

coma of the kidney. At the operation a large kidney-shaped dermoid cyst of the left ovary was found.

The reporter concludes that in a case of large abdominal tumor in a young child the possibility of ovarian dermoid should be borne in mind. The diagnosis will be aided by examination under anæsthesia or an X-ray picture. An explorative incision is indicated.

Origin of Dermoid Cysts of the Ovary.—BANDLER (*Archiv für Gynäkologie*, Band lxi., Heft 3) concludes an elaborate paper by affirming that he has no doubt that ovarian dermoids originate from the Wolffian body and duct, as do some other cysts of the ovary and broad ligament. All the glandular structures spring from the included ectoderm. No real trace of an organ is ever found, and what has been described as gliomatous tissue, if it is really such, is only a product of the ectoderm.

Tenotomy of the Sphincter Ani in Perineorrhaphy.—FRITSCH (*Centralblatt für Gynäkologie*, 1901, No. 2) formerly used a piece of rubber tubing to allow the escape of gas after operations for complete laceration, as well as to overcome spasmodic contraction of the muscle during the healing process. He now adopts Simon's suggestion, to divide the sphincter posteriorly, but does this after instead of before the operation. The tip of the left index finger is inserted into the anus, and if the opening is found to be too narrow subcutaneous incision of the muscle is practised with a curved tenotome, the finger acting as a guide to protect the bowel. It is better to make two incisions, one on either side of the median line posteriorly, about half an inch apart. Then a piece of rubber tubing wrapped in iodoform gauze is introduced to the depth of two inches. The pain usually accompanying the subcutaneous incision is slight, and the sphincter regains its function perfectly.

The writer adds that catgut is not the best material for buried suture of the sphincter and levator ani muscles. He prefers fine linen thread, as suggested by Pagenstecher.

Paraffin Injections in Incontinence of Urine.—GERSUNY (*Centralblatt für Gynäkologie*, 1900, No. 48) reports a case of incontinence complicating gonorrhœal vaginitis, in which under cocaine anæsthesia he injected paraffin ointment beneath the everted mucous membrane at the neck of the bladder. Similar injections were made about the meatus. A firm ring was formed around the vesical orifice which completely closed it, as was shown by injecting water. Two hours later a catheter was passed, and it was necessary to empty the bladder in this way for twenty-four hours, no dribbling having occurred in the meantime. As the incontinence returned the paraffin injections were repeated a week later, which resulted in severe tenesmus during the next two or three days, but five days after the second operation the patient was able to retain her urine for an hour and a half. When examined three weeks later the ring of paraffin around the neck of the bladder was unchanged.

Three months after the last injection the patient reported that she could retain her urine from four to six hours, and had no dribbling on exertion. The cure was permanent.