At 10 o'clock at night the irrigation was repeated for half an hour.. A self-retaining catheter had kept the bladder drained, and forty-eight ounces of urine had been collected. The bowels had moved freely twice. At midnight her temperature was 102 F., and her pulse rate 116. A third irrigation was practiced the following morning, again for half an hour, and at three-hour intervals until 1 o'clock the next morning the cavity was filled with the saline solution. The next day, December 19th, I closed the abdominal wound with stitches under cocain anesthesia. Her temperature then was 100.4 F., and her pulse rate 100. From 10 o'clock on the night of the 17th until noon of the 19th 210 ounces of urine were collected by catheter.

On December 20th her temperature and pulse rate were practically the same as on the day before, but her general condition had greatly improved. By December 23rd the abdominal tenderness, except in each iliac region, had almost disappeared, the lochial discharge had increased in quantity and had ceased to be offensive, and all signs pointed toward recovery. On December 25th she had a decided increase of temperature during the afternoon, but this yielded readily to a moderately large dose of quinine. Intrauterine suppositories, each containing 20 grains of iodoform, were employed daily, and the uterus and vagina were lightly packed with iodoform gauze from December 18th to 22nd.

The patient was allowed to sit up January 4th, and February 1st I examined her at my office. I found the uterus to be in good position and freely movable, but enlarged and somewhat sensitive to the touch. Both ovarian regions were sensitive, and the left ovary was enlarged. I could discover no evidence of pus foci in either broad ligament or elsewhere. Her bowels were constipated, but movements were unaccompanied by pain. The usual sequels of peritonitis appeared to be entirely absent.

In reviewing the line of treatment adopted in this case a number of pertinent queries are in order.

First.—Was there not danger of "drowning" the patient by introducing such great quantities of fluid into the abdominal cavity? I confess that I feared this might be the outcome, and had the kidneys not begun to functionate almost immediately after the irrigation was begun would have discontinued it at once.

Second.—Could not the same favorable result have been attained by intravenous infusion? So far as influencing the general systemic infection was concerned, I unhesitatingly reply in the affirmative, the opinion being based to some extent on recent reports of *lavage du sang* in streptococcic infection