the shutters being closed and the blinds down, and the curtains being drawn together were not enough, a thick shawl is generally pinned over all to intercept any straggling rays of light that may be struggling to enter in. Keeping a woman in a badly ventilated and dark room for ten days, plays a considerable part in the great weakness from which many suffer for weeks after a normal confinement. As I have already said, the patient died from peritonitis, but what was the cause? I had not been attending any infectious cases for months before and I carefully washed my hands and instruments and cleaned my nails. May this woman not have had a pyo-salpynx or a virulent ovarian cyst or abscess which burst into the peritoneal cavity while expelling the placenta? It was only since reading Dr. Coe's article in the *American Journal of Obstetrics* that the thought occurred to me, as there was no retained placenta, no decomposing clots, no retained membrane to explain the disease. The uterus when I curetted was completely empty. If I had acted upon Dr. Reddy's suggestion to open the abdomen, I would have at least seen whether there was a ruptured abscess or pus tube, removed it and washed out the peritoneal cavity. On the other hand, if I had found nothing, I could have removed the uterus and appendages after throwing a noose around them and transfixing them with pins. This would not have added in the least to the dangers of an exploratory incision, and although the woman would have lost some organs whose functions she abhorred, it would probably have saved her life. She might none the less have been a good wife and mother.

Now a word with regard to bichloride of mercury injections. I have used them hundreds of times in the vagina, since for three years, I myself gave one to every woman before applying electricity, and in none of these did I ever have the slightest sign of poisoning. I have only used them in the uterus a few times after confinement, and three times at least, I have had bichloride poisoning. I attribute the difference in effect to the large amount of raw surface at the placental site, and at numerous slight fissures of the cervix, vagina or perineum. I feel satisfied that, while being very dangerous, even when followed by a copious flow of water, they are very little if at all superior to a 1-40 permanganate solution; and I for one shall never use bichloride again after labour.

I now come to a case in which, profiting by my previous experience, I adopted a much more energetic method of treatment, and, I am glad to add, with the most gratifying results.

Mrs. Z., æt 35, was attended by me in her first confinement about three years ago. She had always been delicate, and at the end of her first pregnancy was in a wretched general state of health. Her house was dark and in a dirty street, the atmosphere was damp and musty. She had a strong presentiment that she was going to die. Owing to her age labour was very tedious, so after twenty-four hours she was unable to help herself any more and begged me to relieve her, which I did by applying the forceps at the superior strait, the os being fully dilated. I gave her the A.C.E. mixture and took about half an hour to deliver the head, hoping thereby to save the perineum which was very tough. In spite of this precaution there was a slight tear, necessitating a single stitch as suggested by Dr. Alloway. I gave her vaginal douches of plain water for a few days, and she made a good recovery without any rise of temperature. On the 8th of October of this year she sent for me on account of a severe pain in the right-iliac region. Thinking it might be labor, which was then due, she sent for the midwife who was to attend her. The latter examined her and could detect nothing except marked tenderness in the right side close to the uterus. I found her temperature 102°. Suspecting appendicitis I ordered a saline, and next day the fever and tenderness were gone. I did not see her again until the night of the twelfth, when I was urgently sent for. I found her in a very low condition, being almost senseless and deathly white. She had lost very little blood, but I gave her a drachm of fl. extract of ergot in anticipation of flooding; I also gave her a little stimulant. She rallied somewhat, when the midwife tried during an hour to deliver the placenta by expression and traction on the cord, but without avail. At the end of that time I introduced my two fingers into the uterus with great difficulty and tried to remove the placenta, but found it firmly adherent. By this time the woman was very much exhausted, and complained bitterly of the pain, so I decided to adopt the course recommended by Winkel to wait twelve hours, and if not spontaneously expelled by that time, to give her an anæsthetic and detach it with my hand. I left an ounce of ergot with directions to give her a teaspoonful every four hours for the double purpose of preventing hemorrhage and expelling the contents of the uterus. I gave her a hot injection of plain water, cleaned her up, removing all soiled linen from the bed. I told the midwife to let her sleep so as to gain a little strength for what might be necessary when I returned As soon as I left the house the midwife began working at the placenta, and by 3 a.m. had removed a considerable portion of it, which she showed me on my arrival at 9 a.m. I did not think that it was all there and, therefore, introduced my hand into the vagina and removed several handfulls more from the uterus, which was still tightly closed. The patient was too weak to stand an anæsthetic, and the introduction of my hand caused her intense pain, so that I could not get my fingers into fundus. I then gave her an intra-uterine douche of permanganate solution until it returned clear, and