

each day until the appearance of the first symptoms of poisoning, which generally occur after twenty to forty drops, representing three to five sixty-fourths of a grain. The dose is then gradually reduced to the initial one.—*La Progrès Médicale*, 1900, No. 19, p. 295.

## GYNECOLOGY.

UNDER THE CHARGE OF

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**Palliative Operation for Inoperable Carcinoma Uteri.**—KÜSTNER (*Centralblatt für Gynäkologie*, 1900, No. 14) recommends the following procedure, which he has adopted successfully in cases of advanced cancer of the cervix. After thorough curettage and canterization of the diseased area a tampon saturated with alcohol is applied to the raw surface. A large transverse opening in the recto-vaginal septum above the sphincter ani is made, and its edges are sutured with catgut. A long thread attached to the tampon is carried through the fistula and brought out at the anus.

Kolpocleisis is next performed, the vulva being closed with sutures of silkworm-gut, the denuded surfaces being made as broad as possible. The tampon is withdrawn through the anus on the fourth day. As the external wound may not heal perfectly, additional sutures may be required subsequently. It is advisable to irrigate the vagina occasionally through the fistula and to dilate the latter with the finger if it becomes contracted. In case of hemorrhage the vagina can be tamponed (through the fistulous opening?) or irrigated with cold (?) water.

The writer states that patients are considerably benefited by this operation, being relieved of the constant acrid, foul-smelling discharge.

[The writer does not appear to take into consideration certain dangers which may follow closure of the vagina, especially that of septic infection from the retention of discharges and fecal matter in the pocket below the fistula. The difficulty of arresting a profuse hemorrhage from the ulcerated surface after kolpocleisis has been performed may readily be imagined.—H. C. C.]

**Specific Micro-organisms in the Female Urethra.**—SCHENK and AUSTERLITZ (*Wiener klinische Wochenschrift*, 1900, No. 14), from bacteriological examinations in sixty normal cases, found no germs whatever in one-half and pathogenic germs in only two instances. Smear found in 93 gynecological patients who had not had gonorrhoea that germs were present in the urethra in 59, staphylococcus pyogenes in 22, and colon bacteria in 14. In 120 pregnant women the urethra contained the same varieties of micro-organisms in all but two cases. The writers arrive at a different conclusion, believing that pathogenic germs are rarely found in the normal female urethra, and

that none are present in over 50 per cent. of cases of pregnant and puerperal women. Most of these germs are saprophytes.

**Steam in the Treatment of Endometritis.**—JOHNSON (*Boston Medical and Surgical Journal*, 1900, No. 11) reports thirty-one cases in which he used this agent successfully. He introduces steam into the uterus from an ordinary throat atomizer (after the cervix has been dilated with thorough aseptic precautions) through a hard-rubber tube, which is removed after thirty seconds, the uterine cavity wiped out with gauze, and the steam again introduced for thirty seconds. The patient is kept in bed from four to six days. The temperature of the steam is never above 212° F.

The advantage of steam over the curette lies in the fact that it acts only on diseased surfaces in puerperal septic cases, while in cases of chronic hyperplastic endometritis the entire endometrium is affected, while even after thorough use of the curette islands of diseased tissue are often left.

Exact clinical evidence was obtained by the author by removing uteri after they had been steamed for different periods and examining them microscopically. It was found that after introducing the steam in the manner above mentioned the endometrium was destroyed, but the muscular tissue was not affected, as was the case when the operation was prolonged beyond a minute. With a longer exposure there is considerable risk of subsequent obliteration of the uterine cavity.

**Torsion of the Fallopian Tube.**—HARTMANN (*Comptes Rendus de la Soc. d'Obstétrique de Gyn. et de Pédiatrie*, February, 1900) adds five cases to the ten previously reported. In seven of these the tube alone was twisted, while in five the ovary shared in the torsion. In ten the right tube was affected. In some cases the tube was previously diseased, while in others the pathological changes present (especially hemorrhages) were due to the torsion. The vessels in the pedicle were nearly always filled with thrombi.

