

for fibroids. Supravaginal amputation was performed in all but one of the laparotomies. All the cases of myomectomy and hysteromyomectomy were followed by satisfactory results. As a rule, the tumor diminished in size after removal of the ovaries. Climacteric disturbances were rare after total extirpation of the uterus, whether the adnexæ were left or not. They were common after castration and supravaginal amputation. No psychical disturbances were noted.

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**The Relation of Dyspepsia to Pelvic Disease.**—SOMMER (*Centralblatt für Innere Medizin*, 1902, No. 2) made a careful study of twenty-three cases of functional stomach trouble, with a view to deciding the question of their reflex origin. General relaxation of the abdominal viscera and uterine displacements were commonly present. Hyperchlorhydria was most frequently noted. In only two cases was improvement in the pelvic condition followed by relief of the gastric symptoms. In one instance, on the contrary, replacement of a retroverted uterus increased the dyspepsia. In conclusion, the writer states that no connection could be traced between the pelvic trouble and the secretory disturbances.

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**Sounding of the Tubes.**—AHLFELD (*Centralblatt für Gynäkologie*, 1902, No. 41) reaffirms his opinion that in certain cases in which the sound appears to have perforated the uterine wall it is really introduced into a Fallopian tube. He adds the following case to five others previously reported: A nullipara, aged twenty years, had a movable retroflexion. A sound was introduced, two and four-fifth inches, until it touched the fundus uteri. On turning the point toward the left corner it slipped in one and one-fifth inches farther without meeting any resistance. The same phenomenon was carefully noted later with the patient under anæsthesia. Three weeks after ventrofixation was performed, when the tube was found to be of normal calibre and no evidence of any old or recent lesion of the uterus could be found, hence there could have been no perforation.

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**Lymphosarcoma of the Uterus.**—WAGNER (*Centralblatt für Gynäkologie*, 1903, No. 43) reports a case of this rare uterine neoplasm removed by autopsy from a woman, aged sixty-two years. The entire uterus, tubes, parametria, and pelvic and inguinal glands were involved. According to Kundrat, who examined the specimen, the disease must have begun in the lymphoid tissue of the endometrium and extended to the muscular layers. The fact that only three cases of lymphosarcoma of the uterus have been described, is explained by the fact that pre-existing lymphoid tissue is rarely developed in this organ.

This form of neoplasm does not show the same tendency to retrograde metamorphosis and suppuration as cancer. It is beyond the reach of surgery.

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**Profuse Hemorrhage from a Ruptured Ovisac.**—GOTTSCHALK (*Centralblatt für Gynäkologie*, 1903, No. 49) reports a case of intraperitoneal hemorrhage in which he removed from the abdominal cavity a clot, in the centre of which was an ovum the size of a pea, with typical chorionic villi and two