

Ovarian Pregnancy.—SCHICKELE (*Zentralbl. f. Gyn.*, 1906, No. 44) adds a third case to those reported by Franz and Van Tussebroeck. In one there was no question that the fecundated ovum lay within a ruptured follicle; in another, the remains of the ovum besides the fresh corpus luteum were free in the tissues, so that the fetal cells were in direct contact with the maternal connective-tissue cells. In Schickele's case the ovum was in close contact with the corpus luteum and had caused marked distention of its wall. In both of the last two cases the ovum was imprisoned within the stroma (epiovarian implantation), in contrast to the intrafollicular situation.

Structure and Changes in Intraligamentary Tumors.—SCHÄFFER (*Zentralbl. f. Gyn.*, 1906, No. 44) from a study of serial sections of an intraligamentary fibroid found that the abdominal portion of the neoplasm was cystic while the intrapelvic was fibromyomatous, receiving its vascular supply from the anterior fold of the base of the broad ligament, and having no connection with the uterus. Myxoid degeneration and pseudocysts were noted. In the capsule of the cystic portion of the tumor were large hard nodules resembling organized tissue, quite vascular. The arteries were greatly dilated, their walls showing hyaline changes, and terminated in capillaries which penetrated the myxomatous and edematous tissue, the degenerative processes being most marked at a distance from the hilum, or point of entrance, of the nutritive vessels.

Vapocauterization of the Uterus.—BAISCH (*Frauenarzt*, November 16, 1906, p. 504) believes that the therapeutic action of vapocauterization depends mainly on the condition of the endometrium. Since we cannot know beforehand the pathological lesion, we cannot affirm what will be the exact result. He is opposed to its use in young women, on account of the result on menstruation and conception. In those who have reached the climacteric other changes may be present, such as arteriosclerosis, so that vapocauterization may have no more effect than simple curettement.

Previous curettement is advised, from five to seven days being allowed to elapse before vapocauterization is used, an anesthetic being then unnecessary. It is absolutely contra-indicated in cases of uterine fibroid, as well as in gonorrhoeal and septic endometritis.

He would limit the employment of this agent to cases of uncomplicated preclimacteric hemorrhage.

Bier's Method of Intra-uterine Treatment.—ZURAN (*Zeit. f. Gyn.*, 1906, No. 28, p. 785) finds that the introduction of Bier's catheter is free from danger, provided that strict asepsis is observed. It relieves dysmenorrhœa, diminishes the secretion in cases of chronic endometritis, and exerts a curative action on the diseased endometrium, which extends to the submucosa. This method of treatment may be used in dispensary practice and does not interfere with the patient's occupation.

Thrombosis of the Vessels in Ectopic Gestation.—FELLNER (*Archiv f. Gyn.*, 1906, Band lxxiv, Heft 3) describes the anatomical conditions in three cases of early tubal pregnancy. Numerous arteries in the neighborhood of the intervillous space were seen filled with round and spindle

cells, which Fellner believed to be not of ectodermal origin, but derived from the subendothelial connective tissue. He regarded the condition as an "autothrombosis" in the arteries, and not as an escape of Langhans' cells into the veins, as stated by Veit and others.

He suggests that the invasion of the vessels of a myomatous uterus by villi, described by Poten, is really an arterial autothrombosis—hence the frequent occurrence of abortion in such uteri. Moreover cases of so-called chorion epithelioma may be explained in the same way.

Malignant Degeneration of Uterine Fibroids.—WINTER (*Zeitschrift f. Geb. u. Gyn.*, 1906, Band lvii, Heft 1, p. 8) remarks on the extreme rarity of cancerous degeneration of fibromyomas of the uterus. Among 2331 cases of uterine cancer the body was affected in 151, myomas being present in 80. Hofmeier, Fehling, and Winter together note 1.2 per cent. of cases of cancer of the corpus uteri with coexisting fibroids. In 1270 cases of cancer of the cervix uteri there were 2 per cent. of fibroids, hence the fear that the stump may become cancerous after supravaginal amputation is practically groundless. When the symptoms of cancer appear in connection with fibroid uteri (especially atypical hemorrhages and discharges after the menopause) the presence of adenocarcinoma should be suspected and total extirpation is preferable.

The question of sarcomatous degeneration is different. Among 1734 cases of fibromyoma, 46 underwent sarcomatous degeneration (2.7 per cent.). This change is most likely to occur in the submucous variety (about 9 per cent.).

In conclusion, Winter lays little stress upon the danger of malignant degeneration of fibroids as an indication for operation, though he admits the frequency of cystic, suppurative, and other benign changes.

Results of Radical Abdominal Hysterectomy for Uterine Cancers.—BRUNER (*Archiv f. Gyn.*, 1906, Band lxxviii, p. 632) reports 251 cases in which the uterus, parametric tissues, and lymph nodes were examined microscopically after removal. He notes that the average operability is only 30 per cent., the average mortality being 15 per cent. He still advises radical removal of the diseased organs and tissues, even the upper third of the vagina, as well as the broad ligaments and glands. No comments are made with regard to the permanency of the "cure."

Premonitory Bleeding in Ectopic Gestation.—SCHICKELE (*Zentralbl. f. Gyn.*, 1906, No. 44, p. 1227) calls attention to the fact that slight hemorrhages from an ectopic sac preceding the final intraperitoneal rupture may easily lead the observer to infer that the case is one of simple tubal abortion. It is well known to every operator that such premonitory hemorrhages often occur, as shown not only by the finding of small openings in a sac removed between the third and fifth months, but by the presence in the cavity of blood clots of different ages. (This interesting paper only serves to emphasize the importance of early operation, or at least of diagnostic vaginal section, at the first appearance of suspicious symptoms, whether associated with a tumor or not. No case of ectopic gestation should be allowed to progress as far as the third month.—H. C. C.)