

ture jumped up to 102.2, and pulse to 108. Cough very troublesome. On the 1st, of July, removed part of the gauze packing and on the third removed it all, and none was replaced. No odor from gauze packing; no discharge. Highest temperature 101.4 and pulse 103. The abdominal dressing was changed for the first time on the 7th of July. There was one stitch abscess, otherwise the wound looked well. After this convalescence was uneventful.

CASE III. Mrs. S., aged thirty-four, was admitted to Victoria General Hospital on January, 12th, 1899, with the following history: Menstruated at fourteen; was always regular; flow profuse especially since present trouble began. When seven years old swallowed a pin and since then had hæmorrhages of the lung till she was twenty-one, when she coughed it up—never had a hæmorrhage since. Was married twice; had three children. After birth of second child suffered from pains in womb and general weakness. About six years after this, patient was again married and eight months after, gave birth to an eight months child. After this confinement she was unable to leave her bed for some time. Was treated then for laceration of cervix and displacement of uterus. Improved somewhat. In January, 1897, on the advice of her physician, she went to the hospital for treatment. Examination revealed that she was suffering from a torn perineum with a tendency to rectocele; quite a marked laceration on left side of os uteri and to a less degree on the right. The uterus was curetted and the torn cervix and perineum repaired.

Two weeks after this she developed acute septic peritonitis, to which she nearly succumbed but after two months treatment she recovered sufficiently to enable her to leave the hospital on the 30th of March. She attributes her present trouble to the treatment she first received in the hospital.

From the time she left the hospital in March 1897, till she was readmitted in January 1899, she complained of the following symptoms:—Severe pain low down in the pelvis and felt as if a lump were pressing down into the rectum. Had constant desire to make water; was troubled with constipation; under treatment with hot vaginal douches and rest, patient improved and was able to get about part of the time, but since June 1898 she experienced periods of severe pain in pelvic region followed by chills and fever and profuse perspiration. Each attack lasted three or four hours. Latterly these attacks became more frequent and retching and vomiting followed the chill. Bowels