plaining of nothing, and often resenting interference in the early stage. The pulse is always rapid in all forms of septic infection and an increase in its rate may often precede the elevation of temperature. In this catarrhal form small bits of retained chorion are often found trailing through the os into the vagina.

The second form of Endometritis is usually found associated with puerperal ulcers, and is the result of the extention of the infection to the endometrium. It is known as the *Pseudo-membranous form.* On inspection any laceration of the vagina or cervix will be found covered with a membrane, as before described. The cervix will be œdematous, and through the os a purulent looking fluid exudes, which may or may not be malodorous. The fetid odor is not so marked as in the other form, on the whole I think.

The lochia may apparently be normal in quantity and quality, or may be scant or absent. Uterus will be found large and soft, and is more tender on pressure than in the other form. Subjective symptoms are about the same, but the chill and fever may be more marked.

Gonorrhœa predisposes to these forms of endometritis. In all cases where gonorrhœa is suspected at or before delivery, the urethra should be emptied by pressure from within outwards, and the resulting drop of mucous examined for the gonococcus. In either of the above forms of endometritis, the local symptoms may be so slight as to escape observation, and yet sub-involution, hydro- or pyosalpingitis are the sequalæ to be dreaded. It not infrequently happens that the fact that endometritis of either of the above forms was present during the puerperal period, is left for the gynæcologist to demonstrate, when after a brilliant cœliotomy, performed some months later, he presents the pus distended tubes before some medical society.

The course of both of these forms depends on the resistance offered by the patient, and the virulence of the infective germs. After a transient elevation of temperature she may