

Progress of Gynaecology.

RESULTS OF VAGINAL HYSTERECTOMY IN CASES OF UTERINE CANCER.

Terrier and Hartmann (*Rev. de Chir.*, April, 1892) publish a series of 18 cases of vaginal hysterectomy performed for the removal of cancer of the uterus, and also give the results of recent inquiries concerning 18 other cases of a like kind, which were tabulated and published in 1888. In each series the immediate mortality from the operation was 23.5 per cent. In the second and later series death was due in one case to shock, and in two cases to peritonitis. In one case the patient died on the fourteenth day in consequence of phlebitis of the main venous trunk of the lower limb. Of the patients referred to in the first series of cases who recovered from the direct effects of hysterectomy, two were living and in good health after long intervals—one after six years and four months, the other after five years and four months from the date of operation. In eight cases included in the earlier list recurrence occurred after intervals varying from six weeks to two years. In five of the second series of cases the patients when last seen were living after intervals varying from three years and five months to eight months. Of these five patients, however, two presented indications of return of the disease in the vaginal cicatrix. The authors point out that vaginal hysterectomy is a serious measure, as these tables show a death-rate from the operation itself of about 23 per cent. The results of this treatment are, it is held, not more serious when it is performed as a palliative step than when it has for its object complete removal of the diseased structures. It is indicated, therefore, whenever the cancerous uterus is mobile, although the vaginal *cul-de-sac* may be involved in the disease. Recurrence, which has been noted in about 70 per cent. of the cases, although usually speedy, may in some cases be postponed for a long interval (from seventeen months to two years, or even longer). These tables show that 30 per cent. of the patients who had undergone vaginal hysterectomy are apparently cured by this operation, even in cases in which the malignant nature of the disease has been proved by both clinical and histological observation.—*Brit. Med. Journal*.

CATHETERISM OF THE FALLOPIAN TUBE.

Boursier (*Archives Clin. de Bordeaux*, May, 1892) succeeded in catheterizing the left tube in a case where the patient, a 2-para, aged 31, was under treatment for endometritis. She

had been delivered, normally, about four months previously, and Boursier had applied sulphate of copper points to the uterine cavity. In the act of passing the sound he found that without the least force, violence, or pain its point slipped upwards and to the left for over four and a-half inches. Six days later it could be passed five and two-fifths inches, in the same direction. When the sound was carefully directed upwards, the uterus being steadily so that the fundus was touched in the middle line, the uterine cavity was found to measure a little over two and a-half inches. The sound could not be passed into the right tube. About a month later, when the sound was passed to the left, as before, its point was felt under the abdominal wall three inches to the left and below the umbilicus. The least attempt to move the point of the sound to the middle line caused severe pain, and the instrument was evidently held by some resisting structure. The patient was thin, and hence the appendages could plainly be distinguished in place before the sound was introduced. After its introduction in the manner just described the left appendages could no more be detected in the pelvis, though the right were clearly in their natural position. In fact the left appendages were drawn upwards by the sound. When the patient was last seen, within three months and a-half after the first introduction of the sound into the left tube, it was found that that manœuvre was no longer possible.—*Brit. Med. Journal*.

"SHOW" OR VAGINAL HEMORRHAGE IN NEWBORN CHILDREN.

Eross, of Buda-Pesth (*Centralbl. f. Gynak.*, No. 24, 1892) observed, within two years, 6 cases of hæmorrhage from the genitals in newborn female children. In 2 cases the "show" began on the third, and in 4 on the fourth day. In two cases it lasted two days; in 3, four days; and in 1, five days. One case died. The infant was premature, and sank, it seemed, from pure debility. The endometrium was dark colored and loosened from its connections. On its surface were two hæmorrhagic foci, of the size of lentils. The serous coat was very vascular at the fundus. The cervical mucosa was pale, the vaginal mucous membrane swollen and deeply injected. Clots, mixed with mucus, lay in the vagina and uterine cavity. Eross attributed the hæmorrhage to acute catarrh of the mucous membrane of the genital tract. All the five children were born well developed, and there was in no case any history of septicæmia, syphilis, hæmophilia, or Winckel's disease. As the five survivors were discharged on the eighth day, there was no opportunity of judging if the "show" represented menstruation.—*Brit. Med. Journal*.