ments of the uterine wall. The *fibrosis* is exceptional and is found most marked in those cases where a primary change is in the falls of the vessel—an arterio sclerosis.

A lipoma of the uterus has been described by A. G. Ellis of Philadelphia—the twelfth case recorded in all literature. The lipoma was found post mortem in a woman of sixty, lying interstitially in the wall of the fundus, sub-spherical in shape, and measuring S by 6.5 cm. in diameter. It consisted of true fat cells with small interlacing bundles of fibrous tissue.

The point of interest is as to its origin, for the normal uterus contains no adipose tissue. These tumours probably arise from embryonal fat cells, lipoblasts which have been carried into the substance of the uterine wall along with the growth of the blood vessels. Meier states that he has seen fat cells extending from the parametrium into the substance of the uterus along the course of the blood vessels.

Uterine Appendages.—One of the best papers of the year is that of Adolf Glockner in the Arch. f. Gyn.—" The End-Results of Ovariotomy." He has collected 500 cases where proliferating tumours (not retention cysts) of the ovary have been removed, and his object is to show the end-results, especially in the matter of r. currence, or growth of a second tumour. Not the least important part of the paper is his classification of ovarian tumours. It is an anatomical classification modelled after Pfannenstiel, is simple and useful, and is as follows:—

1. Connective Tissue Tumours—fibroma, sarcoma.

II. Epithelial Tumours—(a) The simple scrous cystoma; (b) the glandular cystoma, commonly the adenoma; cyst-adenoma pseudomucinosum; (c) the papillary cystoma; (d) the carcinoma.

III. Teratoid Tumours.—(a) dermoid; (b) teratoma; the parovarian.

In his estimation of end-results, Glockner followed his 500 cases for ten years. The following are his results:---

Fibrosa of the ovary, 9 cases; 8 remained free from recurrence. Sarcoma of the ovary, 15 cases. Both ovaries removed. Recurrence

in S cases, in 7 within one year, in 1 between the fifth and sixth year. Simple serous cystoma, 29 cases. Opposite ovary not removed. 99.6 per cent. remained free from recurrence.

Glandular cystoma, 285 cases; 94 per cent. free from recurrence.

When a synchronous extirpation of the second ovary was performed, only .9 per cent. recurred. When the second ovary was left 4.6 per cent. showed recurrence.

Papillary cystoma, 19 cases. Both ovaries removed. Recurrence 61 per cent. Free from recurrence, 36.1 per cent. Questionable, 2.89