

Dührssen's method of incision for three years, when the mortality sank to 15 per cent., and in some series 11.25 per cent. Glöckner had a similar experience. Bumm divides his treatment of eclampsia into three periods: one in which narcotics were freely used with 30 per cent. mortality; a second period, when, in addition to narcotics, baths and packs were used, with 30 per cent. mortality; and a third period, when delivery as soon as possible after the first convulsion was practised, with a mortality of 12 per cent. In Ohlshausen's clinic convulsions ceased after delivery in 81 per cent. of the cases. A mortality of 16.9 per cent. occurred.

He believes that the general practitioner in the presence of eclamptic convulsions should immediately rupture the membranes, and that this will have a good influence in lessening the convulsions. When the cervix is partly dilated dilatation may be completed by the hand or elastic hags, and delivery accomplished by forceps or version. If the vaginal portion of the cervix is still present Zweifel believes that Dührssen's incisions or vaginal Cæsarean section by Dührssen's method or Cæsarean section by abdominal operation, as recommended by Hahertsma, should be practised. He does not incline to the use of Bossi's dilator.

The Scar of Uterine Rupture Found in a Uterus Removed by Operation.—In the *Monatsschrift für Geburtshülfe und Gynäkologie*, Band xix., Heft 6, 1904, AMANN reports the case of a patient who suffered with a large abdominal hernia. During a difficult labor about two years previously, the patient had rupture of the uterus followed by the escape of the fœtus into the abdominal cavity. The physician in attendance performed abdominal section and sutured the uterus. Primary union did not occur, but suppuration persisted for some time with the formation of an extensive abdominal scar and hernia. The patient's condition was such as to greatly interfere with her work.

On examination a convolution of intestine as large as a child's head and covered by very thin integument was found protruding through the hernial opening. An abdominal cystic tumor was also present, which extended deeply into the pelvis.

On abdominal section the convolution of intestine was so adherent to the integument that its separation was performed with the greatest difficulty. The cystic tumor was intraligamentary and adherent to the intestine. The tumor was finally entirely removed, and was found to contain pus. The uterus was removed, the edges of the wound trimmed and brought together, and a drain of iodoform gauze passed through the abdominal wall and into the vagina. The peritoneal sac was dissected out, and the abdomen brought firmly together. The patient recovered without complications.

On examining the tumor it was found to be a suppurating dermoid. The tear in the uterus had extended from the lower uterine segment up upon the left side, and had opened into the left broad ligament. When the uterus was closed only the external tissues were brought together, and the muscular tissues remained ununited. As a consequence, the cavity of the uterus communicated with the cavity in the broad ligament. The dermoid tumor must have been a hindrance to labor, and may have predisposed to the rupture of the uterus. The suppuration of the dermoid tumor followed the primary operation

upon the womb. The adhesions were the natural consequence of the primary infection. The incomplete union in the uterine wall found in this case illustrates the rupture of the uterus after some of the primary and early operations for Cæsarean section. Those who performed these operations did not bring together the uterine wall accurately, but simply closed the peritoneal covering. As a result of this rupture readily occurred.

GYNECOLOGY.

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Vaginal Hysterectomy for Prolapsus.—STELZNER (abstract of Inaugural in *Zentralblatt für Gynäkologie*, No. 6, 1904) reports 80 cases from the clinic at Basle and Halle, with one death from causes foreign to the operation. Fifty-eight patients were kept under observation, 30 being entirely cured, 10 partially, while only 3 were unable to work. The ages of the patients ranged from thirty to sixty years.

Precocious Menstruation.—KLEMM (*Zentralblatt für Gynäkologie*, No. 6, 1904) reports the case of a girl, aged eleven years, in perfect health, who menstruated regularly every twenty-eight days. Although a child in other respects, her breasts and external genitals were fully developed, but not the sexual impulses. The writer collected 53 similar cases from the literature.

Treatment of Rupture of the Uterus.—SCHAEFFER (*Zentralblatt für Gynäkologie*, No. 7, 1904) reports 18 cases occurring in the Strassburg clinic in the course of ten years, 13 complete and 5 incomplete; 60 per cent. of the latter and 30 per cent. of the former recovered. Laparotomy was performed eight times, with four recoveries.

Anatomy of Chronic Metritis.—LORENTZ (*Archiv für Gynäkologie*, Band lxx., Heft 2) after his studies of nine uteri removed on account of persistent hemorrhage, agrees with Theilhaber's conclusions that the menorrhagia in chronic metritis is due not to disease of the vessel walls, but of the muscular tissue, which, being replaced by connective tissue, is unable to contract as usual. Hence venous stasis and hypertrophy of the uterus. Contrary to the usual opinion, the writer found no changes in the endometrium, and states that the commonly observed thickening of the vessel walls and consequent narrowing or closure of the lumen is not due to atheromatous changes, but is to be regarded as a physiological process the result of obliterating endarteritis.