

to thirty times in the twenty-four hours, and as frequently by day as by night. Sometimes she wet the bed, though she usually waked and cried vociferously. After this condition lasted two months the author conceived the idea of submitting her to painful faradization. This means of suggestion succeeded at once and prompt cure resulted. The same procedure was successful in the second patient, a girl, aged ten years, whose mother was manifestly hysterical.

GYNECOLOGY.

UNDER THE CHARGE OF

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Castration after Hysterectomy.—BLUHM (*Zentralblatt für Gynäkologie*, 1904, No. 28) reports the case of a virgin, aged forty years, whose uterus was removed for malignant disease, the ovaries and tubes being spared. After the lapse of nearly two years she began to have such severe menstrual molimina that it was necessary to extirpate the ovaries. The writer thinks that this phenomenon is more apt to follow hysterectomies for cancer than for fibroid, hence he strongly advises the removal of the adnexa in the former cases, aside from the risk of metastasis.

Alexander's Operation.—STEIDL (*Zentralblatt für Gynäkologie*, 1904, No. 28) reports 60 cases extending over a period of two and one-half years; 38 for simple retrödisplacement, and 22 for retroflexion with prolapsus. He makes a crescentic incision above the pubes and does not open the canal. Non-absorbable sutures are used, and the wound is always drained. The patient is allowed to leave the hospital at the end of two weeks(!). Suppuration occurred in 12 cases. Of 49 patients who were examined at intervals of from two months to two and one-half years after operation all but 2 were permanently cured.

Primary Carcinoma of the Clitoris.—JACOBY (*Zentralblatt für Gynäkologie*, 1904, No. 30) reports two cases in which he operated, both having a recurrence in the inguinal glands. He collected reports of sixty-five other cases. The writer advises that every case of obstinate pruritus or eczema of this region should be regarded with suspicion as a possible forerunner of malignant disease, and in the event of enlargement of the organ a piece should be removed for microscopic examination. The only operation is extensive excision with thorough cauterization.

Results of Operation for Retroflexion and Prolapsus—BAATZ (*Zentralblatt für Gynäkologie*, 1904, No. 30) reports 217 operations for pro-