

Radical Operation for Cancer.—BRUNET (*Zeitschrift f. Geb. u. Gyn.*, Band lvi., Heft 1) reports 70 cases from Mackenrodt's clinic, in nearly one-half of which the vagina was affected, while the broad ligaments were diseased in 66 per cent. The lymph nodes were removed in 57 cases, but in only one-half of these were they diseased.

Conservative Myomectomy.—GRAF (*Zeitschrift f. Geb. u. Gyn.*, Band lvi., Heft 1) reports 39 cases of myomectomy (16 vaginal and 23 abdominal) from the Vienna clinic out of 700 operations for fibroids. The after-results were not all that could be wished, as many patients were not relieved of their symptoms, a considerable proportion were unable to work, and pregnancy did not follow in a single instance. The writer infers that the indications for the enucleation of fibroids in preference to the radical operation are limited.

Chorioepithelioma of the Fallopian Tube.—RISEL (*Zeitschrift f. Geb. u. Gyn.*, Band lvi., Heft 1) reports a case of primary chorioepithelioma in a woman, thirty-three years old, who had had a tubal abortion three months before, which was removed by laparotomy. Six weeks later symptoms of metastasis developed, the patient began to lose flesh rapidly, and a large mass could be felt in the pelvis. Death occurred four months after operation, and at the autopsy the rectum and vagina were found to be involved, but the uterus and remaining tube and ovary were not affected. Metastases were present in the liver and lungs. All presented the histological picture of chorioepithelioma. Only ten cases have been reported.

Pessaries in the Treatment of Retroflexion.—KLEIN (*Zentralblatt f. Gynäkologie*, 1906, No. 49) reports 112 cases of movable retroflexion treated with pessaries. In 17 the uterus remained in normal position after removal of the pessary, in 37 it remained in place only with the support of the pessary, while in 58 recurrence took place as soon as the ring was removed. The writer is not enthusiastic in favor of ventrofixation, having frequently noted persistent pains after operation. In the lesser degrees of retrodisplacement he does not think that local treatment is indicated.

The Clinical Significance of Peritoneal Adhesions.—RICHARZ (*Inaugural Dissertation*; abstract in *Zentralblatt f. Gynäkologie*, 1906, No. 49) affirms that while adhesion between two raw serum surfaces may occur, if they are in contact, without infection, if only one surface is denuded of peritoneum infection is the usual cause. Aseptic, raw surfaces and blood do not produce adhesions. The symptoms due to adhesions vary in severity from gastric, intestinal, and pelvic pains to actual stenosis of the gut and ileus.

The prophylaxis consists in the avoidance of sepsis and traumatism during operation. The writer recommends the use of moist pads for sponging, and the promotion of early peristalsis after laparotomy.

Etiology of Uterine Paralysis.—KOSSMANN (*Zentralblatt f. Gynäkologie*, 1905, No. 50) believes that the relaxation or paralysis of the uterine muscles sometimes observed in patients under anesthesia is