

the ovaries undergo atrophy, the view being disproved by numerous observations both at the examining-table and during secondary celiotomies. Existing disease of the adnexa may subsequently be cured, may remain stationary, or may progress, the first being the rule. On the other hand, pathological changes may take place in adnexa which were normal at the time of the operation, necessitating further interference. Cystic degeneration is most common, the writer having observed four cases of ovarian and parovarian cysts, and hydrosalpinx. Seven others are mentioned by different authors.

**Massage in the Treatment of Post-operative Ileus.**—HABERLIN (*Centralblatt für Gynäkologie*, 1898, No. 42) reports cases of intestinal obstruction after celiotomy treated successfully by massage after the usual means had failed. He recommends abdominal massage, with change of the patient's position, soon after operation, in order to encourage peristalsis and to prevent intestinal adhesions. In case such adhesions occur, with evidences of obstruction, he believes that massage should always be tried in preference to reopening the wound. The fear of causing hemorrhage is unfounded, and there is no risk in tearing recent adhesions of injuring the gut. The only exception is in the case of adhesions which serve to wall off purulent foci. The pain attending the manipulations is not severe; even if increased it does not serve as a contraindication.

A loop of intestine adherent in Douglas's pouch or to a stump can be freed in this way; laxatives and enemata are to be employed at the same time, except in cases in which too active peristalsis is undesirable (as in incarcerated hernia). If a secondary celiotomy becomes necessary the patient's chances of recovery are not jeopardized by the massage.

**Tubal Menstruation.**—THOMSON (*Centralblatt für Gynäkologie*, 1898, No. 45) reports two cases which serve to throw some light upon this disputed question, others having been published by Hofmeier, Terrillon, and Landsberry. In the first a fistula communicating with the tube discharged blood at every menstrual period, the hemorrhage beginning and ceasing with the commencement and cessation of the uterine flow. In the second case an abdominal fistula followed an operation for early tubal pregnancy. Eight months later the patient observed bleeding from the fistulous opening coincident with menstruation. This phenomenon was repeated several times until a silk ligature was discharged, when the fistula closed.

These clinical facts seem to confirm the observations of Martin and Leopold that during menstruation the mucous membrane of the tubes undergoes a change similar to that of the endometrium, though in a less degree. The same relative change in the tubes is noted during pregnancy and the puerperium.

**Abdominal Hysterectomy with Clamps.**—WOLFRAM (*Centralblatt für Gynäkologie*, 1898, No. 45) reports a desperate case of supravaginal amputation for the removal of a fibroid weighing thirty-five pounds, in which the patient was so weak and anæmic that it was necessary to operate as rapidly as possible. No ligatures were used, seven large and ten small clamps being attached to the broad ligaments, stump, and bleeding vessels. In closing

the abdominal wound the posterior peritoneal flap was brought up and sutured above the handles of the clamps, so as to shut off the stump from the general cavity. Iodoform gauze was then packed around the stump and forceps. The patient was under light anaesthesia only a little more than half an hour, and made a good recovery, the clamps being removed on the eighth (!) day, while the gauze was not entirely removed until eight days later. The course of the case was similar to that of one in which the stump had been treated by the extraperitoneal method, except that the usual necrosis of the tissues did not occur, since the stump itself was not strangulated. The patient left her bed at the end of three weeks.

**Accessory Kidneys in the Broad Ligaments.**—ROSSA (*Archiv für Gynäkologie*, Band lvi. Heft 2) describes two cases in which he discovered accessory renal tissue beneath the free border of the broad ligament in new-born infants. Further investigation led to the discovery of similar inclusions in adult subjects.

Microscopically these nodules appeared as groups of round or polygonal cells with large nuclei, without any interstitial tissue. In the centres of these non-vascular bodies were secondary cavities. The cell-groups had no capsule, and were in close relation to the endothelium of the peritoneum. They showed no evidences of any inflammatory process, and were doubtless the source of certain broad ligament cysts.

**Sensibility of the Female Genitals from a Medico-legal Stand-point**—CALMANN (*Archiv für Gynäkologie*, Band lv. Heft 2) cites a case in which the plaintiff accused a midwife of producing an abortion by inserting an instrument into her uterus. The defendant asserted that she had merely catheterized the bladder and afterward tamponed the vagina. It was decided that it was impossible for the plaintiff to tell simply from the subjective symptoms whether the catheter had entered the uterus or the bladder.

Calmann conducted a series of experiments upon eighteen women for the purpose of testing this point. It was found that the majority could not distinguish by their sensations alone whether the urethra or some part of the vagina was touched with an instrument, nor could they form any opinion as to their size or shape. Except when the bladder was full they were unable to tell when the uriae was being drawn. They could not distinguish when a sound entered the cervical canal, especially in the case of pregnant women. Disinfectants, such as carbolic acid and bichloride of mercury, rendered the vaginal mucous membrane less sensitive.

**Placental Polypi in the Fallopian Tubes.**—FRÄNKEL (*Archiv für Gynäkologie*, Band lv. Heft 3) reports two cases of persistent metrorrhagia following tubal abortion. The affected tubes were removed, and in the middle third of each was found a typical placental polypus, identical in structure with those seen in the uterus under similar conditions. At the base of the polypus the wall of the tube was thin, the muscular fibres being absent. In one ovary was a corpus luteum cyst with a lining of flattened epithelium. Fränkel believes that these polypi are often present after rupture of a gravid tube, or tubal abortion, and, as in the case of similar growths in the