

GYNECOLOGY.

UNDER THE CHARGE OF
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ETIOLOGY AND PATHOLOGY OF FIBRO-MYOMA.

ENGSTRÖM (*Med. Anzeiger zur Centralblatt für Gyn.*, Aug. 1890) calls attention to the fact that heredity seems to play some part in the etiology of fibrous growths of the uterus (as shown by an analysis of the histories of several families in which he had observed that two or more sisters suffered from them), as had been previously pointed out by Winckel, Carl Braun, and Gusserow—a fact which seemed to prove Cohnheim's theory of their embryonal development.

BOISLEUX (*Ibid.*) examined ten specimens of fibroid uteri removed *in toto* by Martin, with special reference to the detection of microorganisms in the cervical endometrium. Sections were made through that portion of the cervix which usually forms the stump after supra-vaginal amputation. In four cases he found micrococci which produced rich cultures on gelatine plates, and caused death in mice and guinea-pigs which were inoculated with them.

THE TREATMENT OF OVARIAN CYSTS BY FARADISM.

NOEGGERATH (*Ibid.*) reports six cases which were treated in this way from six to eight weeks, the tumor diminishing visibly in every instance and even disappearing entirely after a longer interval had elapsed. Proliferous multilocular cysts of moderate size are best suited for this treatment. The negative pole of the secondary current is introduced into the vagina (a sponge electrode being used), while the positive pole is attached to a large sponge electrode, which is placed on the abdomen. A current is used which is barely felt by the patient. Three *séances*, of half an hour each, are held weekly.

VUILLET'S METHOD OF DILATING THE UTERUS.

VUILLET (*Ibid.*) claims the following advantages for his method: Dilatation may be carried so far that the interior of the uterus may be inspected, and it may be maintained as long as desired. Perfect drainage is secured, the endometrium is rendered directly accessible to local treatment, and morbid growths are more readily removed through the dilated cervix, while intra-uterine hæmorrhage is most effectively treated by tamponing the cavity after previous dilatation.

EXTIRPATION OF THE BLADDER IN THE FEMALE.

PAWLIK (*Ibid.*) reports the following interesting case: The patient applied to his clinic on account of persistent hæmaturia. By catheterizing both ureters hæmorrhage from the kidney was excluded. Digital exploration of the bladder revealed the presence of a polypus the size of an almond, which