

On the 14th of last October, I received a telegram from Dr. Stewart, of Port Dover, requesting me to repair immediately to that town for consultation in an urgent case. On my arrival at his house, I was informed that the patient in question had been attended in her second confinement, a week previously, by another medical man, and that on that morning, the husband had called and requested Dr. Stewart to meet this gentleman in consultation. Unfortunately, one of the too frequent instances of professional misunderstanding interfered with this arrangement, and it was finally decided that the first gentleman should retire, and Dr Stewart take the management of the case. On visiting the patient he considered her condition so critical that he declined the sole responsibility, and requested that I should be associated with him.

I found the patient lying on her back, knees elevated, anxious, pale, anæmic face, pulse ranging between 130 and 140 in the minute, skin hot, abdomen greatly swollen, tympanitic and intensely tender to the touch, discharge scanty, and highly offensive. I heard that on the occasion of her confinement there had been nothing unusual in the duration or the severity of the labour pains, but that shortly after the removal of the placenta, the medical man had been called in from an adjoining room to attend to her for sudden faintness, and intense pain. These were the only particulars of the labour at that time, made known to me. I diagnosed the case as one of puerperal peritonitis, and agreed with Dr. Stewart on the following treatment:—℞ Pul opii, Quinia disulph aa grs. ii., Pul Ipecac co, grs. iv.; Ft. Pul This powder to be repeated every three or four hours until sufficiently narcotized, then repeated at longer intervals. Turpentine stupes to be continued to the abdomen until slight vesication resulted, diet, beef essence, milk and brandy, and warm flannels to the vulva, frequently changed. Visiting her the next day, I found the pulse slower, countenance less anxious, abdomen slightly less tender and tympanitic, but severely vesicated by turpentine, ordered a large poultice of slippery elm, and treatment to be continued. I heard no more of the case for six days, when I received a telegram from Dr. Stewart requiring my immediate presence. On visiting the Dr. before repairing to the patient's house, I was informed that she had progressed very favourably until the previous evening, when she complained of great pelvic uneasiness and sense of pressure, that he then for the first time made a vaginal examination, and found nearly filling that canal, a firm fibrous mass, concerning the nature of which he was