

severe rigor, rapid pulse, and a temperature of 104, followed by pain and tenderness in the lower abdominal region. She recovered in a week, so far that the pain and tenderness disappeared and pulse and temperature became normal. The lacteal secretion was sufficient for the child, and she resumed her household duties. In fifteen days she had a similar attack, followed in ten days by another; apparently good recovery, only to suffer another recurrence ten days afterwards. The third attack was the most severe of all. In addition to the rigor, high temperature and pain and tenderness, there developed a large, soft, tender mass on each side of the uterus, easily felt by bimanual palpation. I now decided to open the abdomen. On doing so I found a large tubo-ovarian abscess on each side. It was treated in the usual way and a rapid and perfect recovery followed. This patient is now in better health than she has been for years.

I might add a fifth case operated on in the General Hospital some two years ago, followed by recovery.

Case III must be considered separately from the rest. The symptoms were those of obstruction. Dr. Adami, in his report upon the tubes and ovaries, says they can not be called diseased and that we must look elsewhere for a cause of the peritonitis. The cause was apparently a temporary condition, which had ceased to exist at the time of operation. Remembering the symptoms that followed the administration of an enema after the first confinement, and the apparently causative relation of enema and symptoms at the onset of her last illness, I think that probably, as I said before, a volvulus was produced which untwisted before we inspected that region, or perhaps it was untwisted while we were looking at the condition of the uterine appendages on the left side.

The two lessons to be learned from the other four cases are, first, the necessity for greater caution against sepsis when attending confinements or miscarriages. The technique of a case of midwifery should more closely resemble that for a modern surgical operation. The greatest care should be taken to render the hands of the accoucheur aseptic. His coat and