

This condition is usually due to peri-oöphoritis, with resulting exudates which surround the growth. He reports a case which seemed to justify the inference that the inflammatory capsule is formed around the ovary before it undergoes cystic degeneration. It is sometimes exceedingly difficult to decide, even on careful examination of the specimen after removal, whether the neoplasm is intraligamentary or pseudo-intraligamentary.

Extension of Uterine Cancer through the Lymphatics.—PUPPEL (*Centralblatt für Gynäkologie*, 1901, No. 13), after careful studies of cancerous uteri, arrives at the conclusion that extirpation of the entire organ for cancer of the portio vaginalis is not justifiable. He found that the first lymphatics to be infected are those in the middle muscular layer. From this point extension of the disease takes place either to the vagina, or to the lymphatics of the broad ligaments adjacent to the original focus.

Metastases in the body of the uterus occur subsequently, the lymphatics of the inner muscular layer being first affected. Hence the deduction that high amputation, with resection of the broad ligaments, is the operation to be performed in cases of operable cancer of the portio, especially in elderly women.

Etiology of Hydrosalpinx.—POMPE VAN MEERDERVOORT (*Nederl. Tijdschr. v. Verlosk. en Gyn.*; *Centralblatt für Gynäkologie*, 1901, No. 13), reporting a case in which a large hydrosalpinx developed in a patient, aged fifty-four years, five weeks after curettement, explains its occurrence by the theory that the hyperemia of the pelvic organs preceding the climacteric leads to an increase of the normal secretion of the tubal mucosa. In consequence of the subsequent senile involution of the tube its epithelial lining is lost, the opposite surfaces adhere, and the abdominal ostium is closed so that the contained fluid cannot escape and a hydrosalpinx results.

Errors in Diagnosis of Ectopic Gestation.—EDGAR (*Glasgow Medical Journal*, 1900, No. 4) reports a case of pelvic hæmatocoele resulting from the rupture of hæmatoma of the ovary, two cases of pyosalpinx, and one of suppurating intraligamentary cystoma—all of which presented subjective and objective symptoms of extra-uterine gestation.

Salpingotomy.—GOVILLIARD (*Lyon Méd.*; *Centralblatt für Gynäkologie*, 1901, No. 13) recognizes only two indications for this operation, viz.: (1) Cases in which the tube is thickened and its abdominal end is adherent and closed, the patient suffering so much pain that she is incapacitated from going about and attending to her work. (2) Chronic catarrhal salpingitis and hydrosalpinx. He does not approve of the conservative treatment of pyosalpinx except in those cases in which the pus is known to be absolutely sterile. Salpingotomy is unattended with risk, and recurrence is rare, while the possibility of future conception is a decided advantage.

Post-operative Peritonitis.—HINTZE (*Centralblatt für Gynäkologie*, 1901, No. 28) reports two successful operations for this condition. In a case of severe infection after Cæsarean section the abdomen was twice opened within twenty hours after the primary operation. The writer believes that the earlier interference is resorted to the better is the prognosis. The operator should confine himself to the removal of the masses of plastic lymph.