that the streptococcic mass feels like plaster of Paris poured out into the pelvis. In the acute stage, you will not get the margins of the mass so clearly defined because there is extension of induration from the tube itself to the surrounding structures, but you take a subacute or chronic case and the margins are most clearly defined. That has been my experience, and in quite a large proportion of cases of pelvic inflammatory mass the boundaries of the mass are quite clearly defined. I think we must congratulate Dr. Chipman upon the results of his treatment in those cases. As one gets older one operates less. Of course, in our first years we want as many operations as we can get; we are alarmed at the patient's condition and we rush in and operate, and are then astonished at the mortality. The routine treatment carried out in my ward is as follows: When an acute pelvic inflammatory case comes in, the patient is put to bed, kept absolutely at rest, is given hot antiseptic douches, and cold is applied to the abdomen, and it is wonderful what a large proportion of these cases will clear up. As regards the permanent cure of some of these cases; I have one patient who had a large inflammatory mass, very chronic and she had been sterile for fourteen years. She was given hot douches, the application of iodine and the use of tampons and electricity, and in twelve months she was apparently well, and in twelve months more gave birth to a full term child. To Dr. Chipman's list of those who have done a great deal of interesting work in connexion with the bacteriology of the pelvis, I would like to add one more name, especially as it is that of a man in whom we are largely interested, and that is Dr. Fraser Gurd. Dr. Gurd went into the pathological department of the hospital and did a great deal of serious work on this subject, two of his papers are considered quite standard monographs on this subject.

A. Lapthorn Smith, M.D. There are a few points on which I would like to lay a little more stress. I was very glad to hear Dr. Chipman say that the genital tract was a bifurcated tube. Many speak of it as though there were two tubes and that you can have one of them infected with gonorrhœa and the other quite healthy. But I hope the day is not far off when it will be understood that you cannot have an infection of one tube without an infection of the other. And here comes up the question of conservative gynecology so called, but where a second operation has to be performed because the first operation only removed one side when both sides were infected. Thirty times, at least, I have had to do a second laparotomy on my own or on some other operator's patients because only half of the work was done the first time.

Dr. Chipman has called attention to another interesting point which