being weak over the left side and exaggerated over the right. It was thought that there was a tumor pressing on the left bronchus. Shortly before death there was a systolic murmur heard at the apex as well as severe pain in the region of the gall-duct. Commenting on the case, Dr. Stewart said that some cases of myocarditis are easily diagnosed, though very often the condition is only discovered at the autopsy. Patients often die with as great suddenness as from hemorrhages into the medulla or from aortic disease.

Fibroid of the Labium.—Dr. Lockhart exhibited this specimen which he had removed last April, and which had existed since June, 1890. On examination, the growth was found attached to the left labium minor by a pedicle one and a half inches long and about two millimetres thick. It was removed by Paquelin's cautery.

Dr. Lapthorn Smith then read a paper on "A Case of Puerperal Peritonitis Treated by Abdominal Hysterectomy, with Reports of Two Other Cases Treated by Other Methods."

The following very brief and imperfect reports of these cases of puerperal peritonitis, although of very little interest in themselves, may serve as a basis for some practical deductions, and may also, I hope, lead to some healthy discussions and criticisms.

Mrs. C., aged 22, was attended by me six years ago for typhoid fever, which came on during the last months of her first pregnancy. The fever ran a typical course and at the beginning of the third week labour came on, which, owing to her weak condition was tedious, and required the aid of the forceps. There was no change in the temperature however, it continuing at 103° until the end of the third week when it began to fall, and in two or three days reached normal. She made a good recovery. Two years later, I was called to attend her in her second confinement, and found her in a house on Brunswick street which had enjoyed rather a bad reputation for scarlet fever and diphtheria. I was very careful to have everything about her clean, but did not use any injections. There was no laceration of the cervix or perineum, and the placenta came away easily and entire. Her temperature was normal the next morning, and also the following one, but towards the afternoon of the third day I was hurriedly sent for and found her in a very severe rigor. The thermometer registered 105°. I immediately syringed the vagina with plain hot water, and then ran home for a uterine double current catheter which I had shortly before purchased in Berlin, known as the Fritz Bozeman. I also brought some Liquor Potassæ Permanganatis. I then prepared a quart of hot water with one ounce of the Permanganate solution, and allowed it to flow from a high fountain into the uterus. The first few ounces which came away were dirty, and then there was washed out a pale, round fungous looking mass about three inches wide and half an inch thick, exactly like the colony of fungi commonly called the vinegar plant. After that the water came away clear magenta. At ten o'clock that night the temperature had fallen to 101°, and the next morning it had returned to normal. As a precautionary measure I repeated these injections for several days, but there was no return of fever, no sore throat, and no exhaustion. I should mention I had her ears ringing from cinchonism within five hours of the chill. The injections were repeated night and morning for three days. She made an uneventful recovery. I mention this case because it was the worst of seven similar cases occurring during fourteen years, and among over five hundred confinements, all of which were treated in the same simple way and ended in recovery. The decomposing mass was probably a blood clot, as she had had many afterpains the first day which required two or three 10-grain Dover's powders to relieve. I suppose every practitioner has a case like this occasionally, and saves the patient's life by the same treatment, although such cases, if not treated, would probably go on to puerperal peritonitis and die. But there are cases in which, in spite of the same treatment, the temperature does not go down, the chills are repeated, the belly becomes tympanitic, and in a word, the case proceeds from one of uterine septicæmia to infection of the great peritoneal lymph sac, or general peritonitis. Of such a kind is the following case:

Mrs. J., æt 34, mother of two children, was attended by me three years ago for a miscarriage at the third month, from which she made a good recovery without any rise of temperature. About two years later I was called to see her in her confinement. She was nursed by an elderly maiden sister who was opposed to doctors in general, and to me in particular. She spent four weary hours chiding me for the length of the labour, until at midnight, the os being open, I carefully washed my hands and instruments and proceeded to apply the forceps. This also met with a good deal of obstruction, and the patient herself objected to take any anæsthetic. I tried to apply the forceps without any anæsthetic, but the patient set up such an outcry, in which all the family joined, that I insisted upon having someone to help me. Dr. Reddy kindly responded to my call and administered the A. C. E. mixture, while I easily applied the forceps and delivered. The placenta was expelled by Crede's method. I gave her a drachm of ext. of ergot to prevent hemorrhage, and after cleaning her and the bed up I left her comfortable. Next morning (Monday) her temperature was normal and she felt remarkably well. I gave strict orders about changing the soiled bedding and to have the bowels moved on the third day. On Tuesday, Wednesday and Thursday mornings the temperature was still normal, but on