

Dr. Stewart told me that her last confinement had been a normal one in every respect. She did well afterwards and got up on the tenth day. In brief, she soon afterwards became feverish, complained of some abdominal pain and soreness and went to bed. During the next four weeks she had a very fluctuating temperature, an occasional chill, frequent sweats and sufficient abdominal pain to require poultices and opium to relieve. When I saw her six weeks after confinement she had a temperature of 101.5, pulse of 130, small and weak, and an anxious expression. The abdomen was rounded and for the most part tympanitic. In the left lower abdominal region a distinct but ill-defined mass was easily felt which was tender on pressure. I advised an exploratory incision, which was consented to. Before opening the abdomen I curetted the uterus, swabbed it out with a solution of permanganate of potassium and packed with iodoform gauze. On opening the abdomen the omentum was found adherent to the uterus and tube of the left side. On carefully detaching the adherent margin a pus sac was found, the walls being formed anteriorly by the omentum, below by the left tube and ovary, and above by knuckles of intestine. The pus was carefully removed, the tube and ovary tied off, as well as fully one-third of the omentum, which was infiltrated and thickened. The patient made an excellent recovery.

The tube in this case was brightly injected, swollen to probably twice its normal size, but there was not evident any constriction, and it contained no pus.

CASE II.—This case occurred in the practice of Dr. J. Perrigo, and I am indebted to him for the report of it. Mrs. S., referred to me by Dr. Tatley, March 11, 1893. Chief points of history obtainable were: Confined five weeks previously of her second child; attended by a midwife; labour normal. On seventh day developed severe rigor, with temperature of 104° and quick pulse. From this date rigors frequent and temperature continuously high. Great pelvic pain on left side, moderate abdominal distension; occasional vomiting and diarrhoea; prostration extreme. Examination disclosed a tender abdomen with a large mass in left side of pelvis, a soft patulous