

meatus and growing out from the urethral mucous membrane all round." They occupied nearly two-thirds of the whole length of the canal, the urethral walls anteriorly being rather firm. Catheterization caused great pain and some hæmorrhage and was very difficult (in consequence of the blockage). The bladder and urine, however, as well as all external and internal genitals and all other organs of the body, proved to be perfectly normal. Neither could gonococci be found in the vaginal and urethral secretion. A careful microscopic examination of several papillæ excised showed that the new growth was nothing else than a tumor with flat epithelial cells. The treatment adopted consisted in a thorough excision of the whole new growth, together with the urethral mucous membrane as far back as the neck of the bladder, after which the canal was washed out with a solution of trichloride of iodine (1:2,000; *vide infra*), painted with a solution of perchloride of iron, and plugged with iodoform gauze. The plugging was kept up for five days. For a fortnight the urine was drawn off by a catheter. About the sixteenth day the patient's micturition became painless and regular, and she could be discharged. When seen six months later, the woman continued to be in best health. No stricture developed, a Nélaton's sound No. 18 passing quite freely into the bladder, and the meatus generally looking normally. Dr. Lvoff believes that his case is yet unique; at least he has been unable to find in international literature any other instance of a primary cancer of the urethra. [Trichloride of iodine (ICC.), introduced by Professor Langenbeck, of Berlin, is regarded by Professor Lvoff as the best antiseptic means of all yet known. The same high opinion has been formed by Drs. Levskin and Felser, of Kazan, who now use the drug in a routine way in the surgical and ophthalmic clinics respectively. *Vide the St. Louis Med. and Surg. Jour.*, February, 1888, p. 108. *Reporter*].—*Pract.*, 1889, No. 34.

VALERIUS IDELSON (Berne).

III. Upon the Intra-Abdominal Treatment of Displacements of the Uterus. By G. RUGGI. The author's procedure is as follows: The patient is placed in the dorsal position, in a good

light from both overhead and the sides, upon a specially constructed table, with the head turned toward the side light, the shoulders slightly elevated, and the lower extremities elevated toward the pelvis at an angle of about 45° . The pelvis is by this means somewhat elevated, and the abdominal walls are relaxed, the intestines assume a position against the diaphragm, and are kept out of the way of the field of the operator without difficulty. The operator stands upon the right of the patient, the assistant standing opposite. The abdominal wound extends from the umbilicus to the symphysis pubis; the peritoneum is opened only sufficiently far to allow the left hand to enter comfortably. The uterus is now brought into its proper position, the right hand being introduced into the vagina, if necessary. If the correction is accomplished, the round ligament is relaxed, one of these latter is grasped by a fixation forceps, in order to steady the uterus, and the relaxed abdominal walls are drawn apart at the site of the incision by means of blunt retractors, so that the pelvic organs are easily brought to view in the widely gaping wound. By means of a strongly curved needle a stout catgut thread is passed through the round ligament, close to its point of entrance into the inguinal canal, tied, and then, for greater security, passed through the peritoneal fold of the round ligament, just below the suture, and again tied. The same needle and catgut are now passed through the uterine end of the round ligament, and by knotting the catgut at this point to that at the inguinal end of the round ligament, the uterus is to be drawn, as much as possible, toward the latter; the resulting doubling or loop of the round ligament is to be again sutured, the one fold to the other, with a double furrier's suture, whereby the solidity of the uterine support is increased. The same procedure is repeated upon the opposite side.

Fifteen cases thus operated upon since October, 1886, resulted in recovery, and at least temporary relief of the symptoms which led to its performance. A sufficient time has not yet elapsed to allow one to form an opinion as to the permanency of the cure. Prof. Gill Wyle, of New York, at a recent meeting of the Section on Obstetrics and Gynecology, of the New York Academy of Medicine, advocates an almost precisely similar procedure, and claims that during the three years

which have elapsed since he first resorted to it, he has met with excellent results in some cases.

GEORGE R. FOWLER (Brooklyn).

IV. Battey's Operation. By PROF. CLEMENTI (Italy). This method deserves to be seriously considered as it is a certain method of curing rebellious metrorrhagias. In the case of a woman *æt.* 40 years, operated on by me three years ago, the patient had suffered with very severe metrorrhagia for 8 years previous. The trouble was probably multiple fibro-myoma of the uterus. As every means employed had failed, I did a salpingo-oophorectomy, in preference to a supra-vaginal hysterectomy, the first operation being much less serious than the second one. The cure was complete in 19 days, and has persisted up to date, which makes 3 years.

The fundus of the uterus, which, before the operation, was 3 inches above the symphysis pubis, is now on a level with it. The general state is very much better. The only things of which the patient complains are headache and congestion of the face which occur at periods corresponding to menstruation. Is Battey's operation to be performed in all cases of metrorrhagia or tumors of the uterus? Yes, for cases in which all other treatment has failed.

Dr. Bottini.—Since the publication of Meyer's statistics, the operation of Battey has lost ground, and it seems to-day that the intervention is justified only in cases of grave hysteria. It is true, that after the extirpation of the ovaries the uterine tumors diminish in volume and cease to grow, but when the abdomen is open why should we restrict ourselves to the extirpation of the ovaries and leave the uterus in position?

Dr. Bassini.—Although I am very much in favor of the extirpation of the uterus, I nevertheless meet with cases in which I am obliged to employ Battey's operation; that is, in cases in which the tumor is interstitial and deeply situated in the posterior wall of the uterus. The results obtained have been good—cessation of metrorrhagia and sometimes a considerable diminution in the size of the tumor.

Dr. Durante.—By the electric treatment, much better results are ob-