Friday it had risen half a degree. As there was a slight odor to the discharge, I ordered the patient to be syringed night and morning with plain hot water, and the clothes and bedding to be changed again on Saturday morning. To my great annoyance, the patient and nurse informed me that they did not think there was any need of syringing, as they had never done so before and the patient felt well. The thermometer, however, registered a rise of one degree I gave them all a lecture on the importance of obeying the doctor's orders, and the husband promised to get the syringe. The nurse did not try to use it until Sunday at noon. On Tuesday afternoon the patient was feeling very well, but the temperature was still a degree high. On Monday, the eighth day, I was unable to go to see her in the morning, but about noon, on my return home, I received an urgent call to go there, and on my arrival found that she had had a very severe and prolonged chill which was still going on. Failing to find me at once, they had called on Dr. Devlin who kindly paid her one visit and did what he could to stop the chill. I found the temperature nearly 105°, ordered two grains of quinine every two hours until cinchonism was attained. I at once took the douching in hand myself and then it appeared the nurse had been afraid, when syringing the day before, to put the nozzle inside the vulva and had merely squirted it on the outside. As there was by this time a decidedly bad odor, I employed sublimate solution 1-2000 which was greatly in vogue at that time. Although I followed it by two or three syringes full of pure water the first injection was followed by complete anuria, and an obstinate diarrhœa set in which lasted two days. I after that reduced the strength of the injections to 1-4000 and followed them with a more copious flow of plain water. All the injections were intra uterine and repeated twice a day. On Monday night Dr. Reddy met me in consultation and confirmed the diagnosis of peritonitis, and suggested that I should open the abdomen, but I was so disheartened by the constant obstructions of the nurse, and the apathy of the others, that I had not the courage to do so. On Tuesday night they requested me to call Dr. A. A. Brown in consultation, and he suggested that I should curette and wash out with hot water, and this he kindly helped me to do under a little anæsthetic. Nothing came away however, with the curette, although I scraped hard enough to start a little bright oozing. We thoroughly washed out and put an iodoform suppository into the uterus. Before putting the patient back in bed I made a clean sweep of the bedding, and to my mortification discovered under the clean sheets a piece of bad smelling canvas which had been placed on the mattress some time before the confinement. This was removed and fresh clothing was placed on the patient and bed. There was not only no improvement from this, but the patient was much worse the next day, temperature and pulse rising to 105° and 150 respectively. As the pulse was very weak, I gave her ten minims of digitalis every four hours with very slight benefit. In spite of everything I could do she gradually sank and died on the 19th day after her confinement. No post mortem was allowed. This was my second death in nearly five hundred cases, the first one being due to peritonitis occurring in the 226th one. I might say, that the temperature generally oscillated between 101 and 103°, except at the beginning and after the curetting. The pulse was always very rapid and wiry. There was little or no pain at any time. The distension was sometimes very great, but seemed to be easily relieved with turpentine stupes, salines, and sometimes turpentine enemas. Quinine, digitalis and brandy were given regularly, and for nourishment she took large quantities of milk and beef tea. No calomel was given. It is very mortifying to have such cases, and still more so to report them, but I believe if this be truthfully done, valuable lessons may be learned which, if applied in similar cases, may save many lives. I felt very much inclined at the time to retire from the case when I experienced such difficulty in having my orders carried out, and indeed one would be quite justified in doing so, and this would probably be the wisest course to follow, although on this point I cannot even now come to a decision. Lawson Tait told us here some years ago, that he never undertakes a case without first being sure that his orders will be obeyed implicitly. On the other hand very few patients do all the doctors tell them.

The second point is, that in any case where the carrying out of your orders is of vital importance, it is better not to trust any one, but to execute them yourself. This case has impressed me so much that I now change the bedding and linen myself at my first visit after the confinement, or at least see it done while I am there.

The custom of delivering women on an operating table as is done at the Preston Retreat, Philadelphia, or on a sofa, as is the custom among the French-Canadians here, and only placing the women in bed after all the flow of water and blood is over is a good one.

One of our most successful physicians has been criticised for taking upon himself the duties of the nurse, and even preparing the lying in bed with a rubber sheet, etc. But he has probably had some severe lessons such as in this case, which have taught him to trust no one where aseptic midwifery is concerned. Another point worth noticing is the tendency of both nurses and patients to keep the lying-in room darkened and unventilated. It was so in this case, and in nearly every case I have ever had the patient can hardly be seen. As if