

## GYNECOLOGY

UNDER THE CHARGE OF

JOHN G. CLARK, M.D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

**Ovarian Transplantation.**—An extremely interesting case of successful heterotransplantation of an ovary, with relief of very severe symptoms following an artificial menopause of two years' standing, is reported by ENGEL (*Berlin. klin. Woch.*, 1912, xlix, 985). The patient, a twenty-seven year old nullipara, had been subjected to an appendectomy and ventro-suspension in 1904, and to a double oöphorectomy in 1909. The latter operation was followed by very severe disturbances—hot flashes, vomiting, violent attacks of abdominal pain, sweats, profuse and irregular uterine hemorrhages. In 1910, therefore, a supra-vaginal hysterectomy was performed by Engel. After this the hemorrhages ceased, but the general condition of the patient grew steadily worse; to the physical were added psychic disturbances, going so far as threats of suicide. The patient was therefore readmitted to the hospital in 1911, and a healthy ovary, obtained from another woman at a myoma operation, was transplanted onto the anterior wall of the cervical stump. Only a short time elapsed between the two operations; during this time the ovary was kept in normal salt solution at body temperature. The operation was performed vaginally; a T-shaped incision was made in the anterior vaginal vault, the mucosa dissected to each side, and the ovary, split open, attached to the cervix with cat-gut sutures. The vaginal mucosa was then closed over the surface of the transplanted ovary. For eight days no effect whatever was noted; then the symptoms began to decrease in severity. By the seventh week after the operation the attacks of abdominal pain and sweats had entirely ceased; the other symptoms, such as hot flashes, etc., disappeared more gradually, but eventually entirely cleared up as well. The patient now enjoys the best of health, and has again taken up her work as a trained nurse. Engel believes that suggestion can be entirely eliminated as a factor in this case, as the first signs of improvement did not show themselves until eight days after the operation, and from then on progress was slow and gradual. For a time there was considerable watery discharge from the vagina, and grayish and whitish areas were to be seen on the surface of the ovary, but before the patient left the clinic the secretion had entirely disappeared, and the ovary appeared entirely healed.

**Is Laparotomy Indicated in Peritoneal Tuberculosis?**—HEIMANN (*Zeitsch. f. Geb. u. Gyn.*, 192, lxx, 159) says that although the Gynecologic Congress held in Munich in 1911 decided in favor of the operative therapy of peritoneal tuberculosis, his experience has led him to consider it inadvisable. His conclusions are based on the observation of 50 operated cases from the clinic of Zweifel (Leipzig) and Krönig

(Freiburg), 36 of these patients having been subsequently controlled for periods up to as long as ten years after operation. He divides his cases into two groups; (1) Those with practically no symptoms referable to peritoneal tuberculosis, the presence of this being discovered only at operation for sterility, retroversion, or some other condition. (2) Advanced cases, with marked symptoms, and objective findings in the lungs. All the patients in the first group were fully able to work before operation; of 18 whose fate could be ascertained from one-half to nine years later, only 7 were in possession of their full activity, while 4 had died, 2 of these as a direct result of the operation. These are results which cannot, as Heimann says, in any way be considered brilliant, especially when one considers that many of these patients would probably have undergone spontaneous cure if left alone. The results in 18 patients in the second class were even worse. Within one and a half years after operation 50 per cent. were dead, all either as a direct result of the operation, or from a general, progressive tuberculosis. Of the remaining 8, only 3 can be considered clinically cured, that is, able to do ordinary work. In most of the cases in this group the accompanying pulmonary tuberculosis was markedly and unfavorably influenced by the operation. Heimann concludes that in these cases the performance of a laparotomy has not fulfilled expectations; that the percentage of apparent cures stands in inverse ratio to the length of time after operation that cases are controlled; that the primary mortality is very high; and that in so many cases a lighting up of foci in the lungs or other organs results that laparotomy can no longer be considered a sovereign therapy for peritoneal tuberculosis. If it is to be employed at all, it should only be in cases of the serous, exudative form, and all severe cases, and all those with lung conditions or with fever should be excluded. Where operation becomes necessary to relieve pressure symptoms Heimann prefers to open the peritoneum through Douglas' pouch if possible, in order to avoid the possibility of a fecal fistula. If this is not possible, the smallest possible opening should be made through which the work to be done can be accomplished.

---

**Spontaneous Cure of Cancer.**—THEILHABER (*Deutsch. med. Woch.*, 1912, xxxviii, 1240) says that it can no longer be doubted that spontaneous cure of cancer does occasionally occur, about 200 such cases having been reported in the literature. He believes that a careful study of these may possibly throw some light on the principle by which this occurs, and may point out ways in which we can assist the process. He reports having observed recently 3 cases in which he believes a spontaneous cure of cancer had occurred. In all he had performed a complete hysterectomy for advanced malignancy, but had been unable to remove completely all the carcinomatous tissue. Contrary to his expectations, complete cure occurred in these patients, this having been demonstrated by recent examinations. The longest period elapsed since operation was seven years, the shortest four. Theilhaber further reports 2 cases which have strengthened him in his well-known belief that after treatment by hyperemia, and other means which tend to improve tissue nourishment, may prevent and even destroy recurrences. The first case was that of an old woman, aged fifty-six years, with advanced, ulcerative carcinoma of the cervix, and extensive parametrial