

## GYNECOLOGY.

UNDER THE CHARGE OF

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**Vaginal Ovariectomy during Pregnancy.**—MAINZER (*Zentralblatt f. Gynäkologie*, No. 48, 1904) reports the following cases:

Case I. The patient, aged twenty-five years, who was in the fourth month of pregnancy, had an ovarian dermoid the size of the fist. The patient had a normal convalescence, sitting up on the tenth day. The pregnancy was not interrupted.

Case II. A dermoid, the same size as in the former case, was removed per vaginam from a patient two months pregnant. She aborted on the twelfth day after operation, which was attributed to the presence of a large tampon that had been inserted for drainage.

**Influence of Castration on Metabolism.**—ZUNTZ (*Zentralblatt f. Gynäkologie*, 1904, No. 48), from experiments in 4 cases of oöphorectomy, found that removal of the ovaries caused little or no change in metabolism, nor was any marked increase noted after the administration of oöphorin. This result is the reverse of that observed by Lowry and Richter in their experiments upon dogs, although the same quantities of the drug were administered. The writer infers that there may be a difference in the tablets, whether prepared from the corpus luteum or from the stroma. It is possible also that the age of the ovaries makes some difference in the effect of the preparation.

**Migration of the Ovum.**—BURCKHARD (*Zeitschrift f. Geb. u. Gyn.*, Band lii., Heft 3) denies the possibility of internal migration because of the size of the impregnated ovum and the direction of the ciliary motion. He is also skeptical with regard to the occurrence of external migration on account of the wide separation of the distal ends of the tubes, and the tendency of the peristaltic movements of the intestines to carry the ovum in a different direction. However, in case both tubes are prolapsed into Douglas' pouch their fimbriated ends may lie so close together that external migration is possible.

**Closure of the Tubes.**—OPITZ (*Zeitschrift f. Geb. u. Gyn.*, Band lii., Heft 3) calls attention to the fact that there is a layer of loose connective tissue beneath the peritoneal covering of the tube, the peritoneum being closely attached behind the fimbriae so as to form a ring at this point. When the tube becomes swollen from inflammation the fimbriae are drawn into the distal opening, which is subsequently closed. The more the tube enlarges the more the fimbriae are drawn inward until their peritoneal coats adhere, after which fluid accumulates in the tube.