

per cent. Of the recurrences 54 per cent. occurred in the first year, and 22 per cent. in the second.

**Teratoid Tumours.**—(a) The dermoid: recurrence in 4.2 per cent. in two cases, both in the seventh year after operation, and both where the same ovary was left.

(b) Teratoma, 2 cases: 1 remained free and 1 recurred in a few weeks—metastases.

(c) Parovarian cysts, 39 cases: recurrence in 1 case on the opposite side five years and nine months after the first operation.

The author then says that, judging from the above, it can be stated that fibroma of the ovary, serous cyst adenoma, and dermoid cystoma are benign tumours; in these cases the second ovary should not be removed, unless the patient is at the climacteric, for the risk of further growth is very small. The glandular cystoma clinically must be considered innocent, and yet it is never above suspicion. Ten cases showed recurrence. It is difficult in a large tumour to recognize small cancerous areas. In all cases of doubt, remove the second ovary. He calls attention to the pseudo-papillary cystoma, and says that the prognosis here is as good as in the ordinary variety of cyst adenoma.

In papillary cystomata the prognosis is not so good. They are apt to recur, and are frequently bi-lateral, even though the growth in one ovary be extremely small. It is wise to remove the second ovary in all these cases.

**Carcinoma of the Ovary.**—Remove both ovaries, even if one appear healthy, cutting as widely as possible. The removal of the uterus improves the prognosis.

## II.—*Practical Returns of the Year.*

**Cancer of the Uterus.**—While the etiology of cancer has been extensively discussed, nothing new or definite has emerged. In its operative treatment the swing of the pendulum has rather been a little backward from the extremely radical excursion of a year ago. Kundrat, Baisch and Schauta have studied the pathological findings in the pelvic lymphatics in cases of cancer of the uterus. Schauta shows that the involvement of the individual groups of glands bears no constant relation to other groups, *i.e.*, there is no order of sequence in this involvement. Distal glands are often infected with the cancer cells before the proximal, and even though infected, the glands may show no palpable increase in size. Schauta claims that in only 13.3 per cent. of the specimens that he dissected, would there have been any hope in attempting glandular extirpation. The reasonable operative rule seems to be to extirpate as widely as possible, consonant with a fair degree of risk, *i.e.*, remove as much of the parametrium as possible, dissecting