

The main point of difference in the technique consists in the closure or non-closure of the peritoneal wound. Martin drains, then closes the wound subsequently, suturing the stumps of the broad ligaments so that they project into the vagina. Fritsch resects a portion of the vaginal fornix and closes the wound, including in it the stumps of the broad ligament.

In conclusion, the writer regards total extirpation of the prolapsed uterus as indicated whenever it is the seat of gangrene, fibro-myoma, or cancer; also in those exceedingly rare cases in which the displaced organ is irreducible. In other cases there is room for considerable difference of opinion as to its justifiability. In women who have not yet reached the climacteric ventro-fixation followed by kolpo-perineorrhaphy is preferable. In old women, on the contrary, in whom there is extensive ulceration of the cervix, total extirpation should be performed, provided that careful examination of the patients has shown that there is no existing visceral lesion (especially renal), such as would be a contra-indication to the radical operation.

PROTOZOA IN CHRONIC GLANDULAR ENDOMETRITIS.

DORIA (*Archiv für Gynäkologie*, Bd. xlvii., Heft. 1) describes a protozoön which he found constantly within the lumina of glands and in the lymph spaces of the interstitial connective tissue. He infers that the proliferation of epithelial elements is probably due to their presence. Considering the fact that glandular endometritis is closely allied to diffuse adenoma of the endometrium, and also that carcinoma is commonly preceded by endometritis, the similarity between the etiological factors, benignant and malignant conditions, becomes evident. Whether the coccidial origin of glandular endometritis is proved or not, Martin's practical observation remains in force, that the presence of this condition predisposes to malignant degeneration of the endometrium, and consequently that it should be treated rigorously by early and thorough curettage followed by cauterization. If the diseased mucosa is entirely removed, the parasites which inhabit it are usually destroyed or their irritating action is retarded. A return of the condition might be ascribed to their persistence either in the deeper tissues or in the remains of the mucosa. Since experimentally solutions of quinine seem to have a specific action upon the amœbæ, the writer suggests that intrauterine injections of the same may be profitably employed after curettage.

HEMORRHAGIC INFARCTIONS OF THE UTERUS.

POPOFF (*Ibid.*) arrives at the following conclusion as the result of a series of experiments: If both uterine arteries, both the visceral branches of the internal iliaes, and finally the abdominal aorta with the spermatic arteries be tied, there occurs a disturbance of the uterine circulation in dogs, which, however, does not lead to the formation of infarcts. The arteries and veins of the organ are dilated, and extravasation and œdema of the endometrium occur, the extent and intensity of the pathological changes varying with the number of arteries which have been ligated. The tendency to the establishment of the collateral circulation after the ligation of arteries exists to a high degree in the case of the pelvic organs.