Douglas's pouch. Pain and tenderness are noted at a lower level in tubal and ovarian disease, the pain seldom being referred to the stomach and umbilical region, as at the outset of appendicitis, while there is less general disturbance. Tympanites is more marked in connection with the latter.

The Surgical Treatment of Diffuse Peritonitis of Pelvic Origin.—WINCKEL (*Centralblatt für Gynäkologie*, No. 38, 1897) believes that the surgical treatment of diffuse peritonitis originating in disease of the genital tract is capable of more extended application than formerly. It is probable that from 70 to 80 per cent. of cases of tubercular peritonitis are curable by abdominal section, although five years should elapse without recurrence before the cure can be called positive. Removal of the exudate, and improvement in the circulation and respiration are factors in effecting a cure; the degree in which this is influenced by the admission of air, light, and chemical agents is still problematical. It is doubtful whether irrigation of the peritoneal cavity is desirable; at least only sterilized water should be used for this purpose. Affected tubes and ovaries should be removed only when this can be done easily. Drainage is unnecessary. Vaginal section is not applicable to these cases.

In peritonitis of gonorrhœal origin the tubes should be extirpated, the ovaries resected, and the peritoneal cavity simply sponged out, not irrigated. Drainage is not necessary unless a pyosalpinx or secondary abscess has ruptured into the peritoneal cavity, when the vagina offers the best route.

In post-operative peritonitis the wound is partly reopened and the pus is thoroughly evacuated without irrigation. Drainage is indispensable, through the wound, or per vaginam, if there is a collection in Douglas's pouch.

Surgical interference is indicated in diffuse puerperal peritonitis when the fact of suppuration can be established. About thirty cases have been reported, with a mortality of 80 per cent., as opposed to 73 per cent. with expectant treatment. Most of the recoveries were in cases of from one to two months' standing, acute cases being most unfavorable. A free abdominal incision should be made, with subsequent irrigation and drainage. The adnexa should be removed only if they form pus-foci. Vaginal hysterectomy is permissible in desperate cases alone.

Diffuse peritonitis due to rupture and suppuration of cysts, abscesses and ectopic sacs, and torsion of the pedicle is nearly always fatal without prompt interference. Drainage is to be employed only when pus-foci remain.

Cure of Gonorrhœal Affections of the Female Genital Organs.—MIHAJLOVITS (*Ibid.*) notes the frequency with which these are arrested spontaneously, though with damage to the adnexa, and resulting sterility. He reports the results of treatment in 140 successful cases. Solutions of nitrate of silver from 1 to 1000 to 1 to 3000 were poured into the vagina through a cylindrical speculum, the cervical canal being swabbed out with the same. In cases of gonorrhœal endometritis the uterine cavity was irrigated with the same solution.

New Operation for Cystocele.—MARSI (*Ibid.*) describes the following operation: A longitudinal incision is carried through the mucous and submucous

layers of the anterior vaginal wall, from the anterior fornix to the lower end of the urethra. At each end of this incision a small transverse one is made on either side, and the two lateral flaps thus marked out are dissected off. Interrupted sutures of catgut are passed through the base of the right-hand flap, beneath the median raw surface, emerging at the base of the opposite flap. The flaps are then replaced over the first line of sutures, and their opposite edges are united by a continuous suture of catgut. The result is not only the removal of redundant tissue, but the formation of a new supporting column in the median line of the anterior vaginal wall.

Best Method of Extirpating the Cancerous Uterus.—GOUBAREFF (*Ibid.*), in a discussion before the International Medical Congress at Moscow, affirmed that the operation of the future for the removal of the cancerous uterus was the abdominal, since it allowed thorough removal of affected glands, such as was practised in amputation of the breast.

KÜSTNER believed that in early cases the vaginal route was preferable, the thorough use of the cautery being advisable to prevent primary wound-infection. Freund's operation undoubtedly permitted freer access to the diseased parametric tissues, but was more dangerous than vaginal hysterectomy. He preferred to close the vagina and to drain through the vaginal wound, since his mortality after suturing the peritoneum, and also after draining per vaginam, was 50 per cent.

OLSHAUSEN said that he had ceased to operate in cases in which the disease had extended beyond the uterus; for those who desired to do so, the abdominal route was undoubtedly the best. Contrary to the common belief, the prognosis as regards a radical cure was better in cases of carcinoma of the cervix than of the portio vaginalis, since in the former the disease could often be entirely removed, while in the latter the vagina was early involved. He uses catgut ligatures, fixes the stumps in the wound and closes the peritoneum.

The Modern Treatment of Fibroids.—LAWSON TAIT (*British Medical Journal*, March 27, 1897) reaffirms his former opinion that in the case of multiple fibro-myomata extirpation of the adnexa is the operation of choice, his mortality having been only 1 per cent. Out of 108 patients all but two were examined five years after operation. It is important to remove entirely both ovaries and tubes. He entirely rejects intra-peritoneal treatment of the stump, as well as removal of the entire uterus, practising only the extra-peritoneal method.

The Clinical Significance of Retroflexion of the Uterus.—WINTER (*Centralblatt für Gynäkologie*, No. 25, 1897) examined three hundred women from two to ten months after delivery, and found the uterus retrodisplaced in thirty-six, or 12 per cent. Eleven had no symptoms, while in the remaining twenty-five the symptoms were due to complications other than the displacement in all but four. Ninety others under treatment for retroversion were carefully observed with the view of determining how far their symptoms were due to this condition alone, with the result that in eighty-four other complications existed (pregnancy, menorrhagia, prolapsus, disease of the adnexa, and perimetric tissues) which were the real causes of their sufferings.

The writer arrives at the conclusion that the symptoms usually ascribed to retroflexion—dysmenorrhœa, menorrhagia, sterility, and tendency to abortion—are more often due to complications than to the displacement itself.

