

8,500 to 9,000 ounces were removed. The woman has gained health and strength, and is now apparently well and attending to her household duties. The liver is of the same size, the belly empty, and dyspeptic symptoms have disappeared. The total amount of fluid removed in a year is large, considering the patient's weight (125 lbs.) and size. Much larger quantities have been taken, but the case is instructive, as illustrating the benefit to be derived from paracentesis in cirrhosis.

*Dermoid Ovarian Cyst in a Pregnant Woman.*—DR. WM. GARDNER alluded to a case he related to the Society with exhibition of the specimen last winter. The case in question was one of ovariectomy for dermoid cyst, with twisted pedicle and most alarming symptoms of peritonitis. At the operation there was found universal adhesion of the cyst; it was necessary to remove the second ovary for commencing disease. Washing out of the cavity was freely practised, and a drainage tube was used for five days. It lay against the posterior wall of the uterus for five days. The uterus was somewhat large and vascular, but pregnancy was not seriously thought of, yet in a few weeks the woman was found to be undoubtedly pregnant. He now had to report that a few weeks ago she had been confined at full term by her ordinary medical attendant, Dr. Molson, of a large, healthy, living child, and had made an easy and rapid recovery. This was the second ovariectomy Dr. Gardner had done during pregnancy. The first case was also confined at full term, both mother and child being alive and well. Considering the dangers of pregnancy with ovarian tumor when uninterfered with, such cases surely furnish a strong argument in favor of prompt performance of ovariectomy even when at the time of diagnosis there are no alarming symptoms. Both of Dr. Gardner's cases were, however, done for urgent symptoms.

*The Dangers and Accidents of Local Treatment in Puerperal Cases.*—DR. J. C. CAMERON then read a paper on this subject, which appeared in the JOURNAL for December, 1887.

DR. BLACKADER said he would like to ask the reader of the paper under what circumstances he now advised curetting, and whether he would perform this operation whenever there were any septic symptoms present. He thought that injections should