covery was made of the seat of the abscess, or the outlet of the pus. Was it abscess of the wound itself? I said no. What then? Pelvic abscess.

Dr ——— reported to me a case resembling the above in some of its symptoms; viz., exquisite pain in the left iliac, with swelling, and excessive heat; these, and absolute inability to use the left limb at the time, and slow recovery of the power afterwards. Copious, liquid, easy dejections suddenly occurred. Costiveness had not been a symptom. Immediate relief followed. In this case, so grave was the constitutional disturbance, that recovery was despaired of. The dejections were not examined. Were they not purulent?

Ovarian Dropsy.—In some, but very rare cases of this disease, the cyst presses down into the pelvis, forming a fluctuating swelling. A case of this kind came under my notice.

Mrs. ——— was surprised by a copious discharge of a colorless glairy fluid from the rectum, and occurring at distinct intervals. She was desired to collect some of it for inspection. At my next visit she handed me a glass tumbler full of this liquid. It resembled exactly the white of an egg, and had an odor not unlike that substance. In appearance, it exactly resembled that of the third case above reported. There was not the least fecal smell in it. The discharge continued. The ovarian outgrowth grew daily less, and at length ceased. Perfect recovery followed.

It has been suggested, or the question asked, if an opening by the rectum or through the *cul de sac* might not be made in this disease, especially where there is pelvic or rectal enlargement discovered. It is a well-known fact that the bursting of the ovarian sac into the abdomen by violence, falls, or great and sudden exertion, has been followed by rapid recovery. I attended a case of labor, in the subject of which ovarian dropsy had long existed, and for which tapping was to be done. Mrs. ———, while lifting a heavy weight—a washtub, felt something suddenly give way within her. The swelling rapidly subsided, good health occurred, and she became pregnant. She passed through labor and the puerperal state without accident. Many such cases are on record.

The contents of these vaginal cysts differ, and all are unlike those of vaginal, or, more correctly, pelvic abscesses. Their contents are not purulent, and this suffices to show that they are not the products of purulent inflammation. What is the precise or anatomical character of the secerning tissue in this disease, I know not. It is a product of disease, but which obviously is different, or is modified, in different instances.—*Boston Med. and Surg. Journal.*

TREATMENT OF UTERINE INFLAMMATION BY INJECTIONS, EXTERNAL APPLICATIONS, ETC.

By Edw. J. Tilt, M.D., London.

Injections are of great value in inflammations of the womb, but require care, in order that their full effect may be obtained. As they are mere lotions to internal organs, the tube of a large syringe, say one or two pints, should be introduced as far as possible without giving pain, in order that the whole lower part of the womb and entire vagina may be acted on. The patient should be in a reclining position, on a hard sofa and the liquid injected, and reinjected for at least five minutes; the temperature of the fluid should be warm or tepid in the acute stage, afterward cold. Emollient injections range thus: water, milk and water, linseed tea, solutions of borax, chlorate of potassa, acetate of lead, alum, alum and zinc, zinc alone, decoctions of oak bark, etc. One drachm of the salize compound to a pint of water, and only ten to twenty grains of sulphate of zinc when used alone. Emollients may be used three times a day; cooling twice; antiphlogistics as alum, only once; astringents two or three times. One drachm of laudanum may be added to each injection when pain is felt. After cure, continue for awhile. Generally, it is best to cease during the menstrual period; but if there is obstinate ulceration, or vaginitis, the medication may be continued. If internal metritis protracts the flow