

and then removed. The operation is done under thorough asepsis, and usually neither pain nor fever results. In two of the cases pregnancy ensued with delivery at term. The first case was treated three years previously and the patient continues to enjoy good health. In most of the cases the prolapsus was complete—several dating back twenty years. Besides the prolapsus the vaginal walls and pelvic floor were relaxed and distended. The uterus was large and heavy—and sometimes the cervix was ulcerated as a result of friction. Usually endometritis, resulting from chronic congestion, was present.—*The Post-Graduate*.

CHOLELITHIASIS AND PANCREATIC DISEASE.

Opie (*Am. Jour. Med. Sciences*) shows that disease of the pancreas is in many instances due to the compression of the duct of Wisburg, by which it opens into the duodenum, by the lodgment of a stone near the orifice of the common bile-duct. Damming back of the pancreatic secretion and its systemic absorption causes necrosis of the fat cells of the abdomen, and sometimes of the skin and pericardium. This is due to the action of its fat-splitting ferment, by which the fat is broken up into fatty acid and glycerine, the latter being absorbed, the former remaining in necrotic areas. Profound changes may be induced in the pancreas by the retention of secretion. These are illustrated by a number of clinical reports. First, an individual with a previous history of gall-stone colic is suddenly taken with epigastric pain, vomiting and collapse. He usually dies within forty-eight hours. A compressing stone is found in the bile-duct. The pancreas is enlarged, infiltrated with blood and hemorrhage may have occurred into the surrounding tissues. Foci of fat necrosis are usually present. Second, the course is slower and death comes in two or three months. The symptoms indicate infection and suppuration. Autopsy shows the offending gall-stones. The pancreas is dry, black and necrotic and lies in an abscess cavity. Fat necrosis is widespread. Third, acute lesions are not present, but there are chronic inflammatory changes.—*Medical Standard*.

RHEUMATISM AND THE THROAT.

St. Clair Thompson (Practitioner) believes that tonsillar inflammation is often the first indication of rheumatic infection, also that tonsillar disease is much more common in patients having the rheumatic diathesis. There are two varieties of rheumatic sore throat—faucial erythema and tonsillitis proper. The former is more