Vaginal Ovariectomy.—WERNER (*Zentralblatt für Gynäkologie*, 1905, No. 17) reports that his total mortality by this method was only 3.5 per cent., or less than 1 per cent. in uncomplicated cases. The advantages claimed for the vaginal over the abdominal route are not so much greater safety, as saving of time, greater simplicity, a shorter convalescence, and avoidance of a scar. Malignant and solid neoplasms and those which are extensively adherent or have twisted pedicles are, of course, unsuitable for this method. One hundred and ten successful cases are reported, with rapid convalescence and permanent good results.

While we have found the use of the vaginal route in the case of small uncomplicated cystomata, we have always held that intestinal, and especially appendicular, adhesions are best treated through the abdominal.—H. C. C.]

Torsion of the Pedicle of Ovarian Cysts.—WENZEL (*Zentralblatt für Gynäkologie*, 1905, No. 17), in reporting 2 cases to the Württemberg Obstetrical and Gynecological Society, called attention to the fact that while hemorrhage had taken place into both cysts and both were firmly adherent, the patients had comparatively few symptoms, so that it was not suspected that the accident had occurred.

Antagonism between the Ovary and Thyroid.—PARHON and GOLDSTEIN (*România med.*; *Zentralblatt für Gynäkologie*, 1905, No. 17) call attention to the well-known facts of the hypertrophy of the thyroid gland after the menopause, and the premature development of Graafian follicles in the ovaries of animals after the thyroids have been extirpated. The fact that osteomalacia is cured by removal of the ovaries is attributed to the development of the thyroid which follows, since this gland is known to be concerned with the process of ossification.

The administration of thyroid extract for excessive adipose development following castration or atrophy of the ovaries is clearly indicated when the thyroid is also atrophied. The growth of the hair is arrested in myxœdema, while it is often increased in women with disturbances of the ovarian function.

The peripheral vasodilator action of extract of the gland is noted when administered to patients with impaired functional activity of the ovaries, as shown by the general sensation of heat and the increased heart action, which symptoms disappear as soon as ovarian is substituted for thyroid extract.

Metrorrhagia is apt to occur in women with enlarged thyroid. The sweat glands, whose function is suspended in myxœdema, are stimulated to renewed action by thyroid extract. Tachycardia, sweating, emaciation, and other symptoms of Basedow's disease are characteristic of both thyroid hypertrophy and ovarian atrophy.

Cardiac Complication of Uterine Fibroids.—WILSON (*Journal of Obstetrics and Gynecology of the British Empire*, 1905, No. 8) gives the results of his observations based on 274 cases, in which more or less serious cardiac disease was present, from old pericarditis to fatty degeneration.

In the majority of the cases the heart trouble was due to other causes than the presence of the neoplasm. When of large size fibroids affect

the respiration, and thus predispose to fatty degeneration, though, as a rule, the long-standing anæmia, due to repeated hemorrhages, leads to impaired nutrition of the heart muscle.

Reflex nervous influences due to pain and pressure symptoms also act upon the heart. In a considerable proportion of cases the cardiac trouble is not suspected.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC.

Remarks upon the Treatment of Myopia.—SCHMIDT-RIMPLER (*Munch. med. Wochenschrift*, 1904, No. 38) writes that in myopia under 2.5 D. glasses are not to be worn for constant use, for the reason that these require that the myopic eye put forth unnecessary and often ill-borne efforts of accommodation. In degrees between 2.5 and 10 D. he recommends, in the case of young subjects, the complete correction for constant use, with, however, special consideration of each individual case. The statistics in regard to the increase of the myopia without and with full correction are not yet unobjectionable and sufficiently extensive. As regards removal of the clear lens, he has come to be more and more selective, being convinced that the percentage of detachments of the retina after operation exceeds those occurring spontaneously. He has departed from his former principle that the second eye is to be operated a year after the first, provided the results obtained in the first case have remained satisfactory.

The operation with a statement of its dangers is to be recommended only in such cases of high myopia in which correcting glasses cannot be worn satisfactorily.

Foreign Bodies in the Eye.—CASSIMATIS (*Arch. d'ophtalmologie*, March, 1905) remarks that such accidents are a veritable scourge of the workmen of large industrial cities. In the city of Havre, of 500 patients, 100 applied on account of foreign bodies in the eye. Protecting glasses are generally discarded; they tarnish readily from sweat and dust, and thus become annoying. The left eye is more often affected than the right, most persons being right-handed; splinters fly from right to left, and this explains the predominance of injuries to the left eye. The seat of the foreign body in the eye is quite variable. Of 410 personal cases, the foreign body was situated in 70 per cent. in the cornea, in 20 per cent. in the conjunctiva, in 0.6 per cent. in the sclerotic, in 0.8 per cent. in the anterior chamber and iris, in 0.5 per cent. in the lens, in 0.4 per