Conservative Myomectomy.—HENKEL (*Zeitschrift f. Geb. u. Gyn.*, Band lii., Heft 3) reports 40 cases, 3 patients subsequently becoming pregnant, 2 going to full term. The writer thinks that the danger of rupture of the uterus in these cases is purely theoretical. In 5 cases the operation was imperfect, fibroids being left; however, sarcomatous degeneration of such growths is extremely rare.

He prefers the abdominal operation, and removes the entire capsule of the tumor, resecting part of the uterine wall. Comparing the results of his conservative work with those of supravaginal amputation, the writer considers the former preferable.

Cystadenoma of the Uterus.—BANEREISEN (*Beiträge zur Geb. u. Gyn.*, Band ix., Heft 1) removed a uterus in the anterior wall of which was a pedunculated tumor. The pedicle was hollow and communicated with the uterine cavity and the interior of the growth. Anatomically the latter consisted of typical lymphadenoid tissue. The glandular structures were continuous with the glands of the uterine mucosa.

Recurrence after Extirpation of the Cancerous Uterus.—MACKENRODT (*Monatsschrift f. Geb. u. Gyn.*, Band xix., Heft 6) asserts, as the result of his observations in 80 cases, in 95 per cent. only the intrapelvic lymph nodes were affected. Since in at least one-half of all cases of cancer of the uterus, even in the early stage, the glands are diseased, failure to remove them means that recurrence is inevitable. The writer adds that in at least three-fourths of the so-called inoperable cases the deeper nodes are affected late in the course of the disease, so that a radical operation may be possible if not delayed too long.

Cysts of the Mesentery.—HAAS (*Zentralblatt f. Gynäkologie*, 1904, No. 50), in reporting a case, states that the principal diagnostic points are sudden acute pain in the abdomen, associated with the presence of a tense, elastic tumor, with slight mobility and tender on pressure. The tumor has no apparent connection with the pelvic or abdominal viscera except the intestines. A coil of gut can usually be demonstrated to be adherent to the tumor, which moves with it.

Enucleation of the cyst is the best method of treatment, provided that this can be done without too great loss of blood. If a radical operation is impracticable the sac may be stitched in the wound and drained.

Inoperable Cancer of the Uterus.—LICK (*Monatsschrift f. Geb. u. Gyn.*, Band xx., Heft 1 and 2) reports 70 cases treated by curettement, cauterization and subsequent applications of perchloride of iron, with one death following operation.

Hemorrhage and sloughing were eliminated in nearly every instance; 70 per cent. of the patients died during the first year, 9 women lived from one to one and one-half years, 1 survived for two years, and 1 over four years. The average duration of life after operation was 228 days.

Injury to the Rectum during Gynecological Examinations.—KELLY (*Wein. klin. Therapeut. Wochenschrift*, 1904, No. 29) reports 4 cases in which injuries occurred. The cause was probably diminished muscular resistance of the rectal wall due to advanced age.