

for hæmorrhagic metritis, with a successful result in all cases. Some of our readers will probably be surprised to find that German surgeons are obliged to resort to such a radical and mutilating operation for a disease that a little time and a little patience will almost invariably carry the patient safely through. But Professor Fritsch has long been known as an enterprising operator. Gynæcologists generally will be more likely to agree with him when he says that all ovarian tumours should be removed as soon as discovered, for the reasons that they are peculiarly liable to malignant degeneration and exposed to dangerous accidents. Malignant ovarian tumours should always be removed when practicable. He has succeeded in actually curing cases of solid carcinoma and sarcoma of the ovary. He would go even farther than this, however; in cases where the disease cannot be wholly removed he recommends the removal of as much of the tumour as possible, and this on the ground of his own experience. The patients are very much benefited by such partial operations, for not only does the ascites disappear, but the disease is more or less impeded in its progress. Peritonitis is not for Professor Fritsch a contra-indication for operation in ovarian tumour, but rather the contrary.

The indications for myomotomy are size of the tumour and hæmorrhage that render patients permanent invalids. In the case of suppurating myomata that cannot pass *per via naturales* he recommends abdominal hysterectomy. He has now abandoned the external pedicle treatment, but by preparatory ligaturing the pedicles diminished in size and left in the abdominal cavity. He enucleates only in the case of small tumours lying immediately beneath the surface, and removes the ovaries only in cases where the hæmorrhage has been such as to render a more radical operation advisable. As his familiarity with hysterectomy increases, he performs castration with proportionate diminishing frequency.

In the chapter on rupture of the uterus, Professor Fritsch, contrary to what might have been expected, does not advocate active measures, but, on the contrary, warns his readers against them—against even drainage. The patient must be kept per-