

GYNECOLOGY.

UNDER THE CHARGE OF

HENRY C. COE, M.D.,
OF NEW YORK.

ASSISTED BY

WILLIAM E. STUDDIFORD, M.D.

Artificial Sterilization.—KOCKS (*Centralblatt für Gynäkologie*, 1902, No. 37) describes a method of preventing conception in women with certain chronic affections, suggested to him by the obstruction to the passage of the spermatozoa caused by a small mucous polypus in the cervix. He dissects off flaps of cervical mucous membrane, anterior and posterior to the os externum, and allows them to hang down so as to close the os, suturing the raw surfaces at their bases. These form together a sort of valve, allowing menstrual flow and secretions to escape, but opposing the entrance of spermatozoa.

Influence of the Gonococcus in Pregnancy and the Puerperium.—FRUHHINSHALZ (*Annales de Gyn. et d'Obstétrique*, November, 1902) emphasizes the fact that the lochial discharges furnish the most favorable medium for the development of the gonococcus. In fact, it is often found for the first time after delivery, having been overlooked during pregnancy, without any possibility of fresh infection. Mixed infection is rare, as the gonococcus does not thrive in the presence of other microbes. On the other hand, gonorrhœal infection often favors the development of the streptococcus and staphylococcus.

Hence, parturient women with pre-existing gonorrhœa are exposed to the danger not only of the lighting up of the old trouble, but to the extension of the acute inflammatory process to the adnexa and peritoneal cavity.

Treatment of Cancer of the Uterus.—POZZI (*Annales de Gyn. et d'Obstétrique*, November 1902) concludes a paper on this subject, read before the International Congress, with the following deductions: 1. The surgical treatment of uterine cancer rarely results in a permanent cure, the average period of freedom from recurrence in the most favorable cases being from four to six years. 2. Hysterectomy is not justifiable in cases in which the uterus is fixed by extension of the disease to the surrounding tissues; curettement and cauterization give the best results under these conditions. 3. The importance of involvement of the glands has been exaggerated. Recurrence nearly always takes place in the cicatrix. Extirpation of the lymph nodes can never be complete, and seems to have no influence on recurrence, therefore, the abdominal route should not be chosen with this object alone. 4. Abdominal hysterectomy is more dangerous than vaginal, and there is a greater risk of infection, hence it should be reserved for cases in which the indications are clear—large size of uterus, adhesions, narrow

vagina, etc. 5. In early cases of uterine cancer vaginal extirpation gives excellent results, while in advanced cases palliative treatment is preferable. 6. Vaginal hysterectomy is then the operation of election in cases in which the uterus is movable and there is no palpable evidence of extension of the disease to the surrounding tissues, with such exceptions as have been mentioned.

Jonnesco, in discussing this paper, takes the optimistic side of this question. He concludes that the results of the surgical treatment of uterine cancer are quite satisfactory, since life is prolonged and a radical cure is sometimes obtained. The ideal operation is one that includes complete removal of the uterus and adnexa, of the pelvic connective tissue, the vessels and lymph nodes, the iliac and lower lumbar, as well as the pelvic. This cannot be accomplished by the vaginal route, which should be reserved for partial or palliative operations. Abdominal hysterectomy should be limited to cases in which a radical operation is possible, that is, at an early stage in the disease.

Wertheim agreed with the last speaker, and reported 120 cases of complete abdominal extirpation, with a former mortality of 20 per cent., now reduced by better technique to 13 per cent. In his first series, in which over two and one-half years had elapsed since the operation, 77 per cent. of the patients were cured, as compared with 56 per cent. reported by Chrobak after vaginal hysterectomy. Careful examination of the extirpated glands in 80 cases showed that these were cancerous in 48, which fully justified radical extirpation.

The majority of the speakers favored the radical operation.

Herpes of the Larynx during Menstruation.—BETTMANN (*Berliner klin. Wochenschrift*, 1902, No. 36) reports a case in which an herpetic eruption on the laryngeal mucous membrane appeared only during the menstrual period. Herpes of the lips or external genitals is most commonly observed, though this menstrual eruption has been rarely seen on the hands, neck, or lumbar region, or even on the breast. Isolated cases have been reported in which vesicles appeared on the portio vaginalis or vaginal mucosa. The cause of this phenomenon is unknown, but it is probably of reflex nervous origin.

Uterus Duplex Separatus.—PANER (*Centralblatt für Gynäkologie*, 1902, No. 25) reports the case of a girl, aged eighteen years, who was operated upon for supposed tumor of the left ovary, accompanied by severe local pain and dysmenorrhœa. On opening the abdomen the enlargement was found to be a hæmatosalpinx attached to a rudimentary uterus which was distended with blood. There was no communication with the cervix. It was extirpated, the normal uterus and right adnexa being preserved. The patient made a good recovery and menstruated without pain ten days after the operation.

Malignant Folliculoma of the Ovary.—GOTTSCHALK reported to the Berlin Medical Society (*La Gynécologie*, 1902, No. 4) a case of tumor of the ovary the size of the fist, which presented considerable interest. It was of firm consistence, and was surrounded by a capsule which represented the

tunica albuginea. On section a cortical and a medullary zone could be distinguished, the former containing small cysts, the latter being solid.

