The difficulty of accurate diagnosis is no doubt sometimes great, but not always; and when the well-balanced judgment arrives at reasonable grounds for belief that hemorrhage threatening to be rapidly fatal is going on unchecked from a controllable vascular lesion, then a bold, but not rash, interference is justifiable, and in these days of heroic abdominal surgery, laparotomy should be done without delay.

During the later stages of pelvic hæmatoceles watchful supervision of the patient is necessary. The bladder should be carefully attended to with scrupulous cleanliness and great gentleness. Bed-sores should be prevented if possible. The bowels as a rule should seldom be opened. The mouth often becomes sore from the glazy and raw condition of the tongue and lips, therefore all food should be bland. Sedative mouth washes give much relief (borax, myrrh, wine of opium, mucilages, and orange flower or rose water). The better patients are fed and cared for, the sooner, does the effusion disappear according to my experience. Care should be taken to guard against relapses or exacerbations, which are apt to occur about the time of the next catamenial period. I have been able occasionally to predict a fresh effusion at these epochs; and when such happens, it is followed by fresh manifestations of hæmatic jaundice. There is periodicity about these forms of hemorrhage, and the explanation of effusions occurring at the inter-menstrual or fortnightly periods is that it is part of a minor nisus that happens then. The condition of the vascular system will warn the physician, and the sphygmograph or finger may indicate increased arterial tension, while the eye can see the venous turgescence. Undue vascular excitement may be reduced by aconite, amyl-nitrite, nitro-glycerine, the bromides, etc. The pelvic viscera may be quieted by actæa racemosa, monobromide of camphor, Indian hemp, conium, gelsemine, and so on, given internally, and by vaginal pessaries of iodoform, conia, morphia, atropia, etc., or by rectal suppositories. An atmosphere of turpentine about the sick chamber is good, both for styptic and purifying influences. With reference to the puncture of hæmatoceles, I should as a rule, deprecate opening, and would counsel caution in resorting to any operative measures. Should relief become necessary in the latter stages from suspicion of suppuration or decomposition of blood, or from clear evidence of intolerable or dangerous tension, then aspirate by the vagina and not by the rectum; but operation is generally undesirable, and should be carefully resorted to. During convalescence hot air and water will be found beneficial, and where absorption is tardy, poultices of scalded sea-sand and brine baths are essential.—*Med. and Surg. Reporter.*

ABSORPTION OF INTRA-PERITONEAL LIGATURES.—Dr. J. C. Irish, of Lowell, Mass. (*Boston Medical Journal.*) says:—Since the intra-peritoneal treatment of ovarian pedicles with short ligatures has so universally replaced the older modes by clamp or ligatures brought out at the lower angle of the wound, it has become a question of great interest to learn what becomes of these foreign bodies enclosed in the abdominal cavity. This subject has been extensively investigated by Spiegelberg and Waldeyer, with a series of experiements upon animals. Doran, also, reports ten cases in which he has examined the pedicle at some time after an ovariotomy.

These observers found that a plastic effusion extending from the proximal side of the pedicle to the distal, over the ligature, would establish a vascular connection with the ligature portion, sufficient to prevent its necrosis. Afterwards, young granulation cells would spring up and insinuate themselves among the individual fibres of the ligatures, separating the threads and unravelling them, and finally, that these fibres would become entirely absorbed.

In exceptional instances, however, the ligatures would slip off the stump, become encysted, and remain without further change.

I have been unable to learn the length of time required for the completion of this process of absorption, or the variations in extent of time that occurred in different cases. The following case, however, demonstrates that complete absorption of the ligatures may take place, as it seems to me, in a very short space of time.

January 13, 1885, I removed an ovarian tumor from a patient at Lowell. The pedicle was ligated in two sections with "Tait's Knot." The ligatures were cut short and enclosed in the abdominal cavity. The patient made a rapid and complete recovery from the ovariotomy. But May 5th, that is four months less eight days after the date of the ovarian operation, she died of acute pulmonary tuberculosis. At the post-mortem examination, a very careful search was made for the ligatures. All trace of them had disappeared from the pedicle. Although it was very improbable, from the manner in which the pedicle had been tied, that they could have slipped off and become encysted, still so thorough an examination of the pelvic cavity was made as to convince us that it was impossible that they had found any place of lodgement there. Therefore, in this instance, the entire absorption of the ligatures had taken place in twelve weeks or less.

EXTERNAL TREATMENT OF NIGHT-SWEATS.—The *Therapeutic Gazette* (August 15,) remarks concerning the treatment of night-sweats by external applications, that Nicolai (*Gazette Médicale de Paris*, June 6, 1885) obtained very good results in the case of night-sweats of phthisical patients, and