the back, between the shoulders, and from there rapidly extending over the body, accompanied with great pain in the head and large joints. This cold stage usually lasts from an hour to an hour and a half and is succeeded by a hot, dry fever. The face is flushed, throbbing temples, rapid pulse, and very high temperature; mental confusion also is present and sometimes active delirium. This soon passes into the third stage in which there occurs a most profuse diaphoresis lasting many hours until, finally, the fever and pains are relieved. Throughout, the tongue is more or less coated and constipation exists. The breasts are sore, but not distended, as the milk is generally suppressed. If the lochial discharge is continuing this is lessened in quantity, and there may be some tenderness over the uterus.

The temperature rarely rises above 103° and the pulse above 100, but in severe cases it may exceed these figures. Very few of these cases occur without some other local complication, but as such are not constant they cannot be looked upon as factors in this complaint. Recurrences are apt to take place, and such often assume a resemblance to intermitting fever.

From the severity of the symptoms a case of the kind might be mistaken for puerperal fever until the marked character of its stages, and period of duration had cleared up the diagnosis. A doubt might also arise on the occurrence of the chill, but enquiry as to the part in which this is first felt will soon enable an opinion to be formed. In my experience this chill differs entirely from anything observed in the cases of puerperal fever which I have treated.

The chill invariably commences in the back, between the shoulders—patients will often indicate the exact spot—and from there it rapidly extends over the entire body. In puerperal fever the chills often are insidious in their approach, slower in extension, not violent, and are first noticed in the extremities. I would draw your attention particularly to this difference not only from a diagnostic point of view, but also as a very strong indication of there, being a radical difference in these two conditions.

It is stated to be due to a septicemic absorption from the uterus, having no connection with the breasts, except that of coincidence, and therefore regarded as a mild form of septicemia or puerperal fever. Such is the view of Playfair and others.

The difference in the character of the chill and its occasional occurrence long after a uterine sepsis would be expected, seems to me to disprove this theory, so that I cannot look upon it as a septicemia proper. Leishman, Schroder and other writers agree to its being due solely to over-distension of the breasts. If this is the chief and only offence we would find it an exceedingly common affection in our daily practice, and it would occur more often in Hospital cases, for the majority of such patients never put the child to the breast. Indeed I do not remember to have seen a case other than in nursing women, and in the case to be cited the mother nursed her child up to the time of attack, when it was removed for prudential reasons. Having met with cases at varying periods of lactation, and in some after the functions of the breasts have been well established, the inquiry has naturally suggested itself to me as to the cause of the profound disturbance. I am at a loss for a solution, but have no doubt that it springs from, or is intimately connected with, some abnormal occurrence in the mammary glands. Whether over-distension of the breasts, or, what I have most generally observed, suppression of the secretion of milk develops some change or new product in the fluid, or whether it is due to a reflex action, and therefore, in its nature, a nervous fever only, are matters for discussion. I am inclined to think that both occur, but the latter chiefly. Any exciting cause acting on a patient so predisposed, thereby inducing a sudden disturbance in the activity of glands susceptible of such great sympathetic relations, must affect the whole nervous system very profoundly. The chill seems to point to some such explanation, and is analogous to the rigor occurring after an amputation, or the passage of a catheter, or even urine through the urethra, though here the continuance of the irritation prolongs the chill. The after-stages, especially the profuse diaphoresis, indicate also the deep impression made upon the vaso-motor centres, whilst the shortness in duration of the fever is hardly compatible with septicemia. The following case is condensed from a very full report taken by a student in the Western Hospital:

A. A., æt. 20. S. Admitted Oct. 30th, labor having set in the day previous. On the 31st, at 11 a. m., after a tedious labor, a male child was born. No special difficulties attended her labor. For six weeks before entering hospital she had lived in a cold, damp house and with insufficient food. Prior to this period she had resided in the country, and was always healthy and strong. All through her preg-