

retightening the first. 4. The division of the pedicle is a most important detail, to the neglect of which many cases of slipping are due. The writer emphasizes the fact that it makes little difference how much tissue is left on the distal side of the ligature; a short-cut pedicle, and especially one that is divided straight across, is always dangerous. If it is thin and broad, it should be divided as in making the flaps in an amputation.

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#### MEMBRANOUS DYSMENORRHEA.

DUKE (*Medical Press and Circular*, July 10, 1895) has met with satisfactory results with the following treatment: The os externum is scarified at intervals of three or four days between the periods; just before the flow is expected the cervix is dilated, the interior of the uterus is thoroughly curetted, and a spiral wire stem is introduced, which is worn continuously during at least three subsequent periods, the patient being directed to take hot vaginal douches even when menstruating. No harm has resulted from the use of the stem, and the patient is able to attend to her ordinary duties.

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#### NORMAL AND PATHOLOGICAL POSITIONS OF THE UTERUS.

MACKENRODT (*Archiv für Gynäkologie*, Band xlviii. Heft 3) summarizes a paper on this subject as follows: Contrary to the usual statement the pelvic fascia is not perforated by the vaginal canal, but surrounds and sends off to the cervix and vagina firm bands, those attached to the latter forming with it the strongest point of resistance to the abdominal pressure. The cervix uteri is so attached by the pelvic fascia as to occupy the position of slight ante flexion seen in the embryo. This normal flexion takes place in the cervix, the corpus uteri being inclined forward, while its axis remains perfectly straight. The uterus is kept in a position of anteversion by its ligaments, but remains passive, in the direction of the upper portion of the cervix. Its own weight and the intra-abdominal pressure also assist the organ in maintaining its normal position. The perineum offers only a slight resistance to the intra-abdominal pressure. The real support of the uterus in its normal position is afforded by the attachment of the pelvic fascia to the cervix. Hence the deduction that the true cause of posterior displacements of the organ is to be sought for in relaxation of this fascia. In prolapsus the same condition is present plus atrophy of the muscles forming the pelvic floor, which may be due as much to general as to local causes.

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#### PAPILLARY GROWTHS OF THE OVARY.

PFANNENSTIEL (*Ibid.*) concludes an elaborate paper on this subject with these practical deductions: The clinical history and prognosis of these neoplasms vary greatly. While papillary parovarian cysts and hydrops folliculi are quite innocent, ovarian sarcoma and carcinoma of the papillary variety are extremely malignant. Between these extremes stands papillary adenoma, the prognosis of which is favorable, provided that the entire tumor is removed and there are no metastases on the peritoneum. Even when portions of the tumor are left behind, the progress of the case to a

fatal termination is slow. On the other hand, a considerable proportion of these papillary cysts are primarily carcinomatous. Malignant degeneration of a true adeno-papilloma is by no means so common as has been stated. Removal of the tumor without delay is the only proper course to be pursued, since we cannot certainly tell beforehand whether it is malignant or not; even in the case of a growth which is histologically benign the development of secondary masses in the peritoneum must render the prognosis less favorable. Contact of the fluid with the peritoneum during the operation should be avoided, and explorative puncture is especially reprehensible. The opposite ovary should be removed in every case of this nature, even when it is microscopically normal, since there is great probability that if left it will also become the seat of a papillary growth. The urgent wish of the patient expressed before operation should alone induce the surgeon to vary from this rule.

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#### THE OVARIES IN OSTEOMALACIA.

ROSSIER (*Ibid.*) made careful examinations of the ovaries in three cases in which castration was performed for the cure of osteomalacia. To the naked eye they showed nothing abnormal except general hyperæmia. Microscopically the stroma and follicles presented a normal appearance, but in the cortical substance the vessel-walls were hypertrophied and were the seat of extensive hyalin degeneration. Whether this points to a peculiar condition of the blood or not is mere inference. As regards the etiology of the disease, the writer regards Fehling's explanation as the most plausible, that it is a tropho-neurosis of the bones due to some reflex influence originating in the ovaries.

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#### CHANGES IN THE FEMALE GENITAL ORGANS IN BASEDOW'S DISEASE.

THEILHABER (*Ibid.*) from personal observation in several cases infers that in certain individuals who are predisposed to morbus Basedowii it may result from pathological conditions of the pelvic organs, while, conversely, disturbances of these organs may be directly due to the disease itself. Pregnancy, hemorrhages, and operations, especially castration, may be etiological factors. Atrophy of the uterus and adnexa may result, as shown by the fact that menstruation is always scanty or absent. That more cases have not been reported is doubtless due to the fact that few patients have been carefully examined with the view of determining this point. This atrophy is due to vasomotor influences, and not to anæmia, as is usually stated. In a case of the writer's, atrophy of the uterus preceded the usual signs of the disease. With improvement in the patient's condition the organ may return to its normal condition, as in cases of hyperinvolution during lactation.

