

any bleeding surfaces. The patient is then put to bed and made to remain there anywhere from three to five days, according to the manner in which the case progresses.

*Hydrosalpinx and Pyosalpinx.*—DR. LANDAU (*Nouv. Arch. d'Obstétrique et de Gynécologie*, 1890) read in the Section of Obstetrics and Gynæcology, at the Berlin meeting of the International Medical Congress, an excellent paper on the treatment of fluid collections in the tubes. He considers that the diagnosis of a tubal sac is not necessarily an indication for its extirpation. Since such an operation involves many dangers, even after recovery from its immediate effects, the precise indications which justify it must be accurately determined. Dr. Landau first discusses hydrosalpinx. That disease may undergo spontaneous cure; cases of intermittent hydrosalpingitis indicate how cure can take place. The methods of effecting cure without mutilation are "orthopædic" and surgical. The "orthopædic" methods are rectification of a displaced uterus, massage, catheterisation of the Fallopian tube, and dilatation of the uterus. Rectification of a retroversion or other displacement favours the escape of the contents of the dilated tube, as an intermittent hydrosalpingitis. Massage, properly performed, has the same favorable effect. This practice also causes breaking down of adhesions of the tube, whether with other parts of itself or with the uterous and other adjacent structures. The tube is thus set free, and contractions of its muscular coat excited. Dr. Landau rejects catheterisation of the tubes. An elastic sound cannot be introduced in the uterine orifice of the tube; a rigid instrument is dangerous. Dilatation of the uterus is difficult and very uncertain. The process involves manipulation which may rupture a suppurating tube, or cause a simple hydrosalpinx to suppurate. The surgical proceedings, short of salpingotomy or castration, are puncture by the vagina or incision. When puncture of the dilated tube through the vagina is practised strict antiseptic precaution are called for. By pressure on the abdominal walls the tumour is pushed well downwards. A special trocar, guided by the finger, is pushed into the dilated tube without the aid of the speculum, and without any fixing of the uterus