he aggravated by simply passing a sound into the uterus; in fact, sometimes there seems to be a definite limited area of the endometrium, irritation of which gives rise to reflex pruritus. When pruritus and purulent endometritis coexist, the causal relation between the two is sufficiently clear, but it can be demonstrated even when the latter condition is absent. In every obscure case the presence of endometritis should be sought for. According to the writer's observation the majority of patients with obstinate pruritus do not masturbate, and *vice versa*.

THE EXTRA-MEDIAN INCISION IN CÆLIOTOMY.

FLATAU (*ibid.*) makes his primary incision through the muscle instead of in the median line, and has had no ventral hernia in an experience extending over two years and a half. He cuts through the skin about half an inch to the left of the linea alba and separates the muscular fibres, mainly by blunt dissection, compressing bleeding vessels temporarily, so that the wound is dry when the peritoneum is incised. He disapproves of Ahel's plan of cleansing the wound with an antiseptic solution. Silkworm-gut sutures are passed through all the layers of the abdominal wall, including as little as possible of the skin and more of the muscle and peritoneum.

LIGATION OF THE UTERINE ARTERIES IN FIBRO-MYOMA.

RYDYGIER (*Centralblatt für Gynäkologie*, 1894, No. 13) thinks that it is not sufficient to tie the uterine arteries alone in order to arrest the growth of uterine fibroids and to check hemorrhage; the ovarian arteries should also be ligated, on account of their free communication with the uterine. The latter may be secured per vaginam, and the former after opening the abdomen, in cases in which there are numerous adhesions, although in general it is better to tie both from above. The cases in which ligation is indicated are those of interstitial tumors of moderate size, and in which the patient has become so exhausted by repeated hemorrhages that she could not endure a radical operation.

THE OPERATIVE TREATMENT OF FIBRO-MYOMA.

LAURO (*Riforma Med.*, 1893, No. 9) reports three successful cases of supra-vaginal amputation, in which the stump was secured with a rubber cord and was dropped back. In each instance the elastic ligature came away through the cervical canal at the end of several weeks.

ZWEIFEL (*Centralblatt für Gynäkologie*, 1894, No. 14) describes at length his method of treating the stump in hystero-mynnectomy, which he believes is superior to all that have been devised. After ligating and dividing the upper portions of the broad ligament, the usual peritoneal flaps are dissected from the uterus. The cervix is then ligated in sections, and the mass is excised without much loss of blood. Finally, the stump is covered with peritoneum by suturing the anterior and posterior flaps. The cervical canal receives no special treatment, with the view of destroying septic germs, except in the case of sloughing tumors. Occasionally, if hemorrhage is feared, a temporary elastic ligature is applied, which is removed after the

stump has been ligated. The writer's mortality in 92 cases thus treated was only 3.2 per cent. The comparative mortality by different methods in the hands of various operators he estimates as follows: The method adopted by Schroeder, Martin, Leopold, and others, 25.6 per cent.; the use of the elastic ligature, as practised by Olshausen, Fritsch et al., 24 per cent.; ligation and extra-peritoneal treatment of the stump, 5.2 per cent.

THROMBOSIS FOLLOWING CÆLIOTOMY IN TREDELEBURG'S POSTURE.

V. STRAUCH (*ibid.*) reports three cases of thrombosis of the veins of the lower extremities (always the left) in nineteen cœliotomies performed with the patient in Trendelenburg's posture, ether being the anæsthetic employed. He attributes this complication to "the specific effect of the ether plus the elevated position," and is resolved in the future to keep the legs of the patient extended.

[The writer's deductions are based on such imperfect data that they are comparatively valueless. Considering the thousands of abdominal sections which have now been performed in this way without similar results, it is only fair to infer that the cause of the thrombosis should have been sought for within the pelvis, and should not have been attributed either to Trendelenburg's posture or to the anæsthetic.—Ed.]

THE TREATMENT OF FIBRO-MYOMA WITH CHLORIDE OF ZINC.

CONDAMIN (*Lyon Med.*, May 28, 1893) has adopted successfully the following course of treatment in the case of fibroids which give rise to no symptoms except leucorrhœa and moderate hemorrhage: Pencils of chloride of zinc (50 to 33 per cent.) are introduced into the uterine cavity after previous dilatation and irrigation. The cervix is then tamponed with gauze, and the patient lies on her stomach for three or four hours afterward, being kept in bed for eight or ten days. The sloughs separate on the tenth or twelfth day. The patient has considerable pain and a temporary elevation of temperature. The writer reports twenty cases in which the most satisfactory results followed the treatment.

THE ASSOCIATION OF CARCINOMA AND FIBRO-MYOMA.

GENER (*Centralblatt für Gynäkologie*, 1894, No. 14) analyzes forty-six cases collected from the literature, which he divides into three classes, viz.: Those in which there is primary cancerous degeneration of the myoma; those in which the two exist simultaneously in the corpus uteri; and cases in which myoma of the body is complicated with cancer of the cervix or portio. Ten cases are described as belonging to the first class, but only four are to be regarded as authentic; while there are twenty-three of the second, and twelve of the third.

The writer does not believe that the presence of the myoma bears any direct causal relation to the development of the carcinoma. The diagnosis of myoma of the body complicated with carcinoma of the cervix is easy; in the case of a pre-existing myoma which gives rise to aggravated symptoms at the time of the climacteric, such as pain, hemorrhage, foul discharge, and