

former interstitial salpingitis, especially gonorrhœal. Simple and telangiectatic adenomyoma are variously explained by different authors as due to former inflammation or of congenital origin, developing from the Wolffian bodies or Müller's ducts. The writers are inclined to accept Ricker's theory that there is a simultaneous inclusion of both epithelial and muscular elements.

It is difficult to diagnose the condition before opening the abdomen. All nodules in the uterine cornua should be excised. In those cases in which it is necessary to remove both ovaries it is better to extirpate the uterus.

Vascular Supply of the Ureter.—FEITEL (*Zeitschrift für Geb. u. Gyn.*, Band xvi., Heft 2) believes that ureteral fistulæ may result not only from direct injury during operations, but in consequence of necrosis following interference with the nutrient arteries of the duct; hence in dissecting out the ureter these vessels must be spared as much as possible.

Vaginal Myomectomy.—OLSHAUSEN (*Centralblatt für Gynäkologie*, 1902, No. 1) believes that the field of this operation is limited. Small myomata cannot be reached and enucleated as well as by the abdominal route unless the body of the uterus can be drawn into the vagina, which is not possible when the organ is large. The ideal case is one in which a submucous fibroid can be enucleated after splitting the anterior uterine wall, but the enucleation of sessile subperitoneal growths from the fundus by anterior or posterior colpotomy is, in the writer's opinion, seldom justifiable, especially as they seldom give rise to any disturbances.

The same criticism applies to vaginal hysteromyomectomy. If the mass exceeds in size the pregnant uterus at three months the abdominal method is preferable.

The Relations of the Uterus and Bladder after Shortening the Round Ligaments.—BULINS (*Centralblatt für Gynäkologie*, 1902, No. 3) denies that the uterus is placed in a normal position after shortening of the round ligaments. It is true that the fundus is thrown forward, but the uterus as a whole is anteposed and elevated above its normal plane.

By experiments on patients who had submitted to the operation the writer found that the shortened ligaments preserved their functions, allowing the uterus to preserve its normal range of motion as the bladder was gradually filled and emptied, just as occurred also during pregnancy.

Tubo-ovarian Cysts.—PREISER (*Centralblatt f. Gynäkologie*, 1902, No. 4) reviews the different theories regarding the origin of these cysts. Some are undoubtedly formed by the union of a pyosalpinx with a follicular, corpus luteum, or proliferating cyst of the ovary, the wall of separation being absorbed. It is not so easy to explain the variety in which the fimbriæ do not disappear, as in the former, but are found within the ovarian cyst. The writer is inclined to accept Pfannenstieck's theory, that an abscess forms around the distal end of the tube, the fimbriæ floating free in the sac, or being attached to its inner wall. An ovarian cyst may become adherent