural Science Monthly)*, 1902, pp. 85—100.

THE author examined the chorion in a large series of human embryos, mostly in the earliest stages of gestation, including one specimen only 7·3 millimetres in length. For hardening he employed a mixture of potassium bichromate and glacial acetic acid; for staining, hæmalum, eosin or iron-hæmatoxylin (Heidenhain) or Weigert's fibrin-staining method. The author considers that the foetal origin both of the syncytium and of Langhans' layer is undoubtedly settled since the investigations of Kollmann and Peters. The connective-tissue lying under these structures and separated from them by a border layer (basal membrane) consists of a probably more or less liquid substance wherein fine fibres and filaments, likewise cells of two kinds are imbedded. The first kind are large, mostly spindle-shaped, more rarely triangular cells with elliptical nuclei; the second kind are rounder and rich in protoplasm with round nuclei. This second class have no connection with the filaments above-mentioned, and are wrongly called wandering cells by Kashschenko, for the presence of such lymph-cells would be quite inexplicable at a period when neither blood-corpuscles nor lymph-cells are found. They must be ranked as mesenchymatous cells. In reviewing the free growth of the chorionic epithelium, Prof. Lenhossek has found that there are numerous mitoses within the cells of Langhans' layer. Their dividing axes run parallel with the surface. The cells thus re-modelled retain as a whole their original position, but some earlier or later rise above or below the row or line to which the others keep. But this mitotic cell-production is confined to Langhans' layer. For none of the new cells thus developed are utilised for the syncytium, whether for protoplasm or nucleus. Lenhossek found, as did Spee, that the layers on the whole row were separated without interruption at any point by a very sharp line. This line is, according to Spee, not an independent

membrane, but only the solidification of the protoplasm of the syncytium, so that F. E. Schultze would classify it as a mere crust, not the homologue of a cuticle. In observing the growth of the syncytium itself, Lenhossek failed to detect any mitotic figures. The propagation of these cells takes place after an amitotic manner through segmentation of the nuclei. Two facts prove that such is the case. Firstly, the nuclei are irregularly distributed in this cell layer; at some points they form true morulae, made up of eight, ten, twenty, or even as many as forty nuclei, produced by the rapid segmentation of a single nucleus. Secondly, Lenhossek also detected irregularly formed nuclei, and likewise others which show three or four indentations on one side. In this point Lenhossek's observations differ from Spee's. The proliferation is not uniform. At certain points the cells assume the form of true threads or appear as exuberant granulations which ultimately break down. They lie freely in the intervillous space until later, when they are dissolved. At other places a proliferation of Langhans' cells in the form of the well-known cell-columns is seen. Lenhossek directs attention to certain fine filaments on the surface of the chorionic tufts, each being a rod 5 pl. long, stronger and firmer than the cilia of ciliated epithelium. They are uniform, equal to each other in length, parallel and often club-shaped at their extremities, and connected with dark-stained corpuscles which adhere with iron-haematoxylin. This fact is denied by von Peters. They appear to arise from a basal membrane, but after careful scrutiny it became clear that it is made up of punctiform basal corpuscles and blepharoblasts. The author never perceived any ciliary movements, but admits that they may move. This ciliary layer was found, as in the chorion, as well marked in the youngest embryos as in a foetus four months old. Lenhossek considers, therefore, that the layer is constant, and probably serves the definite purpose of dissolving the walls of the vessels of the utero-placental capillaries or of absorbing nutritive material.

II.—GYNÆCOLOGY.

Is there a *Metrorrhagia Prætuberculosa*?

SZÀNTÓ. *Gyógyászat*, 1902, No. 23.

DR. SZÀNTÓ scrutinises a case in his own practice where menorrhagia occurred in a young woman who ultimately developed phthisis. The free menstruation ceased after the appearance of the pulmonary

affection. He also considers three similar cases already published. Menorrhagia is, however, by no means rare in incipient phthisis, and the author does not think that there is a specific "prætubercular menorrhagia." Apparently there is no evidence of tubercle in the uterine tissues in these cases.

Treatment of Endometritis.

SZABÓ. *Gyógyászat*, 1902, Nos. 21 and 22.

DR. SZABÓ advocates the use of strong solutions of zinc chloride, from 30 to 50 per cent., for the cauterisation of the mucous membrane in hæmorrhagic endometritis. The solution should be applied about every ten or twelve days. On an average from eight to fourteen applications are needed in order to overcome the disease thoroughly.

Treatment of Uterine Gonorrhœa.

PARÁDI. *Orvosi Hetilap*, 1902, Nos. 27 to 31.

