

He claimed that simply bringing together of the edges of the aponeurosis is not sufficient to form a good strong union. In the "mattress" suture, the two lower surfaces are brought together and sutured through, thus narrowing the aponeurosis by nearly half an inch on each side, and so increasing its tension. The chief point about Noble's operation is that it gives a strong line of union with but slight narrowing of the aponeurosis. Before suturing the latter, it is well to separate it from the fat above and muscle below.

### **Malignant Endometritis.**

VAN COTT, J. M. "Malignant chronic endometritis."—*Inter. Med. Magazine*, April, 1897.

The writer asks and answers three questions: 1st. Can a diagnosis of this condition be made by the microscope alone? 2nd. If so, can it be made before widespread adenomatous change takes place? 3rd. If the microscope alone is incompetent, is there any combination of methods by means of which reliable results can be looked for?

He concludes that the microscope alone will not enable one to make an accurate diagnosis of this form of malignancy in the uterus. Much may be determined regarding hyperplasia, rapidity of cell proliferation and the presence or absence of adenoma, but it is utterly impossible to tell simply from the tissue removed by the curette how deeply the process has advanced into the substance of the uterus; at least, one can only have a strong suspicion that a process, which will prove fatal long before the characters are unmistakable, is present. If, in addition to the microscopic appearance, the patient gives a history of frequent metrorrhagia, unrelieved by repeated curetting, with rather a watery discharge between, you can safely make a diagnosis of malignant chronic endometritis.

As regards operation, it is better to err on the safe side and remove the uterus, if one is in doubt, as it is a greater error to leave a uterus *in situ* when it is the seat of malignant endometritis, than to remove one of which you are suspicious, yet which proves to contain nothing of a malignant character.

The condition must be comparatively rare, as the writer had only come across six cases in six years work in the pathological departments of three Philadelphia hospitals. He gives the following report of a case, but it is too incomplete to be of much value. The patient's age was about fifty. She was short, rather anæmic, and very stout with flabby tissue. There was a history of profuse metrorrhagia during the previous five years, increasing in amount and duration and with shortened intervals. Repeated curettage was followed by