

may be cast off from the uterine cavity at any time during the extra-uterine pregnancy and that it does not necessarily point to the death of the foetus, though it is often significant of hemorrhage into the tube or tubal abortion.

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**Adenoma of the Fallopian Tube.**—NADORY (*Zentralblatt für Gynäkologie*, 1904, No. 23) reports the following cases:

Case I. A II-para, aged twenty-eight years, had suffered for three weeks with abdominal pains and a bloody discharge. A diagnosis of incomplete abortion with enlargement of the left tube was made, and the uterus was curetted. As the tube did not diminish in size under treatment and the patient continued to suffer great pain, laparotomy was performed. A pus-tube was removed, which was thought to be tuberculous, but on microscopic examination it proved to be a typical adenoma.

Case II. The patient, aged twenty-nine years, had been sterile for eight years, and was sent to the clinic as a case of probable ruptured ectopic gestation. On opening the abdomen general adhesions were found, the affected tube was removed, and showed at its isthmus a myoadenoma, such as was originally described by Recklinghausen, the mucosa being intact. The writer regards this obstruction of the lumen as the cause of the tubal pregnancy.

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**Extirpation of the Spleen.**—CASATI (*Zentralblatt für Gynäkologie*, 1904, No. 23) reports five cases, in three of which the spleen was enlarged from malaria, once from cancer, while there was one case of idiopathic enlargement. The patients all recovered, those with the malarial spleens being cured. The writer does not advise splenectomy for this cause unless the tumor has reached a very large size. He makes a medium incision and uses a Mikulicz drain if extensive adhesions have been separated.

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**Metrorrhagia in Syphilis.**—OZENNE (*Soc. médico-chirurg. de Paris; La gynécologie*, June, 1904) calls attention to the fact that this symptom is generally observed during the tertiary stage, but that it may appear during the secondary, and may be of diagnostic value in the absence of local evidences of infection. He reports two cases which yielded to mercurial treatment after all local measures had failed.

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**Drainage after Laparotomy.**—SCHWEIZER (Inaugural Dis.; abstract in *Zentralblatt für Gynäkologie*, 1904, No. 23), from an analysis of a series of cases at the Zurich clinic in which drainage was employed by means of gauze wrung out in sterile water, or a solution of salicylic acid, and brought through the lower angle of the wound, arrives at these conclusions: In cases in which there is doubt as to the sterility of the pus in a case of tubal or ovarian abscess, and when a perforation of the intestine has been sutured, the gauze drain or tampon should always be used, since in this way many fatal results can be averted.

[We have cited his paper in order to emphasize the expression "or tampon," since the writer, by stating the fact that gauze acts as a tampon, as well as a drain, involuntarily admits the weak point in his argument. He evidently has not followed the trend of modern surgical technique, which is that so-called gauze-drain (especially when it is