he aggravated hy simply passing a sound into the uterus; in fact, sometimes there eeems to he a definite limited area of the endometrium, irritatinn nf which gives rise to reflex pruritus. When pruritus and purulent endnmetritis coexist, the causal relation hetween the two is sufficiently clear, hut it can he demonstrated even when the latter condition is absent. In every obscure case the presence of endnmetritis should he sought for. According to the writer's nbservatinn the majority of patients with obstinate pruritus do nnt masturhate, and *vice versa*.

The Extra-median Incision in Cœliotomy.

Flatau (*ibid.*) makes his primary incision through the muscle instead of in the median line, and has had no ventral hernia in an experience extending over two years nnd a half. He cuts through the skin ahout half an inch to the left of the linea alha and separates the muscular fihres, mainly hy hlunt dissection, compressing hleeding vessels temporrily, so that the wound is dry when the peritoneum is incised. He disapproves of Ahel's plan of cleansing the wound with nn nntiseptic solution. Silkworm-gut sutures nre passed through all the layers of the nhdominnl wall, including as little as possihle of the skin and more of the muscle and peritoneum.

Ligation of the Uterine Arteries in Fibro-myoma.

Rydygier (*Centralblatt für Gynäkologie*, 1894, No. 13) thinks that it ie not enfficient to tie the uterine arteries nlone in order to nrrest the growth of uterine fihroids and to check hemorrhage; the ovarian nrteries ehould nlso be lignted, on account of their free communication with the uterine. The latter may be secored per vnginam, and the former after opening the nhdomen, in cases in which there nre numerous ndhesions, although in genernl it is hetter to tie hoth from nhove. The cases in which ligation is indicnted nre those of interstitial tumors of moderate size, and in which the patient has hecome eo exhausted by repented hemorrhnges thnt she could not endure a radical operation.

The Operative Treatment of Fibro-myoma.

Lauro (*Riforma Med.*, 1893, No. 9) repnrts three successful cases nf supravaginal amputation, in which the stump was secured with a ruhher cord and was dropped hack. In each instance the elastic ligature came nway thrnugh the cervical cannl at the end of several weeks.

Zweifel (*Centralblatt für Gynäkologie*, 1894, No. 14) describes at length his methnd of treating the stump in hystero-mynmectomy, which he helieves is superior to all that hnve heen devised. After ligating and dividing the upper portions of the hroad ligament, the usual peritoneal flaps are dissected from the uterus. The cervix is then ligated in sectinns, and the mass is excised without much loss of hlond. Finally, the stump is covered with peritoneum hy suturing the anterior and posterior flaps. The cervical canal receives nn specinl treatment, with the view of destroying septic germs, except in the case of sloughing tumors. Occasionally, if hemorrhage is feared, a temporary elastic ligature is applied, which is removed after the

stump has been ligated. The writer's mortality in 92 cases thus treated was only 3.2 per cent. The comparative mortality by different methods in the hands of various operators he estimates as follows: The method adopted by Schroeder, Martin, Leopold, and others, 25.6 per cent.; the use of the elastic ligature, as practised by Olshausen, Fritsch et al., 24 per cent.; ligation and extra-peritoneal treatment of the stump, 5.2 per cent.

THROMBOSIS FOLLOWING CŒLIOTOMY IN TRENDELENBURG'S POSTURE.

V. STRAUCH (*ibid.*) reports three cases of thrombosis of the veins of the lower extremities (always the left) in nineteen cœliotomies performed with the patient in Trendelenburg's posture, ether being the anæsthetic employed. He attributes this complication to "the specific effect of the ether plus the elevated position," and is resolved in the future to keep the legs of the patient extended.

[The writer's deductions are based on such imperfect data that they are comparatively valueless. Considering the thousands of abdominal sections which have now been performed in this way without similar results, it is only fair to infer that the cause of the thrombosis should have been sought for within the pelvis, and should not have been attributed either to Trendelenburg's posture or to the anæsthetic.—ED.]

THE TREATMENT OF FIBRO-MYOMA WITH CHLORIDE OF ZINC.

CONDAMIN (*Lyon Méd.*, May 28, 1893) has adopted successfully the following course of treatment in the case of fibroids which give rise to no symptoms except leucorrhœa and moderate hemorrhage: Pencils of chloride of zinc (50 to 33 per cent.) are introduced into the uterine cavity after previous dilatation and irrigation. The cervix is then tamponed with gauze, and the patient lies on her stomach for three or four hours afterward, being kept in bed for eight or ten days. The sloughs separate on the tenth or twelfth day. The patient has considerable pain and a temporary elevation of temperature. The writer reports twenty cases in which the most satisfactory results followed the treatment.

THE ASSOCIATION OF CARCINOMA AND FIBRO-MYOMA.

GEBER (*Centralblatt für Gynäkologie*, 1894, No. 14) analyzes forty-six cases collected from the literature, which he divides into three classes, viz.: Those in which there is primary cancerous degeneration of the myoma; those in which the two exist simultaneously in the corpus uteri; and cases in which myoma of the body is complicated with cancer of the cervix or portio. Ten cases are described as belonging to the first class, but only four are to be regarded as authentic; while there are twenty-three of the second, and twelve of the third.

The writer does not believe that the presence of the myoma bears any direct causal relation to the development of the carcinoma. The diagnosis of myoma of the body complicated with carcinoma of the cervix is easy; in the case of a pre-existing myoma which gives rise to aggravated symptoms at the time of the climacteric, such as pain, hemorrhage, foul discharge, and