THEILHÄNEN (*Ibid.*), in discussing the same subject, criticised the common explanation of the reflex symptoms accompanying retroflexion, as follows: 1. Pressure of the displaced organ upon the bladder, rectum, and pelvic nerves is regarded as the cause of many of these symptoms; but this is disproved by the fact that the weight of the uterus is too slight to cause such a result, while the rectum and pelvic nerves are sufficiently protected from such pressure. 2. Venous congestion has been frequently described, due to supposed torsion or obstruction of the veins in the broad ligaments, but this is prevented by the free anastomoses which exist. Moreover, one never finds in examining such displaced uteri either varices or infarcts, such as would result from long-standing hyperæmia. 3. The so-called reflex neuralgic, paralytic, etc., formerly attributed to retroflexion are now generally regarded by neurologists as of purely hysterical or psychical origin. The writer also calls attention to the fact that after the retrodisplaced uterus has been held in a position of ante flexion the supposed reflex symptoms may persist for several months.

He concludes with the statement that in a large proportion of his own cases of retroflexion (as well as in upward of four hundred cases in Landau's clinic), permanent good results were obtained by symptomatic treatment.

Curettement in Incurable Carcinoma.—BERTON (*Inaugural Dis. ; Centralblatt für Gyn.*, No. 43, 1897) reports the results of curettement and cauterization in 100 cases of incurable carcinoma of the uterus, treated in Winckel's clinic. In 60.8 per cent. of the cases a temporary improvement was observed as regarded the hemorrhage and foul discharge; but pain was relieved less often. In 32 cases a moderate rise of temperature followed the operation. One patient died of exhaustion after the curettement had been repeated three times.

Post-typhoid Suppuration in Ovarian Cyst.—PITHA (*Centralblatt für Gynäkologie*, No. 37, 1897) reports a case of ovariectomy for removal of a suppurating cyst, four months after the development of typhoid, being the third on record. Characteristic typhoid-bacilli were found in the cyst-contents. It was evident that the suppuration was a metastatic process due to migration of the bacilli through the wall of the cyst. Their persistence for so long a time showed their vitality, and the fact that they found in the cyst-fluid a favorable culture medium. Werth and Sudeck report cases in which pure cultures of the typhoid-bacilli were obtained eight months after recovery. The pyogenic action of these bacilli is also shown, though it is not certain that they were the direct cause of suppuration.

Vulvo-vaginitis in Children.—MARFAN (*Abeille Méd.*, No. 16, 1897) describes the complications of this inflammation, which may be threefold, viz.: 1. Inflammation of Bartholin's gland, phlegmonous vulvitis, and rectal blennorrhœa; and often urethritis, which may even become hemorrhagic. Metritis, salpingo-oöphoritis, and peritonitis may occur. All these are due to direct

extension of the inflammation. 2. Gonorrhœal ophthalmia, or infection by contact. 3. General infection, as gonorrhœal rheumatism, which may develop as early as the ninth day and involve one joint only, especially the knee, lasting about two weeks. It may be fatal in the newborn. Endocarditis and pleuritis are possibilities. The writer speaks highly of irrigation with permanganate of potash, 1 to 1000, or, if this fails, with sublimate, 1 to 10,000, resorcin 1 to 100, or nitrate of silver 1 to 3000. He also recommends the introduction of pencils containing iodoform and alum.

COMBY (*Gazette des Hôpitaux; Centralblatt für Gynäkologie*, No. 37, 1897) reports three cases of vaginal hemorrhage in young children, one of whom was only two years old, which had been diagnosed as metrorrhagia. Examination showed that the blood came from granulations around the meatus urinarius, while at the same time there was a profuse gonorrhœal discharge. The patients were promptly cured by irrigation with a weak permanganate solution and cauterization of the bleeding spots.

MEJIA (*Gaz. hebdom. de méd. et de Chirurgie*, No. 29, 1897) calls attention to the fact that in rare instances diffuse peritonitis may result from extension of a vulvo-vaginitis upward to the uterus and tubes. The prognosis is nearly always unfavorable. The diagnosis is difficult, but the condition may usually be inferred in a case of gonorrhœal vulvo-vaginitis in which violent diffuse peritonitis develops, appendicitis being excluded. Abdominal section offers the only prospect of saving the patient, and must be performed as early as possible.

Effect of Abdominal Section on Peritoneal Tuberculosis.—WESTPHAL (*Centralblatt für Gynäkologie*, 1897, No. 41), after making a series of clinical observations, decides that none of the theories advanced to account for the curative effect of celiotomy in peritoneal tuberculosis are entirely satisfactory. The removal of bacilli or of exudates, diminution of the intra-abdominal pressure with secondary hyperæmia, emptying of lymph channels—these play only a minor part in the healing process. It does not seem credible that diseased conditions which have existed for months or years could be favorably influenced by changes which are necessarily only transient. The writer believes that, aside from all these, the main factor is doubtless the free admission of the external air to the peritoneal cavity, which in some unexplained way, under favorable conditions, effects a cure.

Carcinomatous Degeneration of Uterine Fibroid.—RANEMACHER (*Inaugural Dis.; Centralblatt für Gynäkologie*, 1897, No. 41) describes an interesting specimen, removed post mortem, which at first sight seemed to be one of true carcinomatous degeneration of a fibro-myoma. But, on closer study it was evident that the two fibroid tumors affected were really invaded by outgrowths from an adjacent malignant neoplasm of the corporeal endometrium. The mucosa covering one of the interstitial tumors was entirely replaced by cancerous tissue.

The writer affirms that all cases of so-called carcinomatous degeneration of uterine fibro-myomata are doubtless examples of secondary infiltration of cancer-cells from the diseased endometrium, as in the case cited.