



On the 12th day a lump was felt in the ascending colon, & castor oil; on the 13th day lump moved to splenic flexure, & castor oil; on the 14th day lump moved to sigmoid flexure, & castor oil; on the 15th day lump gone. The rest of the puerperium was uneventful. Note the sudden disappearance of the temperature, coincident with the disappearance of the lump. This woman never felt very ill, and her pulse was not as rapid as one would have expected with the temperature.

The time and mode of onset of the fever may closely simulate septic fever. Distension of the abdomen frequently accompanies the formation of such masses. The uterus may be kept higher up than usual—apparently subinvolved. There is however this great distinction that the patient seldom looks or feels as ill as a septic patient. The best means of elimination that I have found is to give repeated doses of castor oil, coupled with high enemata.

*Bladder.*—Increased secretion of urine is the rule after labor. One of my patients passed 200 ozs. in 24 hours early in the puerperium, and I have several times had over 100 ozs. recorded. With the expulsion of the child the tension within the abdomen is suddenly lowered. These two