Microscopically the growth showed a stroma of hyaline tissue with numerous hemorrhagic foci. The cells in the parenchyma were multinucleated and were arranged in groups without capsules, often as the lining epithelium of small cysts. The tumor resembled an aberrant thyroid. The reporter believed that the epithelial elements developed from the primordial follicles.

Pulmonary Embolism Following Hysterectomy.—PICHEVIN (*Semaine Gynécologique*, June 17, 1902) collected 586 cases of hysterectomy for uterine fibroid, with a total mortality from pulmonary embolism of 2 per cent. Vaginal hysterectomy for the same condition was attended with a mortality of 3.35 per cent. from embolism, and myomectomy with one of 12 per cent.

The writer believes that the veins may be thrombotic before as well as after operation.

Death may occur suddenly on the third day after operation, though in one instance it took place on the twenty-sixth day. It is usually unexpected, and is often unattended with any elevation of temperature.

Phlegmasia, though not a positive contra-indication to operation, renders it more dangerous.

Parotitis after Ovariectomy.—PICHEVIN (*Semaine Gynécologique*, June 17, 1902) points out the fact that this complication was regularly noted by the older writers in from 2 to 10 per cent. of their cases. It has become quite rare since the introduction of modern aseptic technique. Parotitis may be due either to the extension of inflammation from the mouth along the duct of Steno, or it may represent a local manifestation of a general infection, the latter being more probable. Parotitis prolongs the convalescence, and may result fatally. The use of an antiseptic mouth-wash, preferably a solution of chloral, is recommended.

Turpentine in Metrorrhagia.—LIENEVITCH (*Meditz. Obozrené; La Gynécologie*, August, 1902) has used this drug for several years in cases of uterine hemorrhage, with satisfactory results. Having dilated the cervical canal, if necessary, he introduces into the uterine cavity a strip of gauze soaked in purified turpentine. It is left *in situ* for six or eight hours, being removed if the pain becomes severe. No ill effects have been observed.

The writer has found this treatment best adapted to cases of interstitial fibroid, climacteric hemorrhage, and to those in which metrorrhagia recurs after curettement.

After-effects of Supravaginal Amputation for Fibroid.—THOMAS (*Lancet*, 1902, No. 5) reports the result of his observations in the cases of 101 patients who were kept under observation for five years after operation. All the patients were benefited. No tendency to mental aberration was noted, though in a few instances there was slight loss of memory. There were no disturbances of the bladder or bowels, nor any after-pains. As a rule sexual feelings were preserved. The writer's experience has confirmed his belief as to the importance of preserving one ovary after removal of the uterus.

Ovarian Tumors Complicating Pregnancy.—PÜRCKHAUER (*Inaugural Dis.; Abstract in Centralblatt für Gynäkologie*, 1902, No. 32) analyzes reports of twelve cases from Hofmeier's clinic, with the following conclusions: An ovarian tumor complicating pregnancy must be regarded as an ever-present danger for both mother and child. 2. Ovariectomy is always indicated, and the prognosis is good even if peritonitis has already developed. 3. Abdominal section should be performed at once if a cyst ruptures during labor. 4. If for any reason ovariectomy is contraindicated during pregnancy, it should be performed as soon as possible after delivery.

Retro-peritoneal Lipoma and Uterine Fibroid.—ULLMAN (*Hygieia; Centralblatt für Gynäkologie*, 1902, No. 15) reports the case of a patient, aged forty-six years, who had an abdominal tumor of seven years' standing. On palpation obscure fluctuation was noted. After opening the abdomen an enormous retroperitoneal lipoma was found (eleven pounds), which was removed in fragments, adhesions in the neighborhood of the right kidney being separated with difficulty. It seemed that the growth had developed from the perinephritic fat. Hemorrhage was moderate. A uterine fibroid, the size of the fist, which had undergone calcareous degeneration, was not disturbed.

Ethyl Chloride in the Treatment of Incurable Cancer.—BRAMON (*Arch. de Méd. et de Chir. Spec.; La Gynäkologie*, April 15, 1902) speaks highly of the following method of treating inoperable cancer of the uterus and vagina, adopted by Horwitz: A few days after curettement and tamponade with gauze the spray is applied to the diseased surface for from one to five minutes, or until it has been blanched several times. The treatment is repeated in three days, and is continued subsequently at longer intervals. Healthy granulations form, and in time new epithelium develops. The patient's general condition improves and menstruation becomes normal. The writer has observed that under this treatment a uterus which had previously been fixed may become movable, probably due to the absorption of inflammatory exudate.

Ligation of Internal Iliac and Ovarian Arteries in Cancer of the Uterus.—KRÖNIG (*Centralblatt für Gynäkologie*, 1902, No. 41) recommends this operation in inoperable cancer of the uterus, and reports three successful cases. The operation can be done quickly, with no loss of blood, and the convalescence is rapid.

He ligates both internal iliacs at their origin with silk, and ovarian arteries at their points of entrance into the broad ligaments. In order to prevent the formation of a collateral circulation the round ligaments should also be tied. A transverse abdominal incision may be made midway between the symphysis and the umbilicus.

In the three cases reported the hemorrhages were promptly checked, but in five discharges were only temporarily lessened. The writer believes that this operation is indicated in all cases in which after opening the abdomen radical extirpation of the cancerous uterus is contraindicated, since there is no added risk.