Clinically the symptoms noted were sudden pain, simulating appendicitis or intestinal obstruction; or successive attacks occurred like renal colic, the latter being in cases of gradual torsion. Localized peritonitis and a rapid increase in size of the affected tube were constant.

**Obesity as a Cause of Sterility.**—PAOLI (abstract of thesis in *La Gynécologie*, February 15, 1900) calls attention to the fact that obesity is often associated with malformations in the genital tract, nervous and vascular disturbances, and errors in secretion. Hence results painful, scanty, and irregular menstruation, infrequent conception, and if this occurs abortion is common. Sterility in fat women has been variously attributed to pelvic lesions and arthritic troubles. Treatment of sterility in such subjects should be reserved for cases in which disturbances of secretion are marked. If congenital malformations exist the prognosis is hopeless.

[The writer has referred rather vaguely to that interesting class of cases in which a rapid increase of adipose seems to be directly associated with suspension of the ovarian functions. That this condition is not due to true atrophy is proved by the fact that menstruation may return and even conception occur after the excessive weight has been reduced by rigid diet and

exercise. This intimate relation between the ovarian function and metabolism would seem to furnish an argument in favor of the so-called internal secretion of the ovary.—Ed.]

**Metrorrhagia in Young Girls.**—SINEDY (*Revue prat. d'Obstétrique et de Gynécologie*, 1900, No. 3) calls attention to cases of metrorrhagia in young girls in whom no local cause can be discovered to account for the phenomenon. The writer believes that while heredity may play some part, the natural tendency is aided by overexertion, especially by horseback riding, cycling, dancing, etc., which stimulate the pelvic circulation.

As regards treatment, hot vaginal douches and tampons are rarely necessary, and should not be resorted to except in extreme cases. Prolonged hot rectal irrigation with the double-current tube is a useful means of local treatment. Absolute rest in bed throughout the entire period should be maintained. Long walks, dancing, the use of the bicycle and sewing machine, horseback riding, or long standing must be interdicted, and at other times should be permitted only in moderation.

Careful attention to the general health, regulation of diet, and the overcoming of inherited defects are important adjuvants. Hydrotherapy, especially the cold douche, is a valuable means of diminishing pelvic congestion. Life in the country, with the absence of all exciting social elements, is preferable.

**Calcareous Deposit in the Tube.**—PESTALOZZA (*La Settimana Medica; La Gynécologie*, February 15, 1900) describes a small, pedunculated growth, the size of a hazelnut, which he found attached to the end of a Fallopian tube. It contained a calcified nodule. The wall of the opposite tube was generally calcified. The writer regards this case as quite rare, in fact as equalled only by one described by Potailon.

**Pneumonia after Gynecological Operations.**—ANOUFRIER (*Journ. russe d'Accouch. et d'Obstétrique*, 1899, No. 9) calls attention to the occurrence of streptococcal pneumonia after aseptic vaginal operations, especially extirpation of the cancerous uterus. Saprophytes are carried through the lymphatics and bloodvessels to the lungs, where they prepare a favorable culture-medium for streptococci. Septic pneumonia may develop from wounds without suppuration being present, as in a case cited by the author. He urges more vigorous attention to vaginal asepsis, by spending a week in thoroughly cleansing the canal before operation.

**Hysteropexy in a Child.**—VILLEMIN (*La Gynécologie*, February 15, 1899) reports the case of a girl, aged fourteen years, with complete procidentia of two years' standing, which developed suddenly while she was lifting a heavy weight. The little patient experienced a sudden, severe pain in the lower abdomen, and noticed a protrusion from the vulva. Shame led her to conceal her trouble until a few days before entrance to the hospital, when a second attack of pain followed another effort at lifting. The cervix, which was nearly two inches long, was amputated, and hysteropexy was performed successfully.