

can undergo this degeneration, that is epithelial fat and connective tissue cells, as well as the connective tissue itself and finally the fibrin.

That which has been described by Ollier as periostitis aluminosa, by Riedinger as ganglion periosteale; is in most of the cases nothing more than a sub-periosteal or periosteal abscess the contents of which have undergone mucoid degeneration. Such abscesses may come on spontaneously, and then continue causing a slight hyperostosis of the bone, or can be produced by a primary disease of the bone itself or what is still rarer, may be due to local tuberculosis, or to a chronic osteo-myelitis.

Many authors have tried to give a fitting pathological name to this condition and much confusion has been the result.

Lannelongue is of the opinion that these are abscesses in which there has been a metamorphosis of the pus. Many writers, Poncet, Toccorian, Catuffe and Schlange are of the opinion that in the so-called periostitis aluminosa there has been an inflammation of the bone or periosteum, or both, which has not gone beyond the serous stage, and owing to a want of intensity of the inflammatory irritation pus has not been produced, but only an exudation rich in albumen. Poulet and Bosquet believe the trouble to be tuberculous. Schlange is opposed to this as he has found no bacilli in his cases. Volkmann does not consider the process tuberculous, but considers it as a cold abscess. Bacteriological examination of the removed fluid has been negative. Staphylococci have been found only once. No tubercle bacilli or any specific bacterium of any sort has ever been found.—Volkmann's *Samml klin. Vorträge* No 352.

F. C. HUSON (New York).

#### GYNÆCOLOGICAL.

I. Frost-Bite of External Genitals in a Parturient Woman. By DR. ALEXEI P. TEPLASHIN (Glasov, Northeastern Russia). The author narrated the following interesting case. A young unmarried peasant woman; æt. 18 years, primipara, living at a village  $\frac{3}{4}$  mile from the Glasov Zemsky Hospital, had left her home for the latter shortly after the rupture of the fetal membranes, which

had happened about 10 P.M., on January 5, a bitterly cold day (the temperature being below  $-30^{\circ}$  Reaumur =  $-35.50^{\circ}$  F.). She had gone afoot all the distance, but used to "rest"—that is, to sit down deep in snow—on every labor pain, notwithstanding her being clad but very poorly and having no drawers (according to the custom of Russian women belonging to the working classes). About 4 hours after her admission she was safely delivered of a live and strong boy. On the next morning she began to complain of pain about her perineum and buttocks. On examination, the whole perineum and the lower parts of the buttocks and major labia were found to be severely frost bitten and covered with numerous bladders. About evening, the temperature rose up to  $39^{\circ}$  C., to oscillate at a high level for the following three weeks, during which period the patient was also suffering from severe diarrhœa. In course of time, the integument of the injured region sloughed away, the separation of dead tissues as well as cicatrization and healing proceeding but slowly. On the 34th day, the woman was discharged with restored perineal and gluteal integuments, but with the lower parts of the labia replaced by contracted scars.—*Russkaia Meditzina*, No. 34, 1889, p. 523.

VALERIUS IDELSON (Berne).

## II. On the Treatment of Malignant Ovarian Tumors.

By H. W. FREUND (Strassburg). A contra-indication for the performance of laparotomy in malignant ovarian tumors is the finding of metastasis in other organs. As soon as the operator knows with certainty that all the neoplasms cannot be removed he should not operate.

Freund communicates in this work the experience of the Strassburg clinic, which speaks in favor of a broadening of the indications.

Nearly all operators now agree that in cases where malignant ovarian tumors are confined to the ovaries, laparotomy should be performed. We are by no means always able to diagnose with certainty the malignity before the operation, and only recognize later by anatomical examination the peculiarities of the growth.

Here Freund communicates fitting examples which justify the extirpation of such malignant tumors. Eight other cases are mentioned