prevent further pregnancy. Death from acute peritonitis followed a few days later.

At autopsy the wound in the uterus was smooth and well healed. Infection had arisen from some source outside the uterus, probably from the intestine, although microscopic examination of the tubes showed the characteristic appearances of acute inflammation, with abundant proliferation of leukocytes. At the second section the abdomen was perfectly normal.

This case draws attention to the propriety in highly contracted pelvis of rendering further impregnation impossible at the first Cæsarean section.

GYNECOLOGY.

UNDER THE CHARGE OF

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Torsion of Parovarian Cysts.—**VAUVERTS** (*Annales de gynécologie et d'obstétrique*, February, 1905) has collected reports of 20 cases, 1 of which occurred under his own observation. The rarity of the accident is due to the fact that these cysts seldom have long pedicles. It is as common on the left as on the right side. The youngest patient was fourteen years of age, the oldest fifty-two. In 2 cases torsion of the pedicle occurred during pregnancy, in 1 after premature delivery.

The results of the torsion were varied. Usually hemorrhage took place into the cyst, and its wall was often gangrenous, the seriousness of the condition varying with the degree of torsion. As Binelly has observed, the comparative absence of pathological changes has been due to the thickness of the pedicle and the fact that the circulation was not entirely interrupted. The ovary seldom participates in the torsion, and is usually merely congested; the same applies to the tubes. In some instances localized peritonitis was noted. In 1 there was obstruction of the gut by the cyst.

The clinical symptoms were sudden acute pain and later peritonitis, with vomiting, fever, rapid pulse, and tympanites. The symptoms may subside in a few days and entirely disappear. If adhesions form, the cyst becomes fixed, and may increase in size.

Recurrence of the symptoms may take place, due either to untwisting (*détorsion*) of the pedicle or a new torsion. The only treatment is laparotomy, pregnancy not being a counterindication.

Absence of the Vagina.—**VAUTRIN** (*Annales de gynécologie et d'obstétrique*, February, 1905) concludes an article on this subject with the statement that complete absence of the vagina is a curable mal-

formation and is not an absolute ban to marriage. Hæmatometra and hæmatosalpinx may be prevented by operation. The best operation is incision and autoplasty with their juxtaposed flaps. Sneguireff's plan of utilizing part of the rectum is too complicated and has serious inconveniences.

Vaginitis in Children.—LUTAUD (*Revue prat. d'obstétrique et de gynécologie*, February 14, 1905) calls attention to the fact that little girls may contract blennorrhœa, not only by sleeping with older persons, but from the seats of water-closets, steps, etc., because their genitals are not properly protected. It is not necessary to infer that they have become infected by sexual intercourse, since there are many opportunities for impure contact with the linen of nurses who have gonorrhœa. The prophylaxis consists in careful washing of the hands before bathing the genitals of children and insisting that they do not wear open drawers.

Etiology and Transmission of Cancer.—LUTAUD (*Revue prat. d'obstétrique et de gynécologie*, February 14, 1905) concludes that cancer is a constitutional disease, and that it is neither inoculable nor contagious. It always has a local origin due to abnormal cell proliferation, which at the onset does not differ from the proliferation of benign tumors.

The gravity of the prognosis is due to the fact that the tumor is not encapsulated and the accompanying lymphatic involvement. Leukæmia seems to favor the rapid development and generalization of cancer.

Sterilization of Cutting Instruments.—ROYSTER (*Annales of Gynecology and Pediatrics*, February, 1905) concludes a series of experiments and inquiries addressed to different operations, with the following inferences: 1. Knives can be thoroughly sterilized without the use of heat. 2. Most American surgeons use carbolic acid or alcohol, or both. 3. Boiling is most apt to render the edge of the knife dull, 95 per cent. alcohol least so.

Syphilis of the Adnexa.—PICHEVIN (*Gazette des hôpitaux*, 1905, Nos. 1 and 2) says that syphilitic disease of the tubes and ovaries is now so rare as to be considered by many observers as problematical. He bases his diagnosis largely on the diminution of enlarged and tender ovaries under specific treatment. Not only have true gummata been found in these organs, he affirms, but the scleroses anatomically characteristic of syphilis. Only 3 undoubted cases of syphilitic salpingitis had been described until Watthieff published 5 others. All were characterized clinically by intense local pain, especially at night, associated with menorrhagia. The usual anatomical changes were gummatous or purulent.

Postoperative Gastric Paralysis.—REYNER (*Revue prat. d'obstétrique et de gynécologie*, 1904, No. 11) calls attention to the fact that many of the symptoms of this condition are small and frequent pulse, tympanites, and an anxious expression. However, patients with simple gastric paralysis have only hiccough, without vomiting, though they may occasionally raise a black fluid which may be mistaken for fecal. The more fluids are given, the greater becomes the distention.