

that she was not. The breasts gave no evidence of pregnancy excepting a slight discoloration of the nipple. Careful examination failed to detect any foetal heart sounds. Vagina showed no discoloration such as is observed in pregnancy, but it was remarked that there was a laxity of the parts as in the pregnant condition. The stethoscope was inserted to detect any placental bruit with negative results. All present excepting the doctor and the nurse now went out of the room, when the patient was again questioned concerning any possibility of her being pregnant; the doctor also warned her that in case she were and did not admit it, what he was now about to do would endanger her life. She still said it was impossible. Those absent now returned. The speculum was introduced. From the appearance of the os uteri the doctor thought she had had a child. This she denied, but said an operation was performed on her three years ago, when a polypus was removed. The sound was next introduced and passed  $4\frac{1}{2}$  inches. Further examination was not made. She was asked to come in as an internal patient. She came in on the next day (Friday). On Saturday morning, owing to a mistake being made in names, this patient was being prepared for a serious operation, the mistake was soon noticed, yet the patient was quite willing, without admitting her pregnancy, to be prepared for an operation, the gravity of which she knew. Saturday afternoon the examination of her case was continued. She again said that what she said on Thursday was true. The sound was passed  $7\frac{1}{2}$  inches. The os uteri was well dilated. The doctor thought the diagnosis lay between a myoma and pregnancy. To make a better examination the patient was anaesthetized with chloroform. The finger was now inserted in the os, and a diagnosis given as a case of pregnancy. The head, and the hands or feet could be felt. Applied also ballotement. Also heard foetal heart sounds by pressing well the end of the stethoscope on the abdominal wall.

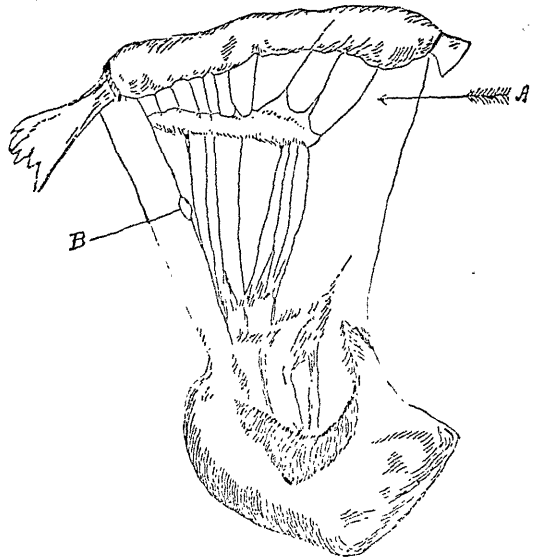
The next International Medical Congress will be held in Rome in 1893.

• Hot claret is said to be an excellent gargle in acute sore throat, being an agreeable astringent and non-poisonous.—*Coll. and Clin. Rec.*

## Pathology.

### SIMPLE CYSTS OF THE BROAD LIGAMENT.

Dr. Wm. Goodell, of Philadelphia, in his paper on "Intraligamentary Cysts," published in the transactions of the Philadelphia Obstetrical Society, places them in two classes, viz., unilocular papillomatous cysts, and multilocular papillomatous cysts. The unilocular variety he refers for its origin to a so-called degeneration of the parovarium tubules—the multilocular he refers, with Doran, to foetal relics in the hilum tissue of the ovary, these foetal relics being the remains of the "mesonephros" or Wolffian body. In addition to the two above



A—Tubules, supposed to be aberrant parovarian tubules, and on which cysts are found. B—Small parovarian cyst.

mentioned forms, Doran and Bland Sutton speak of a third class, which has been denominated "simple cysts" of the broad ligament, and in regard to which both of these authorities have come to the conclusion that they are unconnected with the parovarium. Sutton has further concluded that in some cases, at least, they are formed from lymphatic vessels by dilatation. In support of this view, he describes on page 209 of his "Introduction to General Pathology," a specimen of simple broad ligament cyst, the connexion of which with the lymphatic vessels of the broad ligament was easily demonstrated, since the coagulation of lymph within