

The placenta was removed as in normal labour, the patient dressed and a bandage applied.

On examination, no laceration of the perineum or cervix could be found. Immediately following labour, patient was seized with a severe and prolonged chill, which lasted three-quarters of an hour, followed by high fever and profuse perspirations.

Although patient had an abundance of milk in her former labours, there was no secretion of any amount in this labour.

Patient apparently seemed to be getting along as well as in ordinary labour until about the fourth day, when there was noticed a swelling over the pubic symphysis. This apparently subsided in a few days by means of hot applications. About the eighth day, a swelling was noticed extending above the pubes, covering the region of the bladder, which caused patient to feel great pressure and fulness upon assuming an upright position. She was also unable to move her lower limbs, the nurse having to move them frequently to rest the patient. This inability to move her lower limbs was noticed as early as the third day after labour.

There was no interference with the functions of the bladder or the bowels; no tympanitic condition whatever.

This last mentioned swelling remained in spite of hot applications and the usual treatment, and was thought to be a cellulitis.

The patient having frequent chills and fever, followed by profuse perspirations, temperature $105\frac{1}{2}$, and pulse as high as 150, the uterine cavity was irrigated with sterilized water. The solution returning clear and not showing any evidence of a putrefactive change taking place, the injection was not repeated.

Treatment.—The treatment consisted of daily antiseptic vaginal injections, bold stimulation, good, nourishing, liquid diet, acetanilia to reduce fever, together with tonic doses of quinine; also tepid sponging of entire body with alcohol daily.

On March 27th, nearly three weeks after confinement, acute symptoms of septicaemia developing, a consultation was held with Drs. Perry, Schurtz and J. A. Devore. Dr. Schurtz having diagnosed the swelling as a pus cavity and *extra peritoneal*, the aspirator was used, which revealed the presence of pus and confirmed the diagnosis. An incision was then made in the median line above the pubes and about three pints of pus of a greenish colour evacuated. On further examination, the pubic bones were found to be separated to the extent of nearly an inch. The articular surface of right pubic bone was partially denuded of fibro-cartilage and the bony surface exposed. The pus cavity contained several pockets which extended upwards and inwards. These were well irrigated daily and packed with iodoform gauze and the abdomen bandaged. The temperature and pulse both fell to normal after the operation. The urine was examined microscopically, but did not show any signs of pus.

Patient seemed apparently relieved for a few days, when in spite of bold stimulation and treatment, the chills returned and occurred regularly every day, sometimes two or three chills occurring during the twenty-four hours.

The pus cavity under daily antiseptic irrigation and dressing, continued to heal, granulation and cicatrization being nearly completed, when patient was, on April 27 (over seven weeks after confinement), seized with an acute attack of pneumonia and succumbed after two days' illness, there not being any vitality left to resist the inflammatory process.