

Cancerous Inoculation of the Abdominal Wound.—OLSHAUSEN (*Zentralblatt für Gynäkologie*, 1903, No. 11) reports six cases in which cancer developed in the abdominal cicatrix after a previous ovariectomy, in one instance twenty-one years after operation. The writer has no doubt that these were cases of inoculation, as the disease appeared on the side of the scar corresponding to the site of the tumor.

The time at which the disease appeared in the abdominal wall varied from two to nineteen years; in the case of a benign glandular cystoma a similar growth developed in the cicatrix seventeen years after operation.

Hemorrhage from a Graafian Follicle.—SCHAUTA (*Zentralblatt für Gynäkologie*, 1903, No. 12) reports the case of a woman, aged forty-three years, whose adnexæ were left after vaginal extirpation of a fibroid uterus. Oozing was noted a few hours after the operation, which continued until the pulse became so weak that the gauze tampon was removed, and an unsuccessful attempt was made to discover the source of the hemorrhage.

On opening the abdomen and removing the clots which filled the pelvis the stumps were found to be perfectly dry, while blood was escaping from a ruptured follicle in the left ovary. The ovary was removed and the patient rapidly recovered from the effects of the hemorrhage, which must soon have proved fatal.

Schauta reports a similar case in which bleeding from a ruptured follicle was checked by ligating the ovarian vessels, the laparotomy terminating fatally from septic peritonitis.

The writer adds that while it is well known that profuse bleeding and resulting hæmatocele may follow rupture of a Graafian follicle, attention has not previously been called to the fact that this may occur in an ovary that has been left after hysterectomy. He infers that if ovaries are preserved, careful attention should be given to ripe or recently ruptured Graafian follicles, since after ligature of the large arteries the increased blood pressure in the follicles may result in hemorrhage such as that described.

Tubo-ovarian Cysts.—PREISER (Inaugural Dissertation; abstract in *Zentralblatt für Gynäkologie*, 1903, No. 11) recognizes two modes of development, viz: 1. The coalescence of a hydrosalpinx or pyosalpinx and an ovarian cyst, in which the fimbriæ entirely disappear. 2. The fimbriæ either float freely within the ovarian cyst, or are spread out on its inner wall. Here the ovary seems to have little, if anything, to do with the formation of the cyst wall.

Pfannenstiel believes that in the second variety the cyst is originally an abscess around the distal end of the tube, which becomes encysted, as shown by the fact that its wall consists of lamellated connective tissue with round-cell infiltration and granulation tissue. The writer does not believe with Waldstein that they are derived from hæmatoceles.

The results of the development of tubo-ovarian cysts are *hydrops ovarii profusus* and intermittent hydrorrhœa, and ectopic gestation.

Tubal Menstruation.—MOLTZER (Inaugural Dissertation; abstract in *Zentralblatt für Gynäkologie*, 1903, No. 13) describes the anatomical appearance of Fallopian tubes removed from a young girl on the second day of