past the climacterium, or with very large myomata; in these amenorrhea was produced; and younger women, or those with small myomata; in these a shrinkage of the tumor and a reduction but not complete cessation of menstruation was aimed at and attained. The average duration of treatment, including all interruptions, many of which were from causes in no way connected with the treatment itself, was three and one-quarter months. The dosage, reckoned on the basis of the total number of minutes that each patient was actually exposed to the rays during the entire treatment, was 234 to 307 "light minutes," according to the class of case, or, expressed in Kienbock's "X-Units," in which 10-X corresponds to an erythema-producing dose, the average of all cases was about 75-X required to produce a cure. Experience has shown that myoma cases require, other conditions being equal, a larger dosage than metropathia cases without tumor, and that cases of either class require a smaller dosage the more advanced the age of the patient, a result that was, of course, to be expected. The nearer together the sittings can be given the better seems to be the result. With the present highly developed technique very large doses can be given without bad effects, but in no case can the final result be attained in less than two months, as the injury to the ovaries produced by the x-rays does not become apparent until the first or second following menstruation.

The Appendix in Gynecology.—LEGUEU (*La Gynécologie*, 1911, xv, 145) states that he makes it a habit to remove every appendix when the abdomen has been opened, whether it appears diseased or not, provided its seeking and removal does not seriously increase the danger of the operation. He has recently examined microscopically a small series of appendices so removed in the course of gynecological operations, with the following results: Of 17 appendices removed during the course of a right-sided or double salpingectomy for salpingitis, 16 showed definite lesions, 15 of these being a peritoneal or subperitoneal inflammation, acute in character, and evidently occurring by way of the lymphatics. In some, but not all of these cases, an acute or chronic inflammation of the mucosa was also present. Of 13 appendices removed during operations for other gynecological affections (extra-uterine pregnancy, ovarian cyst, fibroids, etc.), 3 were normal; in the remaining 10 there were minor lesions without any demonstrable causal relation to the primary affection. Notwithstanding that in these cases the relation between the appendiceal lesion and the primary affection cannot be distinctly shown, as in the case of adnexal inflammations, Legueu recommends, nevertheless, that all appendices be removed in these cases as well, if merely from a prophylactic standpoint.

Compression of the Ureters in Genital Prolapse.—On the basis of two carefully studied postmortem specimens, one of partial and one of complete prolapsus uteri, HIROKAWA (*Deutsch. Zeitschr. f. Chir.*, 1911, cix, 1) has been able to show that a stagnation of the urinary flow, with dilatation of the ureters, reaching at times to the pelvis of the kidney, with the production of hydronephrosis, may occur as a result of compression of the ureters in cases of genital prolapse in woman. The point of compression is always situated in the lower