

This theory is supported by the fact that in some cases the usual changes in the uterus and breasts and the presence of the corpus luteum of pregnancy have been observed in connection with an ovarian embryoma. Certain striking changes which take place in the walls of dermoid cysts, not observed in other varieties of cystoma, may be regarded as a peculiar reaction of the ovarian remains to the implantation of a blastomere, like the dilatation and increased growth of the lymphatics seen in the pregnant uterus. The fecundation of an ovum in the atrophied stromal remnants of a cystoma may also result in the development of an isolated blastomere and thus lead to the formation of an embryoma.

Removal of the Ovaries in Myomectomy.—ROCHARD (*Bull. gén. théor.; Zentralbl. f. Gyn.*, 1906, No. 43) pleads for extirpation of the adnexa in every case of hysteromyomectomy, since the ovaries may subsequently become inflamed and cystic, or serious intraperitoneal hemorrhage may result from ruptured follicles (?). He thinks that the arguments advanced for preservation of the ovaries after removal of the uterus are not convincing, the reflex disturbances being unimportant and the theory of internal secretion fanciful. (It is evident that this paper is based on limited clinical experience, else the writer would not indulge in dogmatic statements, opposed to that of the majority of abdominal surgeons.—H. C. C.)

Operations for Recurrent Carcinoma.—FRANZ (*Zentralbl. f. Gyn.*, 1906, No. 44) reports 16 such operations for recurrent disease following hysterectomy; 9 patients were operated upon once, 2 twice, and 1 three times. In 9 there were no complications; in 2 the base of the bladder and portions of both ureters were resected, and in 1 a ureterovaginal fistula was cured; in 2 resection of the large intestine was necessary, while one kidney was extirpated in two instances.

One patient died after removal of a pyonephrotic kidney and one of embolus two weeks after operation; a third succumbed from extension of the disease six months later.

Franz believes that whenever possible the patient should have the benefit of surgical treatment; though life is thus prolonged and pain relieved, a permanent cure can rarely be hoped for. The indications for operation are limitation of the growth and a certain degree of mobility, showing that it is not firmly adherent to the pelvic wall. Care should be taken to avoid injury to the rectum and bladder, and it is indispensable that the kidneys should be in a healthy condition.

Peritoneal Adhesions.—PANKOW (*Zentralbl. f. Gyn.*, 1906, No. 44) from experiments on animals arrives at the following conclusions: No adhesions result from superficial lesions of the visceral or parietal peritoneum, even when cauterized. In 50 per cent. of the cases in which the parietal peritoneum was roughly scraped, or punctured at several points, adhesions occurred. Slight adhesions resulted when the cautery, or alcohol, was applied to check oozing. In artificial staphylococcal infection it was found that the power of resistance was greatly lessened when the peritoneum was injured, especially if the raw surfaces were touched with the cautery or with alcohol.