

had happened about 10 P. M., on January 5, a bitterly cold day (the temperature being below -30° Reaumur = -35.50° 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° 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

where, on account of extensive metastases, only a trial incision with cleansing of the perineum was made. The procedure is easily borne, and it may produce a better state of health for quite a long time (over a year). Where there is any prospect of relieving at all, trial incision should still be made, even if a diagnosis of cancer has been made with certainty.

Twelve cases observed in the last few years of extensive malignant ovarian tumors, are of especial interest. In some cases of extirpation of malignant tumors, there were found embedded in the perineum of the floor of the pelvis (Douglas' pouch, the vesico-uterine excavation, etc.) single neoplastic nodes; these were removed manually, which took place without hæmorrhage. yet, in spite of this, in such cases complete recovery could be confirmed even after a lapse of two years.

Also in cases of numerous similar metastases removed by laparotomy, as well as in cases where metastases were removed from the omentum, abdominal wall, etc., the very favorable influence of the operation could be seen.

Even in cases of extensive metastases where not all of the neoplasm could be removed, the strikingly favorable effect could not but be seen. Such women would remain for months free from the former troubles (ascites, œdema of the thighs, etc.)

In ten of the cases there was hydrothorax which mostly disappeared quickly after the operation.

Freund separates those single or multiple tumors situated in the deepest part of the peritoneal cavity from the extensive metastases in the organs of the peritoneal cavity. He is of the opinion that here one has to do with particles of the primary tumor which have broken off and fallen down. These tumors were connected to the peritoneum by means of firm tissue, so that only the upper and crumbling part, and on the base, could be operatively removed, they were removed by enucleation without any hæmorrhage. They acted like implanted foreign bodies. The favorable clinical experience in a few cases speaks in favor of this explanation. Hence Freund proposes that secondary tumors in the ante- and intrauterine space should not contraindicate the

radical operation. Also in some cases with an extensive cancerous growth Freund speaks for laparotomy. By removing the secondary phenomena, ascites, hydrothorax, œdema, etc., the pernicious influence of the original neoplasm, even if it be not removed from the body, is paralyzed for a certain length of time. Hence, in such cases one should not perform puncture, but the ascites should be removed by incision and the abdominal space dried out as much as possible.—*Ftschr. f. Geburts. und Gynækol.*, Bd. xxvii.

ALBERT PICK (Boston.)

III. Four Cases of Pyo-Salpinx. By DR. VÖHTZ (Aarhus). In the first case, where the pus-sac communicated with the rectum, extirpation could not be performed on account of too extensive adhesions; in the second and third cases the adnexa of both sides were removed; in the fourth case only those of the left side were removed and in this case there developed a fluctuating tumor on the other side, in the course of two to three weeks after the operation; this was opened through the vagina and much pus evacuated. As the pus cavity was lined by a soft mucous membrane-like membrane the writer regards it as a rapidly developing pyo-salpinx of the other side. The operation in all cases was difficult; none of the patients died. In at least three of the cases he could trace them back to a gonorrhœic infection. Among the symptoms he mentions repeated pains running down toward the hips and thighs, making their appearance spasmodically, becoming sometimes very violent, not infrequently made worse upon walking, thus leading one to think of hip-joint inflammation. He also mentions that recently he has observed very grave pulmonary affections after laparotomies, where he did not use artificial illumination, but in chloroform narcosis where it was used he has seen bad results follow and perhaps one death—*Hospitals Tidende*, 1889, 22, 612-619.

A. PICK (Boston.)

IV. An Ovariectomy in a Seventy-Six Year Old Woman. By DR. JOSEPHSON (Stockholm). The writer performed an ovariectomy on a woman, æt. 76 years. She had borne seven children, the last one