temperature rises from three to five degrees, and then ascends still higher during the fever, but falls during the sweating, all of which phenomena follow one another much as in the case of ague.

These exacerbations have no periodicity as in ague. They occur at any time of day or night, at first often with long intervals, and then with short intermissions. The duration of the disease depends much on the nature of the accident, the strength of the patient, and the activity of the treatment. He may survive but a few days, or many months, in which latter case the disease may be classified as chronic.

Circumscribed abscesses are found in the internal organs; or, if the disease has been very acute, these abscesses may be diffuse. When such an affection is established, the pus becomes scanty, thin, and altered in color, or it may be arrested altogether for a time; wounds or abscesses show little tendency to heal; the skin is apt to be bathed in a peculiarly sticky sweat, and the breath has a characteristic sweet odor. Marked prostration follows each exacerbation, and the patient sinks to a lower level of vitality, in which attacks of delirium are not uncommon.

It remains to decide to which class the President's case belonged. It was evidently not a case of traumatic fever, nor could it be classed with the milder form, called simple septicæmia.

From a careful study of the symptoms in connection with the examination of the autopsical lesions, the conclusion seems inevitable that the case was one which, commencing as the milder form of septicæmia, gradually developed into the graver metastatic variety, or that generally understood as chronic pyæmia. It is apparent that the lines of distinction between the latter conditions cannot be clearly drawn in President Garfield's case; but it must be admitted that the weight of evidence is on the side of metastatic septicæmia, clinically and pathologically. In fact, it is safe to assert that the symptoms pointed so directly toward the existence of this condition, that it was a matter of great surprise that more metastatic abscesses were not discovered at the autopsy. The assumption in favor of metastatic septicæmia would be satisfactorily proved by the abscess of the kidney and the multiple abscesses in the parotid, which were within the capsules of the respective organs.

Knowing the facts, as demonstrated by the pathological lesions revealed in the President's case, each surgeon is qualified to judge as to the practicability of making extensive explorations of the wound, and as to the propriety of removing the ball by operation. It is well to consider at the start that the bullet, as such, had no immediate influence upon the progress of the case, and that the real causes of trouble were connected with the conditions of the track, viz., the broken ribs, the lesions of the spinal column, and the existence of the aneurismal sac. But if the exact location of the missile had been known, and under the supposition that its presence was a source of irritation, the necessary exploration had been made, the probe would have perforated the traumatic aneurism, and the almost instant death of the patient would have been the result. From the position of the wound and the attendant conditions through drainage at the inguinal region was impossible, and its employment as a means of treatment would, in all probability, have added an extra complication.

From my personal examinations of the pathological specimens, and as the result of an extended and careful study of the history of the case, with every opportunity for examination of details, I am convinced that the treatment of the President was judicious and skilful from the time he was first visited by the physicians in charge until his weary struggle for life was at an end.

TREATMENT FOR CERTAIN KINDS OF INCONTINENCE OF URINE IN WOMEN.

BY J. MILNE CHAPMAN, M.B., M.R.C.S.

Mrs. C., æt. 48, frequent and painful micturition, which had lasted 3½ years. When first ill a doctor told her she had inflammation of the bladder and some urethral affection (caruncle?), for both of which he treated her. Sept. 30, 1880, could only retain water half an hour. The pudenda were reddened, also the whole vagina. Urethra somewhat gaping at its outlet. There was considerable pain on rubbing the two walls of the bladder over one another, or on introducing the sound into the viscus. Urine turbid, acid, and contained pus cells, bladder epithelium, and some oxalates. Urethra was dilated by the finger, increasing the bladder's retaining limit to 1½ hours. Nux vomica and uva ursi were given and the vaginitis treated by sedative applications. Effects of the dilatation disappeared in about three weeks, it was then repeated, but soon she relapsed into former condition, minus, however, the pain, and pus in the urine. Urethra examined by endoscope and a slight redness noticed. Iodoform bougies were used. Condition of bladder wall, as seen by the endoscope was normal, and now (Nov. 8) every hour, day and night, she had to empty her bladder. Total quantity of urine 50 ozs., which gave little more than 2 ozs. at each micturition. Sound passed into the bladder 3 inches from external meatus, and could only be pushed half an inch farther, and thus pain was caused. It occurred to me that gradual forcible dilatation of bladder might relieve patient. The bladder was distended with warm 2% carbolic solution, and quantity used measured