the uterus, 1; purulent bronchitis, 1; embolism of the lung, 1; death from shock immediately after the operation, 1; peritonitis, 8. In 3 cases autopsy showed adhesions of coils of intestine with the uterine wound. This was also seen in several cases which recovered in which it was necessary to do abdominal section for the relief of obstruction of the intestine.

Repeated Cæsarean section was done in 10 cases, in 8 of which the first operation was made by longitudinal incision in the anterior uterine wall, while in two transverse incisions of the fundus had been practised. In all of these cases there was adhesion between the uterus and the abdominal wall and omentum. No scar in the uterus could be discovered in these cases. Of these 10 repeated sections, 7 recovered without fever, 1 had fever and recovered, and 1 died.

Hydatiform Mole, with the Report of 2 Cases and Collection of 210 Cases.—FINDLEY (*Medical News*, December 6, 1902) reports 2 cases of this condition and summarizes his study of the subject as follows:

The causation of hydatiform mole is unknown. It is most frequently found between the ages of twenty and thirty years, more often in multiparae. It probably results from degeneration of the villi of the chorion through some disturbance of maternal circulation. The connective tissue stroma of the villi degenerates, with serous infiltration or oedema. The syncytium and Langhan's cells penetrate more deeply when maternal nutrition is defective. In 16 per cent. of cases malignant degeneration occurs. It is very difficult to draw the line between benign and malignant cases. The examination of a specimen gives but little information regarding it. Retention of a mole within the uterus does not influence its disposition to become malignant.

Diagnosis can only be positively made from seeing the vesicles. The most constant clinical point lies in the rapid development of the uterus, with irregular shape and consistency and hemorrhage.

The treatment of the condition consists in emptying the uterus at once. Because the womb is thin and weak it is best to avoid the use of the curette and to employ ergot and vaginal packs to control the hemorrhage and stimulate expulsion. After the mole is expelled, the uterus should be explored with the finger, irrigated and packed with iodoform gauze. Two weeks after the birth of the mole the uterus should be curetted, the scrapings examined, and if malignant disease is beginning, hysterectomy should be performed. The patient should be kept under observation for three years afterward, and should hemorrhage occur the uterus should be again curetted and the scrapings examined microscopically.

Statistics show the average age of these patients to be twenty-seven years, the extremes being thirteen and fifty-eight years. In one patient eleven moles developed. In 8 cases there was cystic degeneration of the ovaries. In 1 case the mole developed in the Fallopian tube. The longest period at which malignant disease occurred after the development of the mole was four and one-half years. The mortality of this condition is 25 per cent. The causes of death are: syncytioma malignum, 16 per cent.; hemorrhage, 4 per cent.; septic peritonitis, 2 per cent.; other causes making up the remainder.