

then stopped entirely, and in a few months the patient had become a nervous wreck, although in good physical health. This condition continued for two years, when she had a hysterectomy performed in another city, in the hopes of getting some relief, but died from peritonitis. The interesting feature of this case, aside from the rather extraordinary operative procedures employed, is the apparent demonstration of the possibility of pregnancy following the direct discharge of an ovum into the uterine cavity, without the intervention of the tube—providing, of course, we accept the clinical evidence of conception and miscarriage, which seems fairly conclusive. That any real benefit to patients can ever be expected from such procedures seems, however, extremely doubtful.

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**Spontaneous Amputation of a Myomatous Uterus.**—A most remarkable, and probably unique, case of spontaneous amputation of a myomatous uterus due to sudden torsion is reported by RUPPERT (*Wiener klin. Woch.*, 1914, xxvii, 270). The patient was a woman, aged seventy-two years, brought to the clinic with the diagnosis of intestinal obstruction, as she had had severe abdominal cramps for a week, and no bowel movement for three days. She stated that she had noticed a growing mass in her abdomen for about nine months; she had passed through the menopause twenty-two years previously.

At operation a spherical, bluish-black tumor, larger than a child's head, was found springing from the posterior surface of the uterus; there was no pedicle. In the peritoneal cavity was about a liter of partly coagulated blood. On closer examination it was found that all connection between the corpus uteri and tumor, on the one hand, and the cervix, on the other, had been lost, with the exception of a thin strip of peritoneum, in which there was absolutely no fibrous or muscular tissue. The left round ligament was likewise torn completely in two; at the point of separation of the uterus and cervix the tissue was somewhat ragged, and showed the presence of a few coagula, and a small amount of fresh hemorrhage. The uterus had twisted one and one-half times around its long axis, thus wrapping the round ligaments around the cervix, and tearing one of them in half, as has been said. The uterus was removed after ligating the ligaments, and the small cervical stump covered with peritoneum in the usual way. On examination the tumor was found to be extensively calcified; the uterus and adnexa were intensely congested, and showed extensive hemorrhages throughout. The torsion had evidently not been a very gradual one, but must have occurred fairly rapidly; the cutting through of the cervix was evidently due to the round ligaments which had been wrapped around it. There were no adhesions, and the tumor was of moderate size, with relaxed abdominal walls; there was nothing therefore to hinder the free excursion of the tumor, especially as the senile cervical tissue undoubtedly offered a minimum of resistance to the torsion, all of which conditions the author considers to have been important factors in the occurrence of this truly remarkable case.

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**Treatment of Anteposed Uteri.**—HUTCHINS (*Boston Med. and Surg. Jour.*, 1915, clxxii, 18) thinks that many cases of backache and pelvic drag are due to uteri which on first examination appear to be in a

normal position, because the fundus is well forward and not retroverted. More careful investigation will show, however, that many of these are in reality what he terms "anteposed uteri in descensus," *i. e.*, the cervix, instead of being held snugly up to the symphysis, with the bladder and anterior wall well supported, is found to have dropped back toward the hollow of the sacrum, the uterus still maintaining its anteposed position. In many of these cases the author has been able to relieve all symptoms by properly placed vaginal tampons, so introduced as to force the uterus as a whole well upward, and thus relieve the drag on the cervix. In all cases when this result is obtained, Hutchins considers it justifiable to open the abdomen and suspend the uterus, even though it appears well forward. When the abdomen of a woman with normal uterine supports is opened, the following conditions will be found, no matter whether the fundus is anteposed or retroposed: (1) There is no fulness or dilatation of the ovarian and anastomosing veins as they run through the infundibulo-pelvic and broad ligaments; (2) there is no drag on the peritoneum covering the lateral walls of the pelvis; (3) there is no tension on either the round or uterosacral ligaments; (4) there is no descent of the bladder or engorgement of the vesical veins. In a patient whose cervical supports have given way, however, Hutchins finds the following variations from the normal: (1) The ovarian and anastomosing veins are full and congested, forming the so-called varicocele of greater or lesser intensity; this congestion ends abruptly above the posterior pelvic brim, from which point upward the veins are normal in size; (2) the infundibulo-pelvic ligaments and parietal peritoneum are put decidedly on the stretch; (3) the round and uterosacral ligaments share in this drag; (4) the bladder has gone down with the descent of the cervix, and the vesical veins have shared in the general pelvic engorgement. If now the anteposed but descended uterus is grasped with forceps and brought vigorously up, the ovarian veins and their branches are seen to empty themselves immediately and become normal in appearance, and the drag on the sensitive parietal peritoneum is completely relaxed. The condition can be permanently cured, the author thinks, by suspending the uterus, provided the conditions named above are found at operation.

**Influence of Menstruation on Blood Sugar.**—Numerous attempts have been made from time to time to demonstrate some taugible changes in one or other of the bodily processes during menstruation in normal individuals, but for the most part the results obtained have been entirely negative, or have been so irregular and contradictory that no conclusions could be drawn. The majority of these investigations have had to do with such easily measured conditions as temperature, blood-pressure, pulse rate, blood count, etc., comparatively little attention having been paid to the subtler metabolic processes. One of these latter, the carbohydrate metabolism, as indicated by the amount of sugar in the blood, has been the subject of recent investigation by KAHLER (*Wiener klin. Woch.*, 1914, xxvii, 417), who says he was led into this study by some remarkable variations he noticed in the blood sugar in a number of women upon whom he was making estimations in connection with an extensive work on carbohydrate metabolism in various diseases. The only explanation he could think