septic vaginal and uterine injections, was apparently convalescent, when suddenly she became much worse; collapse supervened, which was found to be due to a sudden development of diphtheritic membranes, which covered the mucous surface of the vulva and vagina, the result of carelessness and dirtiness of the nurse. The patient died in a few hours.

I now ask permission to refer to a matter outside of the question of the prevention and treatment of puerperal fever, but in behalf of the "truth of history." I ask any who may feel sufficient interest, to turn to page 320 of my work on the *Puerperal Diseases*, where they will find on that and the following pages the subject of intrauterine injections fully discussed.

I shall only add that my creed to-day is fully avowed on page 476 of the book to which I have before referred, and, unless in the future I learn new facts and new arguments to change my faith, I shall "die impenitent."

In conclusion he stated that in the early part of his career he used antiseptic vaginal injections. This practice he had kept up until within the last three years, when his ideas had changed in consequence of remarks heard at the International Congress at London. After his return to New York he had first reduced the strength of his carbolic solutions and finally gave up using vaginal injections altogether, unless in consequence of some special condition.

Parovarian Cysts.—Dr. W. Goodell, exhibited two cysts of the parovarium. In commenting upon these specimens, he remarked that both patients got well; he, indeed, had never lost a patient from whom he had removed a parovarian cyst. In both cases, a correct diagnosis was made previous to the operation. One interesting diagnostic point was the complete absence of the *facies ovariana*. The colour in the cheeks was good, and the countenance was free from the anxious expression present in cases of ovarian tumour. One tumour had existed for ten years, the other for one. Another important point in the differential diagnosis is not only the flaccidity of the tumour, but its variable degrees of flaccidity. Upon inspection, it is seen to reach to the sternum, and seems to occupy a large portion of the abdominal cavity, but, when the hands are placed upon its sternal edge, it can be compressed to the level of the umbilicus. An ovarian cyst, on the contrary, is hard and incompressible. Exceptions to this rule are very rare,—that is, either a tense parovarian cyst or a flaccid ovarian one. A third important distinguishing point is the long time—ten years in one case—which the tumour existed, and, further, without marked deterioration of health. After being tapped, these tumours usually refill, but occasionally they do not, and a cure is thus brought about. The fluid withdrawn has been in every case limpid, and generally colourless, but it has sometimes had in his experience an emerald tint. These tumours are generally free from serious adhesions, but if in an operation for the removal of one, adhesions should exist, where for any reason their forcible separation would be unadvisable, or the cyst were intra-ligamentous, he would not hesitate to leave the adherent portion of the cyst-wall, or the whole cyst itself, after making a big hole in it, as the fluid it secretes is bland and unirritating to the peritoneum.

Any one examining one of these cysts for the first time would consider it to be of ovarian origin; for it is only by patient search that the ovary can be found spread out over the cyst-wall. The microscope will decide with certainty in any otherwise doubtful case. The tumour is covered with a beautiful net-work of veins.

When a cyst of the parovarium exists on one side, the ovary of the opposite side is usually found to be diseased, and should be removed. In these cases, the remaining ovary was seen to be enlarged, and the site of a small ruptured cyst was pointed out. The fallopian tube was also enlarged, and the terminal vesicle of the fallopian tube, or the hydatid of Morgagni, was enlarged and cystic. This vesicle sometimes attains the size of an orange, and often ruptures spontaneously without any bad effects. A few years ago, one of these small cysts ruptured while he was making an examination of the patient to ascertain its character.—*Philadelphia Medical Times.*

Gelsemium in After Pains.—Dr. Holt (*N. Y. Med. Jnl.*) recommends the fluid extract of gelsemium, in doses of a fraction of a drop, frequently repeated, in severe after pains. In one case where he had used it relief had been prompt and decided.