

and even the wall may be almost smooth. If the nature is not recognized at the first operation, the case invariably ends fatally, as the metastases are early and widespread. In the early diagnosis of carcinoma he lays great stress on the limitation of the movement of the breast under the skin. He thinks that all operations of an incomplete nature for cancer should be made with the actual cautery, as then local metastases are less likely to develop. He refers to the fact that one occasionally gets cancerous axillary glands without a demonstrable cancer in the breast.

FINSTERER. "Sarcoma of the Female Breast." *D. Z. f. K. C.*, Jan., 1907.

Finsterer refers to the relative rarity of sarcoma of the breast, and refers especially to the so-called cysto-sarcoma of the breast. This latter form, may be roughly described as epithelial-lined cysts lying in a very sarcomatous-like stroma. Mueller described this form first under the term Cysto-sarcoma phylloides. Virchow counted these as sarcomata and stated that the cysts were due to the dilatation of the already present ducts and acini. Billroth gives these tumours a special place and states that they rarely give rise to metastases. Schimmelbusch counts them as fibro-adenomata and states that they represent a more advanced stage and that they are in no way related to the sarcomata. Schmidt and Gabele consider them sarcomata. Out of the author's eighteen such cases, only one gave metastases, and in this case no details are given. There were several recurrences or newly developed tumours. However, in these as in all other sarcomata the author advises as radical an operation as with carcinoma.

OEHLER. "Experiences with 1,000 Cases of Spinal Anæsthesia." *Beit. z. Kl. Ch.*, Bd. 55, 1907.

Oehler first emphasizes the fact that it is Bier we have to thank for this discovery. He states that their injections are made between the third and fourth, or second and third lumbar spines, and they endeavour to replace an amount equal to the fluid that escapes. He states that occasionally, owing to change in form of bones, or to excessive fat, one is unable to enter the spinal canal. He states that the anæsthesia usually comes on three to five minutes after the injection. The upper limit of the anæsthetized area varies, and he thinks by raising the pelvis one can increase the height. He states that nausea and vomiting are occasionally seen, due partly to the injection and partly to the operation. He has used the method on patients as young as seven and as old as eighty years. He has used stovain, novokain, alypin, and tropococain.