

death seemed threatened. On examination, a spongy mass was adherent to the posterior wall of the uterus. It was thought best to remove the uterus by abdominal hysterectomy, and this was done without complications. Fourteen months after the operation the patient was in good health and free from signs of recurrence. On examining the uterus it was three times the normal size. On the posterior wall near the fundus was a soft, friable mass, in the centre of which was a shaggy growth the size of a small walnut, infiltrating the uterine muscle. The remainder of the uterine cavity was smooth. The ovaries were considerably enlarged with numerous cysts. On microscopic examination the characteristic appearance of chorio-epithelioma was present. The uterine veins were invaded not more than one-half through the uterine wall, and but one necrotic villus was present. In the tumor there was a striking preponderance of intermediate or wandering cells, with comparatively little syncytium and Langhans' cells. Masses of the latter, however, were found in the sinuses, which is considered evidence of malignancy. Both ovaries were the seat of lutein cyst formation.

GYNECOLOGY

UNDER THE CHARGE OF

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Fascial Transplantation in Vesicovaginal Fistula.—A novel method has been resorted to by SCHMID (*Zeitschr. f. gyn. Urologie*, 1913, iv, 33) in the treatment of a stubborn case of vesicovaginal fistula following a Wertheim operation for carcinoma of the uterus. The patient was aged forty-three years; the bladder was injured during the operation, and was repaired, but a large fistula resulted, which two subsequent operations failed to close. At the third attempt, Schmidt, after again freshening the edges and closing the vesical mucosa in a transverse line with catgut, inserted between the vesical and vaginal walls a rectangular piece of fascia, about 3 by 2 cm., taken from the fascia lata of the right thigh. It was fastened with one catgut suture at each corner in such a manner as completely to cover the line of suture in the bladder wall; the vaginal mucosa was then closed over it with silk in a vertical direction. On examination of the patient three months later there was found to be no leakage whatever, and good vesical control. A thickening could be felt in the anterior vaginal wall, and by cystoscopic examination a slight protuberance could be seen on the posterior wall of the bladder, reaching not quite to the interureteric fold, and evidently corresponding to the fascial flap. The mucosa was smoothly healed over this, but showed a certain amount of hyperaemia in the neighborhood of the scar. Schmidt admits that the third operation might possibly have cured this case, even without the use of

a fascial transplant, but he does not think it likely, as the tissue surrounding the fistula was densely indurated, and would in all probability have retracted as in the other attempts. There is no difficulty associated with the technique of transplanting such a small piece of fascia, which is almost sure to heal well, and which certainly, in Schmidt's opinion, gives valuable extra support in cases such as the one cited.

Menstrual Disturbances of Tuberculous Origin.—The menstrual disturbances which often accompany tuberculosis, and which have usually been attributed to the consequent anemia or cachexia, are really, according to HOLLÓS (*Deutsch. med. Woch.*, 1912, xxxviii, 2407), toxie phenomena, i. e., specific manifestations of the tuberculous virus localized somewhere in the body. He thinks that an unusually early or an unusually late onset of menstruation (before the eleventh, or after the sixteenth year) is very suggestive of tuberculosis; when tuberculosis is acquired after menstruation has been established, its toxie influence is often manifested by irregularities, amenorrhea, or dysmenorrhea. Hollós thinks that these toxie phenomena stand in some relation to the degree of immunity possessed by the individual, and to the power of reaction to a given source of intoxication, basing this belief on his experience that these toxic symptoms are absent in a much larger percentage of prognostically unfavorable cases than of cases with a good prognosis, and also on his observation that the menstrual disturbances not infrequently disappear after specific treatment of the tuberculosis.

Ovarian Involvement in Epidemic Parotitis.—In contradistinction to the testicle, which, as is well known, is exceedingly frequently the seat of a metastatic infectious process in cases of mumps, very seldom has similar involvement been demonstrated in the ovary, and 2 such instances reported by BROOKS (*Jour. Amer. Med. Assoc.*, 1913, ix, 359) are therefore of interest. Both patients were multipara, aged twenty-eight and twenty-four years respectively; in the first case the parotid involvement was unilateral and comparatively slight, but accompanied by a temperature of 104°. Seven days after its onset the ovary of the same side became enlarged, very painful, and tender on examination; the symptoms subsided after a couple of days, but the next menstrual period came on ten days ahead of time, and was more profuse than normal. In the second case the parotid involvement was bilateral, and was followed in five days by very severe pelvic pain on both sides. On examination both ovaries were found enlarged to the size of large eggs, and extremely tender. Two days after this, an acute mastitis supervened, affecting both breasts, but soon subsided, as did the ovarian inflammation. Both these patients have been under observation for a period of five years or over since their attack, and in neither instance has pregnancy occurred during this time. Brooks believes that while the condition is decidedly uncommon, it probably occurs more frequently than is generally supposed, as unless the symptoms are very marked, as in the cases he reports, it is not thought of or examined for. The probable reason for the infrequency of ovarian involvement as compared with that of the testicle is that the latter is much more exposed to slight trauma, which