of intestinal obstruction; at re-operation the abdomen was found filled with recurrent masses, and the patient died ten days later. The polypoid mass in this instance showed a mixed-celled sarcoma, with numerous giant cells and embryonic striped fibers. The growth in the extirpated uterus, on the other hand, was composed entirely of mixed-celled sarcomas. In neither of these cases were areas of cartilage, glands, or other types of tissue present. The third case, reported by Murray and Littler, occurred in a woman, aged forty-six years. She, likewise, had noticed for some time an unpleasant watery discharge; upon examination a soft polyp was seen projecting from the cervix, and was removed, shortly after which a panhysterectomy was performed. The patient made a good recovery, and up to the time of the report (three months later) did not show signs of recurrence. Histological examination of both the polyp and the polypoid endometrium in the extirpated uterus showed an extremely complex aggregation of tissues—the stroma showed all gradations from a fibrosarcoma to spindle-celled and round-celled sarcoma; there were no giant-cells, but scattered throughout the tissue were numerous areas of hyaline cartilage and many gland-like spaces, lined by a single layer of columnar epithelium, and much resembling the normal endometrial glands. No striated muscle fibers were found. The neoplastic process appeared to be entirely confined to the endometrium, no invasion of the musculature being demonstrable. The last-described tumor is called by Glynn and Bell an "adenochondrosarcoma;" it undoubtedly belongs, however, to the same general group as the first two, *i. e.*, to the category of mesodermal mixed tumors, which probably arise from displacements of embryonic mesodermal tissue from the lumbar region during early life. The high grade of malignancy of the majority of such neoplasms is well illustrated by the course of the first two cases.

Abdominal Exercise in the Treatment of Dysmenorrhea.—MOSHER (*Jour. Amer. Med. Assoc.*, 1914, lxii, 1297), has been making for a number of years careful clinical and experimental studies of so-called functional dysmenorrhea, and has come to the conclusion that it is in the large majority of cases congestive in origin, the chief factors responsible for its production being: (1) the upright position, (2) alteration of the normal type of respiration by disuse of the diaphragm, (3) lack of general muscular development, (4) inactivity during the menstrual period, (5) psychic influences. The long column of blood in the valveless *vena cava*, associated with lowered general blood-pressure at the time of menstruation, the local blood-pressure in the uterus being raised, however, all tend to produce congestion, which is frequently so excessive as to cause dysmenorrhea. The upright position, lax abdominal muscles, costal instead of diaphragmatic breathing, and constriction of the body by clothing which interferes with the use of the abdominal muscles and diaphragm, all combine to develop and promote this pelvic congestion. To correct this condition, Mosher says she has found the following very simple procedure extremely efficacious: All tight clothing is removed, and the patient is placed on her back, on a level surface, in the horizontal position. The knees are flexed, and the arms are placed at the sides to secure relaxation of the abdominal muscles. One hand is allowed to rest on the abdominal wall

without exerting any pressure, to serve as an indicator of the amount of movement. The woman is then directed to see how high she can raise the hand by lifting the abdominal wall; then to see how far the hand will be lowered by the voluntary contraction of the abdominal muscles, the importance of this contraction being especially emphasized. This exercise is repeated ten times, night and morning, in a well-ventilated room. The patient is warned to avoid jerky movements, and to strive for a smooth, rhythmical raising and lowering of the abdominal wall. Mosher says that in a large number of cases she has seen a disappearance of all pain, and in many instances a reduction in excessive flow will occur after the institution of this simple regimen. She believes that many women would be far better off if they kept up a greater degree of bodily activity throughout the period than is their custom, although of course, this should not be overdone, and in schools and colleges it would certainly be unwise in most instances to permit the girls to continue all their regular gymnastics and athletics at this time. A most important point, in Mosher's opinion, is to bring about an alteration of the morbid attitude of women themselves toward the menstrual function; as she very truly remarks, "If every young girl was taught that menstruation is not normally a 'bad time,' and that pain or incapacity at that period is as discreditable and unnecessary as bad breath due to decaying teeth, we might almost look for a revolution in the physical life of woman."

Relationship of Gynecology to Psychiatry.—As is well known, Bossi and a few followers are strong believers in the theory that many psychopathic conditions, occurring in women, have their origin in faulty functioning of the genital organs, such as alterations in the internal secretory activities of these organs, the condition of retroverted uterus, with metritis, being, in Bossi's opinion, especially important in this respect. As has been previously discussed in these pages, Bossi claims that many cases of suicidal mania and other forms of insanity can be permanently cured by the performance of suitable gynecological manipulations or operations. A most energetic refutation of Bossi's entire idea has been recently put forth by Siemerling (*Monatsschr. f. Geb. u. Gyn.*, 1914, xxxix, 269), who claims that not only are the former's theories with regard to the origin of psychopathic conditions utterly without foundation in fact, but that examination of records of a large series of cases shows that recovery occurred in as large a proportion of women suffering from psychic disorders upon whom no gynecological treatment was carried out as of those who were treated according to Bossi's principles. He emphasizes, moreover, the fact that many psychoses, such as melancholia, amnesia, manic-depressive types, etc., tend to spontaneous recovery, and this, following, in some instances gynecological treatment or operation, may easily give the impression of having been the result of such treatment. Siemerling takes the ground that in the routine examination of every psychopathic patient the genital organs should be taken into consideration, as all other organs of the body, and any conditions found which in a mentally normal individual would require treatment, should be treated just as they would be in such an individual without regard to the mental condition; beyond this, however, he does not think that gynecology has any legitimate field in the treatment of cases of mental disease.