¹ On examination two years after the labor the uterus was found to be small and hard, and the externum obliterated by cicatricial tissue, so that a probe could not be passed. The ovaries could be felt indistinctly.

The Abdominal Reflex in Women.—BODON (*Ibid.*) believes that the abdominal reflex possesses a certain diagnostic value in doubtful cases. In pelvic cellulitis the reflex is not affected, while in pelvic peritonitis it is either diminished or weakened upon the affected side. Hence when a doubtful tumor is discovered on one side of the pelvis, and no difference in the belly reflex is found on the affected side, it may be inferred that the mass is situated in the pelvic connective tissue. If, on the contrary, the reflex on the affected side is weakened or absent, it is probable that the peritoneum is involved—*i. e.*, there is an exudate around the tube and ovary, or a pelveo-peritonitis. In acute cases the writer often observed that when the abdomen was lightly stroked over the affected side, the patient was suddenly seized with a violent pain, which was entirely out of proportion to the mechanical irritation. This is probably explained by the movements of the inflamed peritoneum caused by slight, invisible contractions of the abdominal muscles. In one case the pain was felt on the healthy side.

From further experiments upon the round ligaments the writer concludes that these are the analogues of the cremasters in the male.

Pregnancy and Parturition Following Amputation of the Cervix Uteri.—AUDEBERT (*Annales de Gynécologie et d'Obstétrique*, January, 1898) concludes an interesting article on this subject as follows: Amputation of the cervix exercises an important influence upon subsequent pregnancy, frequently leading to abortion or premature delivery. During labor the membranes are prone to rupture prematurely, while in some cases the cicatricial tissue opposes an absolute impediment to dilatation, requiring multiple incisions to overcome it.

Intra-vaginal Pressure as an Aid in Abdominal Operations.—NEUGEBAUER (*Centralblatt für Gynäkologie*, 1898, No. 5) conceived the idea of assisting the removal of intra-pelvic neoplasms by elevating the pelvic contents by pressure exerted through the vagina by means of a colpeurynter. Before operating upon a case of extra-uterine pregnancy he introduced the rubber bag and distended it with water to its utmost limit. On opening the abdomen he was surprised to find that the tumor, which was previously situated deeply within the pelvis, now appeared immediately beneath the wound and was easily removed. As the colpeurynter was emptied, the pelvic organs sank downward to their normal position.

Appendicitis in its Relations to the Pelvic Organs.—KRÜGER (*Deutsche Zeitschrift für Chirurgie*, Band xlv., Heft. 3 u. 4) emphasizes the importance of the differential diagnosis between appendicitis and disease of the adnexa. Acute puerperal parametritis may begin in the same manner as perforation of the appendix, but the symptoms are less severe, those of diffuse peritonitis being absent.

It is more difficult to distinguish between perforation of the appendix and