way that the cervical endometrium is united to the submucous muscular layer of the vagina. The flaps of mucous membrane are next allowed to slide over the sutured edges, to which they are also sewn, thus covering all raw surfaces. A strip of iodoform gauze is introduced into the canal and the vagina is tamponed. The stitches are removed on the tenth day and the patient may leave her bed two days later.

Transplantation of Ovaries.—ROXAS and LUKASIEWICZ (*Frauenarzt*, Heft 191) found experimentally that ovaries can be transplanted from one animal to another, not only of the same, but of different species, and thus the after-effects of castration (non-oxidation of fats and hydrocarbons) can be prevented. The transplanted ovaries usually grow and retain their functions, though in some cases they atrophy within the first three months after operation, from insufficient vascular supply. The usual climacteric atrophy of the genitals and increase in adipose do not appear until later. The writer adds certain cautions with regard to technique. Strict asepsis must be maintained. The transplanted ovary must be carefully sutured to the mesovarium, as nearly as possible in its normal position, its lower half being covered with peritoneum. No stitches should be passed through ovarian tissue. Care must be taken that no pressure is made upon the ovary by neighboring organs.

Etiology of Hydrosalpinx.—MEEDERNOORT (*Revue de Gyn. et de Chir. Abdom.*, No. 4, 1901) discusses the question whether hydrosalpinx can develop without a previous catarrhal inflammation of the tube. Since the tube normally contains a small quantity of serous fluid, which is increased during menstruation, it follows that the hyperæmia of the tubal mucosa accompanying any abnormal condition of the uterus, especially fibromata, would naturally result in profuse secretion. This may also occur at the time of the climacteric.

Besides the accumulation of serous fluid in the tube, its distal end must be occluded. This may readily follow any mild degree of inflammation in the neighborhood, or even loss of the epithelial layer in consequence of extreme hyperæmia. A case is reported which developed at the menopause; careful microscopic investigation showed no evidence of inflammatory changes.

The Glands in Cancer of the Breast.—OZENNE (*Revue prat. d'Obstétrique et de Gynécologie*, 1901, No. 11) was able to keep twenty-three cases of cancer of the breast under observation from two to five years. In eleven cases the breast alone was removed, as the glands showed no evidence of being involved. In one instance, where the patient lived for ten years after operation, an enormous enlargement of one of the retropectoral glands was not disturbed, as it was regarded as purely inflammatory—in fact, it disappeared spontaneously.

Twelve patients from whom the axillary glands were removed at the same time with the breast had a recurrence within a year after operation. The writer refrained from removing the axillary glands in nine subsequent cases, with the result that two patients are now alive four years after operation, and five lived from two to three and a half years. The writer infers that