term "Malignant Dermoid", which he defines as a teratoid tumor in which derivatives of all three germ layers are present, but which are distinguished by the absence of a typical dermoid basis as evidenced by the sparse development of hair, teeth and bony tissue.

The older authors are quoted to show the great divergence of views regarding the origin of similar rare tumors. E. D. PLASS.

Eisenstaedter: Carcinomatous Dermoid Cysts of the Ovary. *Monatsschrift fuer Geburtshuelfe und Gynaekologie*, 1921, liv, 360.

Of 209 ovarian tumors operated upon, 193 were cystic, and only 16 solid. The cystic tumors comprised: 153 benign cystomas, 24 carcinomatous cystomas, 13 dermoids, and 3 carcinomatous dermoids. Of the 16 solid tumors 2 were fibromas, 1 sarcoma and 4 carcinomas. Thus in a total of 16 dermoids 3 were shown to be carcinomatous. They are described and discussed in this paper. The author accepts O. Frankl's classification of the genesis of cancerous dermoids. They comprise the following types: (1) The carcinoma develops within the dermoid, or (2) it transgresses from the remaining ovarian tissue into the dermoid. In the first group the carcinoma is as old as the dermoid or developed later, primarily in it or metastatically. In the second group the growth proceeds either from a primary solid ovarian carcinoma, or from a malignant adenocystoma, or it represents a metastasis.

HUGO EHRENFEST.

Benthin: Unusual Radiotherapeutic Observations. *Monatsschrift für Geburtshülfe und Gynäkologie*, 1921, liv, 34.

Benthin recites several unusual results apparently resulting from x-ray therapy in malignant conditions.

In the first case the patient had been given nine radium treatments and sixteen x-ray applications, following vaginal hysterectomy for carcinoma of the cervix. Two years later there appeared an ulcer of the rectum. The next year a multilocular ovarian cyst showing carcinomatous degeneration was removed.

The second patient had a vaginal hysterectomy for cervical carcinoma and eighteen months later came to the clinic for radiation because of a recurrence. Intensive treatment continued over four months and was followed by an improvement of the local conditions. An ovarian cyst appeared, however, and grew so rapidly that it was removed and showed marked carcinomatous degeneration. Death occurred within a few months from metastases.

It seems that in these cases the raying of the pelvic tissues bore an etiologic relation to the subsequent development of the ovarian carcinoma.

A third patient had marked pigmentation of the entire body after x-ray and radium treatment following operation for ovarian carcinoma.

The fourth patient was x-rayed in an attempt to control a very severe menorrhagia but in spite of heavy doses there was only a slight effect on the condition and during the three years of intermittent treatment the patient twice became pregnant and bore healthy children. This would indicate a great individual variation on the part of the ovarian tissue to the action of the x-rays. Other authors, Hei-