SEVERAL hundred cases of uterine gonorrhœa were treated by intra-uterine injections of a 10 per cent. solution of argentamine (ethylene-diamine-silver phosphate) or of a 5 per cent. solution of lygosin of soda, a speciality which, according to Prof. Fabinyi, is manufactured from salicyl-aldehyde.

Uterus Didelphys: Pregnancy.

PALAKI. *Transylvanian Museum Association*, May 7th, 1902.

THE patient was a prostitute, aged 25. She was admitted into hospital when pregnant, and then it was discovered that the uterus was malformed. It was of the true didelphys type, with double vagina. The embryo was located in the right uterus. Spontaneous premature labour occurred in the sixth month. (Dr. Giles has collected authentic cases of pregnancy in uterus didelphys.)

Uterus Duplex: Vagina Subsepta.

PFEIFER. *Gynækologia*, 1902, No. 2.

A WOMAN subject to bilateral disease of the appendages, consulted Pfeifer. She was 32 years old, and had been married for over nine years. He discovered a uterus duplex, the vagina had an incomplete septum. One half uterus was over $2\frac{1}{4}$ inches in length, the other nearly $2\frac{3}{4}$ inches.

Ovarian Cyst in a Child : Acute Torsion of Pedicle.

WINTERNITZ. *Budapesti Orvosegyesület*, 1902, No. 3.

A GIRL, aged 11, had an attack of abdominal pain followed by ascites. A tumour was detected, and Winternitz operated. The tumour was a dermoid cyst of the size of a fœtal skull, the pedicle was twisted. Recovery was uncomplicated.

Cystadenoma Mucinosum of Ovary : Local Anæsthesia and Drainage : Death.

KONRÁD. *Orvosi Hetilap*, 1902, Nos. 36—37.

A WOMAN, aged 70, suffered from great enlargement of the abdomen due to a tumour. Abdominal section was performed under Schleich's local anæsthesia method, and 20 litres or over 34 pints of colloid fluid were removed. But there were so many extensive adhesions to intestine that the walls of the cyst were sutured to the abdominal wound. The patient died of exhaustion seven days after the operation. (For observations on Schleich's method see Schmidt, *München. med. Wochenschr.*, July 23rd, 1901, and *Brit. Med. Journ. Epitome*, 1901, Vol. ii., No. 378.)

Two Cases of Primary Cancer of the Fallopian Tube.

DIRNER and FANYÓ. *Szülészeti és Nőgyógyászati*, 1902, No. 2.

SINCE Orthmann and Doran described the first genuine instances of primary cancer of the Fallopian tube, about 15 years since, a large number of cases have been published. Dirner and Fanyó's first patient was 50 years of age, she had once been pregnant, and the period had ceased for two years. Directly after the menopause symptoms of an abdomino-pelvic tumour began to develop. At the operation a bilateral tumour was detected and removed with the ovaries. There were numerous adhesions. Death occurred on the third day. Both tubes were the seat of primary carcinoma papillare pseudo-alveolare. Metastatic deposits were found on the under surface of the diaphragm. There were septic changes in several of the viscera. The second patient was 56 years old, and had borne three children. The menopause had occurred at about 51. An ovarian cyst was diagnosed and removed; it sprang from the right ovary, and the right Fallopian tube formed a distinct tumour nearly six inches long and two wide. Primary cancer was detected in the tube arising from a papillary mass on the surface of the mucous membrane.

Three years after the operation the patient was in good health and free from any sign of recurrence. (For abstracts of other recent cases see JOURNAL, 1903, Vol. i., pp. 172, 480.)

Cancer Developed in Perineal Rupture.

FANYÓ. *Szülészet és Nőgyógyászat*, 1902, No. 3.

A WOMAN, aged 72, suffered from a soreness of the vulva. She had borne ten children and had ceased to menstruate for over 26 years. A cancerous tumour had developed at the site of a previous perineal rupture. The diseased tissues were excised, and the patient recovered.

Urinary Calculus discharged through Vaginal Wall.

HERCZEL. *Sebészet*, 1902, No. 2.

A PATIENT suffered from symptoms of calculus for 16 years. At length it broke through the vaginal wall, leaving behind a fistulous tract. This was successfully closed without any difficulty by Herczel.

Diphtheritic Vulvitis.

BIRÓ. *Közkorhazai Orvostársulat*, 1903, No. 19.

A GIRL, two years old, had an attack of small-pox followed by diphtheria. The vulva became attacked, and when the sloughs separated the labia were almost completely destroyed by ulceration. Death occurred from a pulmonary complication.