

sion and drainage, coitus during menstruation, the puerperium, infectious diseases (typhoid and malaria), gonorrhœa, salpingitis, and peritoneal tuberculosis are all etiological factors. The spontaneous suppuration of dermoids is due to the setting free of a pyogenic irritating substance from the cyst-contents.

#### IRRITABLE BLADDER IN WOMEN.

DACHEUX (*Thèse de Paris*; abstract in *Centralblatt für Gynäkologie*, 1895, No. 40) affirms that the condition which has previously been regarded as a purely functional derangement is really, as Zuckerkandl states, due to a localized hyperæmia of the mucosa, which can be demonstrated by the endoscope. Hyperæmic patches are seen at the *bas fond*, less often at the beginning of the urethra, which bear a close relation to concomitant congestion of the uterus and adnexa, and often disappear when the latter is relieved. In obstinate cases cystotomy is advised.

#### HEMORRHAGE AFTER VAGINAL HYSTERECTOMY.

PICHEVIN (*Gaz. méd. de Paris*, 1895, No. 11) calls attention to the danger of hemorrhage in clamp-operations. The clamp may cut through the included tissues, or the latter may slip from their grasp. This slipping is especially apt to occur when the upper portion of the broad ligament is twisted, as it must be, when it is clamped from above downward and the stump is subsequently drawn into the vagina. Cases of hemorrhage on removal of the clamps, forty-eight hours after operation, have been reported, some of which have terminated fatally. Some surgeons have been able to check the bleeding with tampons, but others have been obliged to resort to cœliotomy. The writer recommends compression of the aorta. He would use clamps only in cases of hysterectomy for pelvic suppuration, in which it is impossible to draw down the uterus.

[The inference from the writer's unfortunate experience with clamps is that he must have used imperfect instruments.—H. C. C.]

#### ABDOMINAL HYSTERECTOMY FOR FIBROIDS.

A. MARTIN (*Berliner klin. Wochenschrift*, 1895, No. 29) reviews the history of total abdominal extirpation of the fibroid uterus, giving due credit to the pioneer work of American surgeons, and describes his own *technique*, which is briefly as follows: The vagina is thoroughly cleansed twenty-four hours before operation, and is tamponed with sublimated gauze. Immediately beforehand it is scrubbed with soap and water, alcohol, and sublimate solution. The Trendelenburg posture is not used, although the writer has no decided objection to it. After opening the abdomen the growth is lifted out *in toto*, traction being assisted by pressure exerted *per vaginam* if necessary. In some cases it may only be possible after removing some of the smaller tumors. The broad ligaments are ligated in the usual manner with juniper-catgut; one side being completely secured before the opposite ligament is ligated. A Richelôt's clamp is applied to the stumps outside of the ligatures. The uterus is then detached as low as the vaginal attachment, and the vagina

is opened posteriorly, preferably by boring into it with the end of a dressing-forceps; the edges of the vaginal wall and the peritoneum of Douglas's Pouch are then united by interrupted sutures. The bases of the broad ligaments are sutured to the lateral walls of the vagina in the same manner, the cervix meanwhile being drawn upward with a volsella. Finally, the bladder is dissected off from below, the sutures, which have been previously passed through the anterior wall of the vagina and vesico-uterine fold, are tied, and the uterus is removed. The ligatures, which are left long, are drawn down into the vagina and the peritoneal flaps are united. Drainage is not employed. The abdominal wound is then closed. The operation is often completed by the writer in thirty minutes or less, and the patients' convalescence is uneventful, so that they are usually discharged at the end of two weeks.

In 204 cases of hysterectomy the ureter was tied twice with a fatal result, but the bladder was injured in only two instances, due, the writer thinks, to the fact that he separates it from below upward before opening the anterior vaginal fornix, the procedure being materially assisted by maintaining upward traction on the uterus. Hemorrhage is entirely avoided by ligating all the vessels before they are divided.

In 43 cases, up to 1893, in which the peritoneum was not closed, the mortality was 30.3 per cent.; in 54, in which it was closed, 9.5 per cent. In 81 cases since that time, in which the above-described technique was adopted, the mortality was 7.4 per cent.

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#### EFFECT OF INFLUENZA ON THE FEMALE SEXUAL ORGANS.

MÜLLER (*Münchener med. Wochenschrift*, 1895, No. 41) noted the condition of the pelvic organs in 157 cases of influenza, 21 women being pregnant. Of the latter 17 aborted. Of the non-gravid women all but three showed symptoms of uterine disturbance, either hemorrhage or aggravation of previous troubles. Hemorrhagic endometritis commonly developed, as in cholera, typhus, and other infectious diseases. After the decline of the disease the uterus was frequently found to be enlarged and evidences of chronic endometritis were present, which seemed to be directly due to the influenza.

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#### EARLY RECOGNITION OF CANCER OF THE UTERUS.

KESSLER (*St. Petersburger med. Wochenschrift*, 1895, No. 37) calls attention to the fact that while cancer of the uterus if attacked in the early stage can be cured by a radical operation, the mortality of which is only 5 per cent., as a matter of fact, not over 15 per cent. of those thus treated survive, because the patients apply too late to be cured. Statistics show that in the majority of the cases well-marked symptoms have been present for a year or more before the disease was recognized, and that in 50 per cent. of these the family physician failed to make a vaginal examination, which should never be omitted in the case of any woman forty-five years of age, or upward, with atypical hemorrhages. The importance of recognizing cancer in the incipient stage cannot be too strongly impressed upon the laity.