Feb. 16th. After my visit last night, when her temperature was normal and pulse 80, her general condition continued favorable until five o'clock this morning, when she had another chill, and was shortly after seized with severe pain in the lower part of the abdomen. I saw her about eight o'clock, when her temperature was 102°F. She had taken 10 grains of antipyrine, and ¼ gr. of morphia shortly after the chill, the quinine having been continued, 4 grs. as usual, during the night. There was marked tenderness over the abdomen, for which turpentine stupes were ordered. There had been scarcely a trace of lochia since her confinement, the vaginal injections returning almost clear and perfectly odorless.

2 p.m. Temperature normal, and abdominal tenderness much less.

Feb. 17th, 8 a.m. Rested well all night. Temperature normal. Some abdominal tenderness and tympanites. Bowels moved naturally this morning. Quinine continued as before.

Feb. 18th. About four o"clock yesterday afternoon she had another chill, not so severe, however, as previous ones. I saw her immediately afterwards, when her temperature was 103°F. The antipyrine was again resorted to, and the quinine continued. She was again seen at 9 o'clock, when her temperature was normal. This paroxysm augmented the abdominal tenderness somewhat, but to-day it had almost entirely disappeared. This last pyrexial attack was less intense and shorter in duration than previous ones.

After the last chill Howard's quinine was substituted for a German quinine which she had been taking. The same German quinine was used, however, successfully both before and after in other cases of malaria.

The quinine (Howard's) was continued, a 3 or 4-grain capsule every two hours for the next three days. She had no more chills or elevation of temperature, and her subsequent progress toward recovery was unmarred by any further accident, except some slight uneasiness from her breasts.

This case, besides showing the marked tendency of the malarial paroxysms to persist during the puerperal state, notwithstanding the free administration of quinine, is also interesting in some other respects. It presents most of the characteristics of intermittent fever following parturition, or what is often called "Puerperal malaria," a disease which is sometimes so difficult to diagnose from septicaemia following child-birth. The irregularity of the paroxysms, the tendency to inflammatory action, such as metritis or peritonitis, are features of puerperal malaria. *"Everything is prepared for inflammation—the local injury, the hyperinotic blood charged with effete material are there; an exciting cause is alone wanting." And that exciting cause may be a malarial paroxysm, as demonstrated by the history of this case.

* *Barnes' Obst. Med. Surg.*

I think the morbid symptoms in this case were due purely to malaria unusually prolonged and modified by the puerperal state. The fact of her having had intermittent fever some months previous to her confinement, the aguish symptoms she suffered from for the week prior to her accouchement, the absence of any other source of contagia—in the one vaginal examination that was made a thoroughly disinfected finger was used,—the history of the case, and the fact that intermittent fever was rife at the time render the above conclusion highly probable.

SOME DETAILS IN OVARIOTOMY.*

BY ANGUS M'KINNON, M.B., GUELPH.

In this short paper I shall omit all reference to the diagnosis of ovarian tumors. It has been boldly asserted that the operation should be performed by *specialists only*, but I will not occupy time in discussing this point. From Lawson Tait, who has done so much to reduce the mortality in this operation, I quote these words: "A recovery after an ovariotomy is the sum of a number of *details*, all of which were efficient. A death, on the contrary, may be the failure of one only, and that may or may not be under the control of the surgeon." Since none of us need ever expect to have the large experience of Spencer Wells, the wonderful operative skill of Lawson Tait, or the per-

* Read at the meeting of the Ontario Medical Association, June 4th, 1886.