the family doctor has mistaken for a pelvic mass. But the finger sinks into it and forms an impression, and a dose of castor oil will bring away several chambers full and the mass will disappear.

Dr. Chipman has spoken of this pelvic mass being mistaken for a solid tumour. I had such a case, a patient sent to me by Dr. Aubry, whose condition had been diagnosed in New York, and at Burlington, as a large fibroid tumour. Before operating I thought it was so too, but on opening the abdomen I found that this large mass was made up of two pus tubes, two large cystic ovaries and a little uterus packed away in the centre of it, all glued together.

When I operate on a bad case of pelvic mass alias pus tubes, after removing the tubes and ovaries I pull the omentum down and then pass a perforated rubber drainage tube through Douglas' cul de sac and out through the vagina, and sit the patient in the Fowler position. Several pints of pus and bloody fluid drain away which otherwise the peritoneum would have had to take care of.

H. M. LITTLE, M.D. I would like to ask Dr. Chipman whether a gonorrhœal pelvic mass often occurs in the absence of pregnancy with resulting abortion or labour. For my part I have never seen such a case. At the Maternity we have had some 40 or 45 cases of florid gonorrhœa, but a pelvic mass has never resulted. Active treatment was carried out before the confinement and great care was taken during the confinement, and puerperium to make no internal examination and to avoid all local treatment which might cause infection to ascend into the uterus. Whether streptococci, or other pathogenic organisms are present in the vagina or not, it remains undisputed that, except under very exceptional circumstances, puerperal infection will not occur unless the patient is examined vaginally. In all operative cases particular care should be exercised about the cleansing of the vulva. It is unusual to see a patient die of puerperal infection when the vulva had been satisfactorily cleaned and the hands of the operator were above suspicion.

In making a diagnosis of the character of the infection present, one clinical point is of interest. If the temperature and pulse are charted on a basis, for example, of a temperature of 104 corresponding to a pulse of 140, of temperature 103, pulse 130, etc., it will be found in most of our local infections that immediately post partum the red line indicating the pulse, lies above the black line of the temperature, and that about the 5th or 6th day the two lines cross; when the infection is due to the streptococcus the red and black lines lie more or less together, and follow the same general course, while in the sapræmic form