lapsus extending over a period of five years. His conclusions are as follows: All cases of prolapse of the vagina without retroversion should be treated by extensive plastic operations. In cases in which there is accompanying retroversion and prolapsus, with or without fixation of the uterus, ventrofixation should also be done. Vaginofixation with plastic operations is indicated in patients who have passed the climacteric, and rarely in cases of complete procidentia. In short, the writer prefers ventrofixation to shortening of the round ligaments as the routine treatment of retroflexion, whether the uterus is adherent or mobile.

Origin of Broad Ligament Cysts.—HANDLEY (*Journ. Obst. and Gyn. of British Empire*, 1903, No. 11) advances the ingenious theory that all cysts of the broad ligaments situated above the tubes, and which can be enucleated, develop through the distention of accessory tubes. This he infers because he has found such cysts communicating with normal Fallopian tubes, and showing on their inner walls folds identical with those found in specimens of hydrosalpinx.

Isolation of the Pelvic Cavity with a Flap of Peritoneum and Fascia.—KRÖNIG (*Zentralblatt für Gynäkologie*, 1904, No. 31) recommends this method of shutting off the pelvic from the general peritoneal cavity, especially after abdominal hysterectomy for cancer of the uterus. Instead of using peritoneal flaps alone, he strips off the parietal fascia also, both anteriorly and posteriorly. Two cases are reported, one of which terminated fatally.

Cause of Hemorrhage in Fibroids.—THEILHABER and HOLLINGER (*Archiv für Gynäkologie*, Band lxxi., Heft 2) from an examination of nineteen fibroid uteri demonstrated the erroneous nature of the view that the bleeding in these cases is due to hyperplasia of the endometrium. Atrophy of the mucosa was more often present than hypertrophy. The writers believe that the "myofibrosis" of the uterine wall is the true cause. In consequence of this condition the vessels cannot contract normally during menstruation. Muscular contractions in the tumor and excessive congestion from psychical influences are other factors.

Anatomy of Placental Polypi.—CURTIS and 'OUI contribute an extended article on this subject to the *Annales de Gynécologie et d'Obstétrique*, July, 1904, of which the following is a summary: The structure of placental polypus, or so-called *deciduoma benignum*, is more complex than is usually supposed. It includes both the fetal and the maternal elements of the placenta, has a special vascular supply, and is capable of continuous growth, like a true neoplasm. Its nutrition depends on variations in the maternal circulation, the imperfectly obliterated intervillous spaces being in direct communication with the vessels in the submucosa. The layer of Langhans and the syncytium tend to proliferate, but there is never any tendency to invasion of the uterine tissue, as Michaelis claims. The writers disagree with Hartmann and Toupet, who claim that the distinguishing feature of these polypi is the presence of bloodvessels in the chorionic villi. They regard the persistence of the syncytium as the principal element in the