is, in fact, within the thickness of the internal border of the broad ligament that the alteration is situated, for it is there that the vessels, arteries, veins, and lymphatics, converge, which have kept up the placental circulation, a very active physiological circulation as gestation required. There is found the point of departure of phlegmons of the broad ligament whose origin has been in inflammation of the lymphatics or of the veins. It was under such conditions that this woman came into our wards. The placental wound was in process of cure, when 10 or 12 days after delivery in consequence of over exertion she presented herself to us with all the signs I have just described, and which enabled me to diagnose a phlegmon of the broad The most absolute rest, the application of cataplasms over the abdomen, and freedom of the bowels secured every day or every other day by means of a purgative, suffice in the majority of cases to enable these patients to get well, and the phlegmon is thus rather easily prevented from being transformed into an abscess, the grave consequences of which you well know. You will not therefore be astonished that I have with so much insistance opposed this woman's going out. fact, convinced that she goes out merely to return in a few days with an abscess of the broad ligament, the consequence of an uncured phlegmon.

What will be the course of this abscess?

When abscesses of the broad ligament are formed they are commonly announced by symptoms of considerable gravity: the woman is seized with repeated chills, fever is set up, the temperature rises, and sharp pains occur within the belly.

Later, when the suppuration has become established, it is not rare to observe the pus open into neighbouring organs, such as the bladder, rectum, and peritoneum. In the last case, the presence of pus in the peritoneal cavity gives rise to acute complications which rapidly carry the patient off. In certain cases, on the other hand, the disease assumes a slower course, but the termination of which, as would be expected, is not less fatal, for it is rare that a woman, struggling against the hectic fever which consumes her, does not in the end suc-

cumb to the most complete marasmus. At other times the abscess points in the inguinal region, and opens here spontaneously at the end of 10, 15 or 20 days. But the tendency of these purulent collections to invade the cellular tissue which surrounds them is so great that most frequently a similar process occurs simultaneously in connection with the vagina, so that, even after the inguinal abscess has been opened either spontaneously or by surgical intervention, it is not rare to observe that some days afterwards the vagina becomes perforated in turn and gives issue to a purulent liquid. Therefore the prognosis should always be exceedingly reserved.

You will understand, from what I have just said, how serious this woman's affection is, and how dangerous it is for her to leave the hospital in her present state. Her imprudence may be attended with serious consequences, whilst rest in the hospital would in all probability suffice to obtain a cure of her peri-uterine phlegmon.

THE VOMITING OF PREGNANCY.—The Presse Med. Belge notices a method proposed by Dr. Labelski, a physician attached to the Warsaw hospitals, at the Brussels Academy of Medicine, for arresting the incoercible vomiting of preg-As soon as this appears, or even the nausea which usually precedes it, a douche of pulverised ether should be directed by Richardson's spray-producer against the epigastric region and the corresponding part of the The douche should be vertebral column. prolonged for from three to five minutes, or even longer, and repeated every three hours. In obstinate cases it should be alternated with douches of chloroform,—Dublin Medical Press.

DIAGNOSIS OF PREGNANCY.—Dr. Goodell, of Philadelphia, says, "You should adopt this general rule of diagnosis: when the neck of the uterus appears to you as hard as the end of your nose, pregnancy should not exist; if it appear to you as soft as your lips, the uterus probably contains a feetus."

A case is reported in the Maryland Medical Journal in which labour was retarded by the presence of a ring pessary.