February 3rd.—Temperature remained at 98, pulse 88 all morning, going up to 99⅘, pulse 96 at 6 p.m.

February 4th, 6.30 a.m.—Temperature 104, pulse 110, respiration 24, falling by noon to 101⅕, 108 and 24 respectively. Serum 20 c.c. given. Temperature at 6 p.m. 98⅘. Patient slept well all night.

February 5th, 4 a.m.—Temperature 106, pulse 136, respiration 24. Temperature fell steadily all day until by midnight it was 98. Pulse 86 and respiration 24.

February 6th to 13th.—During this period (8 days) the temperature varied between 96 and 98. The patient looked well, slept well, felt well and ate well. On the afternoon of the 13th the patient was allowed to sit up for a few minutes. Had a severe chill. By 7 p.m. temperature 106, pulse 148, respiration 32. Serum 10 c.c. given.

February 14th.—Temperature falling steadily all day. Patient felt well and wondered why she was kept in bed.

February 15th, 7 a.m.—Temperature 98, pulse 84, respiration 22. During the rest of the patient's stay in the Hospital her temperature varied between 97 and 98⅘. She was allowed up on the 24th, and left the Hospital on the 28th, having been 14 days without fever. The yellowish discharge had gradually ceased, and the uterus could no longer be felt per abdomen. On March 10th her husband told me that four days after her return home she had "felt chilly," but that since then she had been getting stronger every day, and was able to attend to her duties. During the whole of this illness the patient did not look as ill as her temperature seemed to indicate. I attribute this, in part at least, to the stimulating treatment given. I have noticed this fact before under similar circumstances. The fact that the guinea-pig did not die from the injection of the material obtained from the uterus is not unusual. Animals are not specially susceptible to micrococci taken from the human subject. The sense of well-being after serum injections was very well marked in these two cases. The clinical condition, namely, the continued fever of septic type, and the smooth-walled, empty uterus was itself sufficient to establish a diagnosis of septicemia, though the bacteriological finding was strongly confirmatory. The chill which followed the exploration of the uterus is the rule in such cases.

Case 3.—Mrs. E.—Admitted February 22nd, 10.45 p.m. Temperature 100, pulse 120, respiration 34. Brownish, offensive discharge from uterus.

February 24th.—Uterus explored under chloroform, found empty and smooth-walled. The only organism recovered from the discharge was a long bacillus.

February 25.—Feeling better. Temperature 99 this morning, 104 at night.