

but the cervix failed to unite. Five months later she had a severe mammary abscess. After this confinement she suffered from pain in both ovarian regions, especially severe an hour or two after coitus. She also had a slight vaginal discharge.

*Physical examination.*—Patient small but well proportioned; pulse 90; stomach and right kidney prolapsed. A vaginal examination in May, 1902, revealed an enlarged uterus. She menstruated last on March 13th. The course of pregnancy was uneventful. Owing to the difficulty experienced in the previous labor from the large child, a modified diet, after Prochownik's method, was adopted in the last three months. The urine at no time showed any albumin, and the total solids were always normal in amount.

She entered hospital on December 15th, expecting to be confined on December 17th, but labor did not begin till January 14th, 1903, and was normal in every respect, except that more blood was lost than usual (about 8 oz.) which we attributed to the chloroform used to a slight extent during the perineal stage of labor. The uterus contracted well, and there was only a small abrasion of the vaginal mucous membrane. No douches were administered either before or immediately after parturition.

Her temperature for the first eight days was always slightly above normal, averaging 99.2°, with the pulse at 90, which was normal for her. On the ninth day, at 6 p.m., the temperature rose to 102°, but returned to normal after a brisk purgation. On the tenth, eleventh and twelfth days the temperature steadily rose till the nature of the disease was no longer obscure.

On the second and on the fourth days she complained of slight headache. On the sixth day this was so severe as to require phenacetin. She had no sleep on sixth night.

During this time the breasts were very painful because of distension. The lochia for the first six days were normal in quantity. On the seventh day there was a lessened amount of discharge with a slight odor.

On the ninth day, however, the patient felt so much better that she sat in a chair while the bed was changed. Towards evening the lochia became very offensive, and a hot douche was given. At 6 p.m. she had a severe chill, lasting twenty-five minutes, followed by nausea and vomiting.

Next morning, after free catharsis, the temperature was normal, but by evening had again risen to 100°.

On the eleventh day, with the temperature still rising and the pulse 100, an intra-uterine douche was given, but the water returned clear. During the night she had two severe chills, each lasting twenty minutes.

Dr. Silverthorn saw her in consultation on the twelfth day.