

be produced by menstrual derangements, leucorrhœgia, etc., and they state that the effusion is owing to pelvic-peritonitis.

Dr. G. Howitt considers it due to subperitoneal effusion, although the peritoneal substance may be affected.

Dr. West calls it "acute purulent œdema."

Virchow styles it, diffuse puerperal metritis and peri-metritis.

Dr. Churchill is of opinion that inflammation of the uterine appendages is generally combined with more or less inflammation of the peritoneal sac.

The experiments of König are interesting, as they tend to show the probable course of the effusion, and account for the tedious character of the disease, he injected the cellular tissue after death in labour, and found that air or water travels along the psoas and iliacus into the pelvis proper, and starting from the antero-lateral portion of the cellular tissue where the body joins the cervix uteri, fills the tissue of the lower pelvis laterally to the uterus and bladder, and along the round ligament to Poupert's ligament, thence backwards and outwards to the iliac fossa, from the posterior part of the base of the lateral ligament, the part first filled is the fossa of Douglas, thence it may pass in front of the bladder, and extend upwards between the peritoneum and abdominal fascia. The following case is quite typical and had an erysipelatous origin as proved by the development of erysipelas in the child.

I attended Mrs. W. æt. 38, in her seventh confinement, on Nov. 2, 1874. She had a natural labour of three hours duration. On the night of the 3rd, she was attacked with severe rigors, great pain in the lower part of the abdomen, quick pulse and irritative fever. Applied warm fomentations to restore suppressed lochia, and allay pain, prescribed Pulv. Doveri gr viij Ant Tart. gr. $\frac{1}{2}$ every four hours. Next day lochia had returned slightly, pain was relieved, prescribed a mild purgative to be followed by Quinia Disulph. She convalesced rapidly, and I did not again see her until the 27th, when I was called to treat the infant for phlegmonous erysipelas of the face and arm, I prescribed Sol: Ferri. to child as a local application, and I ordered quinine for the mother with Tr. Ferri. On Dec. 1st, I lanced the child's arm which discharged pus freely. The mother attended but did not suckle the infant, she looked pale and worn, and