

out a death. He prefers complete extirpation for cervical disease, but regards it as indispensable that the uterus should be movable, and no evidence of infiltration in the parametria. He employs silk ligatures entirely, and nearly always uses gauze drainage, changing it on the fourth day.

*Cyst of the Pancreas Simulating Ovarian Cyst.*—HERSCHE, (*Weiner. Klin. Wochenschrift*, 1892, No. 15) reports the following case:—Multipara, aged 32, noticed for 5 years a tumour, size of an apple, to the left of the umbilicus, unaccompanied by pains or history of previous injury. It could be felt through the anterior vaginal fornix to the left of the uterus, and a distinct fluctuation could be obtained. The diagnosis of ovarian cyst was made and laparotomy performed. The pelvic organs were found to be normal. The tumour was a cyst, which sprung from the tail of the pancreas, and was so adherent to the vertebral column that it could not be enucleated. Nearly 2 quarts of chocolate-coloured fluid were withdrawn, and the edges of the cyst were stitched to those of the wound. The patient made a good recovery.

*Acute Peritonitis Following Rupture of a Dermoid Cyst in a Puerperal Patient.*—TISON. (*Revue Obstét. et Gynécol.*, May, 1892,) reports the case of a primipara who had been delivered by forceps. On the following morning symptoms of peritonitis presented. The condition became worse, and the woman died 5½ days post-partum. The autopsy showed as cause, ruptured dermoid of left ovary.

*How is Tubercular Peritonitis Cured by Cœliotomy.*—BUMM, (*Centralblatt für Gynäkol.*, No. 22, 1893,) analysed a case of tubercular peritonitis where, after opening the abdomen and draining off the ascitic fluid, the patient did well.

He believes that the operation sets up changes in which the tuberculous deposits undergo a round-cell infiltration and cicatricial change. The giant cells and epithelial elements disappear. The serous fluid greatly promotes the growth of the tubercle bacillus, and its removal is, therefore, also beneficial.

*Pelvic Disease in the Insane.*—ALICE BENNETT, M.D. (*Report to Board of Trustees State Hospital for the Insane*,