broke it off. Being satisfied that all was separated, with the aid of a pair of bullet forceps, I succeeded in grasping it and bringing it away. The tumor was about the size of a child's head at 8 months. I then injected the perchloride and put the patient in bed. Heavy chills with oppression about the heart followed; ordered bottles of hot water to the feet; hot fomentations to the bowels; and gave some brandy and ammonia internally. After reaction came on, I gave a teaspoonful of infusion of ergot and repeated it in half an hour; also ordered a weak solution of carbolic acid as an injection twice a day. At Dr. Morden's suggestion, I subsequently used permanganate of potash as an injection with the most beneficial effects. She is now taking citrate of iron and quinine, and is doing well.

The above case shows the beneficial effects of the combined local application of perchloride of iron, and the internal administration of ergot in the removal of fibroid growths.

The continued administration of the ergot not only reduced the size of the tumor to some extent, but also brought it within the reach of manual interference, and the woman delivered from her perilous situation. The patient is now well and strong, without any symptoms of the return of the disease.

TRANSLATIONS FROM FOREIGN JOURNALS.

(From Le Progres Medical.)

BY C. W. COVERNTON, M.D., M.R.C.S., ENG. TORONTO.

PRESENCE OF LYMPHATIC GANGLIONS BETWEEN THE BLADDER AND RECTUM—TUBERCULOUS ENGORGEMENT OF THESE GANGLIONS.

M. Lannelongue, presented (Surgical Society Sept. 17th), a pathological preparation from a young child who had succumbed under treatment for tuberculization of the urinary passages. At the commencement the child manifested only acute pain in urinating. The exploration of the bladder made on two occasions, evidenced satisfactorily that there was no question of calculus. By the rectal touch, there was only to be recognized at the level of the prostate, a soft and fluctuating tumor, which was nothing else than a tuberculous abscess surrounding the neck of the bladder. The child died with all the accompaniments of a purulent cystitis, and a consecutive nephritis. At the autopsy, there was found in the prostatic region of the urethra, an anfractuose cavity covered with tuberculous products, and in size, capable of admitting a small nut. The kidneys had been equally infiltrated with caseous deposits. But the most interesting lesson consisted in the presence of seven cores, or nodes, having each the volume of a shrivelled pea, and situated in the connective tissue, which separates the rectum from the base of the bladder. One of these cores corresponded exactly with the embouchure—or mouth of the ureter. Histological examination proved that these cores were veritable lymphatic ganglions, become caseous. M. Lannelongue has made other researches on this point of anatomy, and in the case of another child who had no lesion of the urinary passages, he found also six ganglions, situated between the bladder and the rectum. M. Lannelongue, considered the presence of these ganglions could easily explain the formation of certain abscesses in the superior pelvi-rectal space. An excoriation of the mucous membrane of the bladder, or a lesion of the urinary passages, would provoke adenitis in these ganglions; this would terminate in suppuration, extending to the cellular tissue of the neighborhood. M. Duplay, confirmed the anatomical ideas that M. Lannelongue had expressed. In his dissections he had often met ganglions situated in front of the anterior face of the rectum. M. Lucus Championniere remarked that the new facts communicated by M. Lannelongue, resembled those that he had observed in the arrangement of the uterine lymphatics, and of the ganglions of the broad ligaments. These ganglions only become apparent to the anatomist when the lymphatic plexus of the uterine mucous membrane is diseased. It is in these cases that pathology comes in as an aid to the study of Anatomy. M. Després, has observed daily an abscess of the superior pelvi-rectal space, in the case of a robust patient. After attentive observation he remains persuaded that this abscess had for its cause adenitis. The patient presented as the first sympton, retention of urine. M. Després, rather ridiculed the doctrine of Dolbeau, who taught at the Faculty that nine times in ten, abscesses are consecutive on lymphaginitis.