

baby was born ten days ago. Ever since, she has complained of pain in the right leg. On examination there is excessive tenderness along the course of the sciatic nerve in the thigh, and in the leg down the central part of the calf, and along the outer edge of the tibia in front. When the woman attempted to step from her bed to the stretcher she suffered acutely, and found that the usefulness of the right leg was impaired. You are prepared, of course, to hear the diagnosis: Neuritis from pressure upon the lumbo-sacral plexus in labor. This is a rather rare condition. But when one studies the anatomic disposition of these nerve-trunks in the pelvis, and sees at least the possibility of injurious pressure upon them in prolonged labors; when one knows, besides, that they may be pressed upon by an exudate after labor, or may be actually involved in a septic inflammation, the only wonder is that neuritis as a consequence of parturition is not more frequently seen.

I now make a vaginal examination, directing my attention to the large pelvic nerve-trunks, and I find at the region of the greater sciatic foramen some swelling and exquisite sensitiveness. You see the woman flinch, and hear her cry out, as I merely touch this point. I have so disturbed her that I really cannot judge whether there is increased sensitiveness as I attempt to follow the course of the lumbo-sacral plexus upward, but the pain is great, I am sure.

One usually expects a history of prolonged labor or unusual presentation and position of the child in a case of this sort, but our patient tells us that her labor lasted but half an hour. Her intelligence is not great, however, and I think she is mistaken; for I find, as I measure her with a pelvimeter, a simple flat pelvis, with an external conjugate of only 17 cm. It is possible, I admit, that damage may be inflicted upon the lumbo-sacral plexus in a very rapid labor. It has followed the rapid extraction of the head in breech-presentations; but this is rare.

Time may do much, or perhaps all, to relieve this woman. But I shall seek advice as to her treatment from my colleague, Dr. Charles K. Mills, who has taken a special interest in the subject, and has reported several cases of the kind at a later period, when there was paralysis and wasting of the muscles.

The next patient on my list I cannot bring before you, for she lies in another hospital (Howard). But I thought her case so unusual and instructive that a brief report of it might interest and perhaps instruct you. She is a young girl of twenty years. She enjoyed good health until two weeks before I saw her, when, on the last day of a menstrual period, she was seized with violent vomiting and purging, with profound prostration and intense pain in the lower abdomen. After four or five days the vomiting and purging ceased, but the pain and general weakness continued. When she entered the dispensary room of the Howard hospital, she walked slowly, somewhat bent over, and taking short steps. Her appearance was very bad, and suggested a serious illness. The pulse was rapid, and the temperature over 100°. On abdominal examination, a mass was felt filling the lower abdomen from the symphysis midway to the umbilicus, and reaching laterally to the iliac bones. I suspected pregnancy, but the girl denied it; there were no mammary symptoms, no discoloration of the vaginal mucous membrane, the hymen was found intact, and the cervix was not in the least softened. This was all that could be learned from a vaginal examination, for the cervix stood out like a nipple from a dense mass of exudate in all directions. The abdomen was opened two days later. The mass was composed of agglutinated intestines and exudate. Scattered through it were four or five collections of very foul-smelling pus. The largest was not far below the umbilicus, and just beneath the omentum. The others were deeper, but I could find no connection between them and the uterine adnexa, which were involved in the general adhesions, but were not distended or otherwise diseased. The pus was evacuated, the abdominal cavity irrigated and drained. For a day or two I thought the girl would die, but she is now well on in her second week, and I think out of danger. I am at a loss to explain these abscesses, unless we accept the explanation offered by the patient herself: She was obliged in her daily work to lean constantly against the edge of a high table, and often complained of abdominal soreness in consequence. To this she attributed her illness, and it is possible that she may have so bruised the intes-