

complete anaesthesia of the perineum. During the past year the author has used this local anaesthetic in all his plastic work, especially in cases of prolapsus when laparotomy is not indicated.

**The Mesometrium in Cancer of the Uterus.**—THEILHABER and HAL-LINGER (*Archiv für Gynäkologie*, 1904, Bd. lxxiii.) examined the uterine parenchyma in 20 cases of uterine cancer. In all there was marked hypertrophy of the mesometrium. In 16 cases of cancer of the cervix the muscular wall was hypertrophied in 8; in 4 there was marked hyperplasia of the muscular tissue; in the others of the connective tissue. There was no appreciable change in the endometrium, except in one instance; 12 cases of intracervical cancer showed accompanying disease of the body of the uterus—a strong argument against high amputation.

**Premenstrual Congestion of the Thyroid Gland.**—LE ROY and DELA-FOSSE (*Jour. des sciences méd. de Lille*, March 3, 1905) report the case of an anæmic young girl with amenorrhœa, who had a marked congestion of the thyroid, which occurred at the time when the menstrual flow should have appeared and lasted for eight days, attended by a marked viscus. They argue from this a close relation between the gland and the function of ovulation, even when menstruation is absent.

**Injections of Paraffin in Prolapsus Uteri.**—BARDEBEN (*Mediz. Blätter; La gynécologie*, 1905, No. 3) reports 12 cases treated in the following manner: The vagina is tamponed with gauze saturated with alcohol and xylol, after which melted paraffin is poured in and tightly packed in place as it cools, with a spatula. If there is a discharge from the uterus its cavity is first cauterized with nitrate of silver. It is important that there should be no lesions of the vaginal mucosa.

The treatment is only palliative and is not intended to take the place of surgical intervention.

**Curability of Cancer of the Uterus.**—RUNGE (*Therapie der Gegenwart*, 1905, No. 6), in reviewing the records of the Göttingen Clinic for ten years, found that 0.47 per cent. of all patients suffered from uterine cancer, while in his private clinic the proportion was 1.27 per cent. Of the former patients, 26 per cent. were operable.; of the latter, 52.3 per cent., due to the high intelligence of the better classes.

The primary mortality after operation was 13 per cent.; 61 per cent. remained well for five years. Comparing the number of operable cases with the cures, the percentage was 14.8; or, considering also the primary mortality, 12.9 per cent.

**Conservative Myomectomy.**—MARTIN (*Zentralblatt für Gynäkologie*, 1905, No. 41) reports 280 operations, with a mortality of 5 per cent. In 12 cases new tumors developed, 8 patients having such severe symptoms as to require a second operation. The writer has found that the preservation of the function of menstruation and the possibility of conception more than offset in the patient's mind the fear of a second operation. The fear that rupture of the parturient uterus may occur after myomectomy need not be entertained, since conception rarely follows the operation. The pains which persist after the conservative