up; temperature, 104; pulse, 140; respiration, 36; heart and lungs normal; urine scanty, specific gravity 1022, acid, no albumen or sugar. On the right side of the abdomen a hard, painful tumour was plainly to be felt and seen, extending nearly to the median line. Per vaginam, a bilatual laceration of cervix and a hard mass to right of uterus pushing it over to the left. After consulting with the hospital staff I opened the abdomen and found the right tube dilated into a pus sac and surrounded by more than the usual amount of inflammatory lymph. Her recovery was uninterrupted. She left the hospital on the 17th June.

It would be very interesting to learn how many of the cases formerly grouped together as cases of puerperal fever were really suffering from tubal disease, of course not all by any means, but probably a very considerable percentage.

It would almost seem from the history of some of these cases, as if pregnancy and the increased nutritional activity and hyperplasisa that take place during that time in the generative organs lighted up old tubal diseases. In the case of Mrs. F., her first illness dates back ten years before her pregnancy. During the last four or six of those years she had been fairly well. Her tube ruptured six hours after confinement.

Another case seems to point in the same direction.

Mrs. B., æt 36, confined eight years ago. Recovery unsatisfactory, and accompanied and followed by pelvic pain. Four months ago became pregnant, miscarried, and had a severe attack of pelvic inflammation followed again by imperfect recovery. Became pregnant again in the early part of June last; miscarried in the end of July. Her miscarriage this time was followed by symptoms of acute peritonitis, acute pain, high temperature, and rapid pulse and vomiting. I was called to her in the middle of the night, and found, in addition to the above mentioned symptoms, a distended abdomen and a great degree of paralysis of the muscular coat of the intestines. On opening the abdomen a large quantity of pus was found in and about the fallopian tube of the right side and septic peritonitis.

Clearly this was a case in which the timely removal of the pus tube could have been undertaken with every prospect of