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 ovariotomy 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 ovariotomy 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 ovariotomy 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, as follows:—

Dr. Matthews Duncan has somewhere remarked that the subject of antiseptics in midwifery is by far the most important obstetrical question of the day, being of even greater moment to the public than the prevention of epidemics, for while epidemics come only at intervals, puerperal septicæmia is a constant menace to the lives of a most valuable portion of the community. Antiseptics may justly be said to have revolutionized the practice of midwifery, so that results impossible anywhere a few years ago are now everywhere obtainable. Antiseptic midwifery in some form or other is practised almost universally; but unfortunately, general use is apt to run speedily into abuse, and the antiseptic system is no exception to the rule. Uterine and vaginal douches, when properly administered in suitable cases and at suitable times, are invaluable, but otherwise they may prove dangerous. To point out some of the dangers and show how they may be avoided is the object of this paper.

The opinion seems to be prevalent among the profession that, while the intra-uterine douche is *generally* safe, the vaginal douche is *perfectly* so. No particular skill is considered necessary. Impressed with its harmlessness, some recommend the antiseptic vaginal douche as a prophylactic against infection during the puerperal state, and advise its use in all cases. Not unfrequently we find the operation entrusted to the nurse or some incompetent person, without direction or supervision, as if douching was a trivial matter out of the province of the physician or perhaps beneath his dignity. With such doctrines and practice I cannot agree, for in my opinion prophylactic douching during the puerperal state is not only unnecessary, but frequently the cause of serious harm. Though believing in thorough antisepsis during labor and the puerperal period, and admitting the value of vaginal and uterine douching in certain conditions, I am nevertheless convinced that the douche is not perfectly harmless, and that it should be used only when clearly indicated, and then with caution.

Liability to absorption through tears, fissures, abrasions or other traumatisms constitutes the chief danger of the vaginal douche. The contraction of the constrictor muscles narrows the orifice of the vagina and favors sacculation of its canal; consequently part of the infection is apt to be retained, perhaps for a considerable time. Indeed absorption is more liable to take place through the vagina than through the uterus, because the latter usually contracts firmly and empties its cavity, especially if the injections be hot.

For various reasons the intra-uterine douche is more dangerous than the vaginal, especially if the current be too strong or the outflow insufficient. Fluid may be forced through the Fallopian tubes into the abdominal cavity, causing acute peritonitis or even death, as in Voht's case; or a thrombus may be dislodged from the placental site and hemorrhage take place; or air may find its way directly through the uterine sinuses into the veins; or some of the injection fluid may enter the veins.