As a practical deduction from the foregoing the writer states that young women with Basedow's disease should be advised not to marry, while the married are warned that the course of the disease may be unfavorably affected by pregnancy and the puerperium, and that the children which they bear are likely to be highly neurotic. Atrophy of the genitals demands no treatment, which, in fact, is useless. The prognosis is not hopeless, since

their functions may be restored with an improvement in the disease. Local treatment is only required in the rare cases in which the existing anæmia is increased by profuse uterine hemorrhages, when curettage is indicated. Neoplasms should, of course, be dealt with according to the usual rules.

Castration for the cure of Basedow's disease has been advocated by Bloq, but there are no scientific grounds for its support.

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#### SARCOMA DECIDUO-CELLULARE.

LAUNEN (*Ibid.*) describes a case of this rare neoplasm in which he diagnosed the condition by the examination of tissue removed with the curette, and extirpated the uterus successfully a few days later. Seven months after the operation the patient was perfectly well and had gained twenty pounds in weight. This case was the fifth in which a radical operation had been performed, but only the second in which the patient was still living. The diagnosis was made from the history of a previous pregnancy and abortion, irregular hemorrhages and foul discharge, accompanied with septic symptoms, vomiting, and cachexia. On examining the uterine cavity with the fingers a soft neoplasm could be felt, portions of which were removed and examined microscopically, when the diagnosis was confirmed by finding processes of decidual cells which invaded the muscle-fibres, thus proving the malignancy of the growth as well as its decidual origin. The writer concludes that while one may not succeed in removing a specimen for diagnostic purposes which presents such a typical appearance, the clinical history will at least make it clear that a malignant intrauterine growth exists, and that total extirpation is accordingly indicated.

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### PÆDIATRICALS.

UNDER THE CHARGE OF

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ASSISTED BY

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#### LEAD-PALSY IN CHILDREN.

NEWMARK (*Medical News*, May 11, 1895) reports a case of lead-paralysis in a girl of six years, who had been exposed to the drug by sleeping in a crib which had been painted with a mixture containing white lead; this covering of paint was very slow in drying, requiring many months, and the patient was in the habit of scratching it off with her finger-nails. The blue line on the gums was well marked. There was bilateral wrist-drop; on the

right side all the muscles supplied by the radial nerve were paralyzed, except the triceps and supinator longus; on the left side the triceps, supinator longus, and abductor pollicis longus were preserved. Fibrillary twitchings were absent, but a jerky tremor was observed. The triceps-reflex was present in each arm, sensibility was intact, and the affected muscles gave complete reaction of degeneration.

The patient was able to walk, but she occasionally stumbled, owing to failure to clear the ground completely, for there was bilateral ankle-drop. She could, however, extend the proximal phalanges of the toes quite well, this movement being the only one that could be executed by muscles supplied by the external popliteal nerve. The tibialis anticus was also affected, and all the affected muscles showed the reaction of degeneration.

The case illustrates the fact signalized by Putnam that in children it is the rule for the legs to be "affected as much as the arms, or more, as in paralysis from alcohol and arsenic, the symptoms generally appearing first in them." It is also to be noted in this case that, although the arms and legs were equally affected, functional recovery took place much earlier in the former than in the latter. Chapin, in two cases, and Sinkler, in one of his three (*Medical News*, July 28, 1894), made the same observation; and according to Newmark's study no case has been found where the disorder persisted in the upper extremities after the lower had completely recovered.

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#### HYPERTROPHIC CIRRHOSIS WITH CHRONIC ICTERUS IN THE CHILD.

GILBERT and FOURNIER (*Revue Mensuelle des Maladies de l'Enfance*, July, 1895, p. 309) report seven cases of hypertrophic cirrhosis occurring in children or adolescents, the *début* of which dated back to ages varying from five and one-half years in the youngest to seventeen years in the oldest of the cases described, thus indicating that the disease is not excessively rare in childhood. In general characteristics the clinical picture of the disease in the child differs in no essential from that presented in adult age. There is the hypertrophy of liver and spleen and the deformations which are thus produced, the jaundice with its train of secondary symptoms, the same absence of ascites, and the maintenance, for a long time, of the appetite and general health. There are, however, some special points of distinction to be noted in the author's cases. In three of these the hypertrophy of the spleen greatly exceeded that occurring in the liver, so that while the latter organ was found to extend only one or two fingers' breadth below the false ribs, the spleen filled the entire left flank, reaching the umbilical line and descending well into the pelvis. Such a disproportion between the liver and spleen does not occur in adult cases, and this feature in the cases under discussion is thought to pertain especially to childhood and adolescence.

Another peculiarity in three of the cases was found in certain nutritive changes in the bones of the phalanges of fingers and toes, and in the extremities of other bones—alterations which have not been hitherto described in connection with this disease. In the first case the distal phalanges of the fingers and those of the great toes were enlarged to resemble a drum-stick; the lower extremities of the femurs and both ends of the tibiæ were also enlarged, and the knee-joints were painful and contained a small effusion. In