In response to an inquiry among surgeons throughout Australasia Young received notes concerning a number of observations, hitherto unpublished, which he presents in this paper. HUGO EHRENFEST.

Forgue and Chauvin: Tuberculosis of Ovarian Cysts. *Revue de Chirurgie*, 1919, xxxviii, 881.

The writers state that only 35 observations of this occurrence have been recorded in literature. Tuberculous ovarian cysts can be divided into three separate groups: (1) Tubo-ovarian cysts, really tubo-ovarian tuberculous abscesses; (2) Ovarian Cysts with an external infection with tuberculosis, usually associated with a tuberculous peritonitis, and (3) Ovarian Cysts with infected contents. In this form the ovarian infection practically never is primary, the primary focus as a rule being found either in the peritoneum or the tube. HUGO EHRENFEST.

Aimes: Torsion of Ovarian Cysts. *Progrès Médical*, 1920, Number 45, p. 483.

Aimes considers the various aspects of ovarian cysts with twisted pedicles. From the study of the literature, since no personal cases are cited, he finds that there are no reliable statistics regarding the frequency with which the pedicles of such cysts may be twisted. The accident may occur at any age, being more frequent between the ages of 25 and 50, presumably because more cysts occur during these age periods and since the causes of the twisted pedicles operate more frequently during these years.

Torsion occurs more frequently with movable than with adherent cysts. The same is true of small in comparison with large cysts. It naturally follows that the pedicles of dermoids are more frequently found twisted than is the case with the mucoid variety.

The causes of movement of these ovarian cysts are of either external origin, from conditions giving rise to a rapid change in the equilibrium of the abdominal cavity or of internal origin from a change in volume of the surrounding organs. The rotatory motion necessary to produce this twist may be explained by the fact that when forces are applied tangentially to the surfaces of symmetrical organs such a motion results. Also it is well-known that a spheroid body when compressed between two movable points will tend to rotate. On the other hand if the cyst is not symmetrical there will be a tendency to rotation because of the unequal enlargement of its various parts. After rotation has begun and the veins of the cyst become congested, increased rotation results because the congested veins tend to form arcs which exert a twisting force.

Torsion occurs most frequently in right-sided cysts. These tend to rotate in a clockwise direction while those of the left side rotate in a counter-clockwise manner. Pathologically, twisted cysts of the ovary present a picture of venous stasis or gangrene, depending upon the completeness of the rotation and the consequent interference with the blood supply. There is an accompanying peritoneal reaction which, in the greater percentage of cases, is aseptic.

The clinical picture varies from that of intense pain and severe shock to that of slight recurring attacks of generalized abdominal

pain, dependent upon the acuteness or chronicity of the process. The more common condition with which twisted cysts of the ovary may be confused are: twisted pedunculated fibroids; interstitial hemorrhages in fibroid tumors; torsion of a hydrosalpinx; ectopic gestation; and acute appendicitis.

Aimes finds the mortality to be about 7.6 per cent attributable more often to peritonitis than to hemorrhage, these two conditions being the complications of greatest danger. Palliative treatment may be applied but the only curative treatment is the removal of the cystic mass by operation.

THEODORE W. ADAMS.

Downes: Tumors of the Ovary in Children. Journal American Medical Association, 1921, lxxvi, 443.

Eighty-six cases of ovarian tumors in girls 10 years and younger have been reported to date. A large number of these are malignant. Downes thinks they are frequently overlooked. He reports the successful removal of a simple cyst containing 2.5 liters of fluid from an infant 7½ months of age in whom the condition had been mistaken for Hirschsprung's disease.

R. E. WOBUS.

Harley: A Case of Ovarian Cyst of Unique Dimensions. Indian Medical Gazette, 1921, lvi, 18.

Harley reports a case of ovarian cyst in a Hindu coolie, age 40, who gave a history of a small swelling in the lower abdomen gradually increasing in size for fifteen years. Her menstruation was regular up to four months before seen. Slight dyspnea; heart displaced upward; slight edema of legs. Abdomen very large, skin stretched and thin, with veins in it very prominent. No distress on lying down. Circumference of abdomen 73 inches. Urine normal and digestion good. Weight 246 lbs.

She was operated on; an incision was made 30 inches long. The cyst was found adherent to the parietal peritoneum, bowels, diaphragm and liver. The round ligament was the size of a loop of small bowel. The sac was isolated after considerable difficulty with very little bleeding and the patient seemed to stand operation very well. Weight of patient after operation 82 lbs. She died next day of shock due, apparently, to too much handling of peritoneum.

F. J. SOUBA.

J. Mason Hundley and Jack M. Hundley: A Report of Two Ovarian Cysts. Official Publication of the University of Maryland. Bulletin of the School of Medicine, 1921, v, 182.

These cases are especially interesting because of the size of the cysts. In the first patient, a colored woman of 54 years, a cystadenoma of right ovary was found which weighed 102 pounds. During the removal of the cyst one hundred pints of a greenish colored fluid were emptied. The patient convalesced rapidly and left the hospital 14 days after the operation.

The second case was a dermoid cyst weighing seventeen and one-half ounces occurring in a colored child eighteen months of age. The child made an uneventful recovery following operation.

NORMAN F. MILLER.