

toaitis is the cause, or the result, of the cyst-formation. The writer decides from his investigations that large, apparently unilocular, ovarian cysts may undoubtedly arise from the confluence of adjacent dilated follicles. A combination of multilocular glandular cystoma with cysts of the corpora lutea has also been noted.

CLASSIFICATION OF UTERINE SARCOMATA.

PICK (*Ibid.*) concludes a lengthy paper on this subject with the following résumé. The transformation of uterine fibro-myoma into sarcoma is due to a direct change of smooth muscle-fibres into sarcoma-cells, as well as a development from the connective tissue or vessel-walls of the primary growth. Neoplasms having the former origin are to be regarded as true mixed growths (*myoma sarcomatosa*). Edematous fibroids are identical in structure with myxomata, though such œdema may give rise to a true metaplasia, dependent upon the capacity of the young cells for secreting mucus. Edema and myxomatous changes may coexist in the same tumor. Papillary sarcoma found in the cervix uteri, as well as in the vagina, in childhood, is distinguished by its resemblance to a bunch of grapes, its development from the mucous membrane, and clinically by its extreme malignancy. This is not to be regarded as a separate variety of myxo-sarcoma. Its grape-like development is due simply to the presence of pre-formed cavities which become dilated. It is different from the dropsical forms of sarcoma found in the uterine body, which do not originate or extend in the mucosa like the *sarcoma botryoides* of the cervix and vagina.

Hyaline degeneration is frequently observed in uterine sarcoma, but it seems to bear no relation to other degenerative processes.

CARCINOMA DEVELOPING FROM THE CHORIONIC VILLI.

FÄRREL (*Ibid.*) describes a fatal case of malignant disease of the corpus uteri following the removal of a vesicular mole. The growth had a papillary form, invaded the deeper tissues, and gave rise to metastases. Microscopically it was shown to have originated from the remnants of chorionic villi left after removal of the mole, since the structure of the uterine glands was still recognizable, and its histological appearance was quite different from that of cancer of the corporeal endometrium. This is an entirely different form of malignant disease from the *sarcoma decidual-cellulare* of Söbner, but bears a close resemblance to Gottschalk's sarcoma of the chorionic villi. Meyer has also described a case of epithelioma of the villi.

THE RESULTS OF CASTRATION FOR FIBRO-MYOMA.

HERMES (*Ibid.*) reports seventy-eight cases from the Halle Clinic, with a mortality of about six per cent. In only two instances were the ovaries found to be healthy. The cases selected for the operation were those in which there was an interstitial tumor, not extending above the umbilicus, and causing hemorrhage and pressure-symptoms which could not be relieved by other methods of treatment. If it is found after opening the abdomen that the ovaries cannot be thoroughly removed, the writer thinks that it is better to

resort to a more radical operation. As regards the results, the hemorrhages ceased entirely in forty cases, menstruation persisted irregularly in nine, and at regular intervals in two. In forty-five the tumor diminished in size, in two it was unchanged, and in one it continued to grow.

VAGINAL HYSTERECTOMY WITH DRY ASEPSIS.

KURZ (*Münchener med. Wochenschrift*, 1894, No. 48) recommends highly the use of dry asepsis in vaginal extirpation of the uterus, with complete closure of the peritoneal cavity afterward. He cleanses the vagina beforehand with soap and water, and uses no irrigation subsequently, dry gauze being employed for spougiog. No pad is introduced into the peritoneal cavity when it is opened, as the patient's hips are elevated so as to prevent prolapse of intestine. All ligatures (silk) are cut short, and the peritoneal and vaginal wounds are closed, the edges of the two having been previously united in the usual manner during the operation.

The writer believes that the use of irrigation after the peritoneum is opened is dangerous, since it either irritates that membrane if an antiseptic fluid is used, or fragments of cancerous tissue may be carried into the cavity. By the use of dry gauze the field of operation can be kept much clearer than is possible under continuous irrigation. If the hips are elevated, it is unnecessary to introduce a pad into the peritoneal cavity at all.

Finally, since vaginal hysterectomy is practically a celiotomy performed per vaginam, the ideal method in the vaginal, as well as in the abdominal operation, would seem to be to cut the ligatures short, and thus to provide against the possibility of secondary infection, which may occur if they were allowed to hang into the vagina. For the same reason the wound is closed without drainage, the latter being, as the writer properly remarks, "a thing which we have learned to regard as of very doubtful value."

In a case of extensive cancer of the cervix involving the vaginal fornix the writer states that he operated according to this method only four weeks after delivery, and the convalescence was so rapid that the patient was able to leave her bed at the end of a week.

CONTRACTED BLADDER IN WOMEN.

In a paper on this subject (*Medical Chronicle*, November, 1894) SINCLAIR describes an obstinate form of frequent micturition due to diminution in the normal capacity of the bladder, which resists all medicinal treatment. He treats these cases by gradual dilatation of the bladder, by filling the organ with warm boric acid solution, slowly injected into it from an ordinary irrigating-jar. As much fluid is introduced as can be borne, and the patient is encouraged to retain it as long as possible. The treatment is continued at intervals of two or three days, until she is able to retain her urine for the usual time. The writer denies that there is any other satisfactory cause of the symptom to be found in these cases—either accompanying disease of other pelvic organs, or abnormal condition of the urine or hysteria, masturbation or sexual continence, as suggested by Skene.

[As the writer promises a more extended paper on this subject, we would