ber of times, and, to the best of the housekeeper's knowledge, had urinated but once during the previous twenty-four hours. I catheterized her, and drew off all the urine the bladder contained, about four ounces. Later examination of the specimen demonstrated a specific gravity of 1,031, numerous hyaline casts, and a considerable amount of albumin. I may state here that a blood examination the following day showed the presence of almost innumerable streptococci, while the uterine scrapings developed streptococci and staphylococci in great numbers.

I flushed out the uterine cavity with two gallons or more of hot water, and, under very superficial chloroform narcosis, gently curetted it with a broad curette, taking great care not to abrade the endometrium. Considerable foul-smelling placental tissue and blood-clot were removed in this way, and the cavity was again copiously irrigated, this time with a 1 per cent. solution of lysol. I then introduced a suppository containing one dram of iodoform, fifteen grains of starch, and glycerin into the uterus, and packed that cavity and the vagina lightly with iodoform gauze. Nearly a quart of hot solution was then slowly introduced into the bowel, but the retention of even a small quantity of the fluid caused the patient so much pain that the enteroclysis was not persisted in. Meanwhile, I had opened the median basilic vein of the left arm and withdrawn about eight ounces of blood. This was replaced by about eleven ounces of hot normal salt solution. Marked improvement in the patient's pulse and respiration was at once manifest. Her body was then sponged with tepid water and alcohol, cloths wrung out in ice water were applied to her head and abdomen, and she was again catheterized. Two ounces of urine was obtained. A rather free, loose bowel movement had resulted from the attempt at enteroclysis. It was my intention to practice continuous irrigation of the bowel with the salt solution, but the patient complained so bitterly when the procedure was attempted that I desisted.

At 11 o'clock the next day, December 17th, her temperature was again 104 F., having dropped during the early morning, after the infusion, to 103; her pulse was still 120, her breathing was rapid, and coma was developing. Only seven ounces of urine had been obtained by catheter. Subcutaneous infusion of saline solution was resorted to, the sites of the injections being the anterior border of the right axilla and under the left breast. The uterine and vaginal dressings were removed and a second iodoform suppository was introduced into the uterus, both cavities again being packed. The posterior vaginal fornix was markedly distended, owing to the presence of fluid in the peritoneal cavity. Absorption from the cellular tissue was