

quinine by the mouth. Serum was given on July 7th at 12.30 p.m., 10 c.c., and at 11 p.m. 10 c.c. Next morning she looked and felt very much better. Two more doses of 10 c.c. each were given on the 8th, and the patient continued to feel very much better. The supply of serum gave out at this time. On the 15th two more doses of 10 c.c. were given, and as before the patient felt and looked much better for a time after it.

This woman was strong and a good patient, aiding in every way in the fight that was being made for her life. She hung betwixt life and death, having occasional rigors and vomiting spells until the 4th of August, when she coughed up a considerable quantity of greenish, very offensive pus. The discharge of this nature continued for two or three days, and she gradually recovered, being discharged well on the 10th of September. I think that in this case the serum was not given soon enough or in large enough doses, and not kept up long enough.

Case 2.—Mrs. W., aged 26, primipara. Admitted to Toronto General Hospital January 28th, under the care of Dr. A. H. Wright. Temperature 103, pulse 96; 10th day of the puerperium. Physician reported that she began to have fever on the third day of the puerperium, and that he had curetted the uterus twice.  $\mathcal{R}$  Calomel in divided doses, followed by magnesia sulph.; whiskey  $\mathfrak{z}$ i. every 4 hours. Child taken from breast.

January 29th.—Bowels very freely moved in the morning. By noon temperature,  $99\frac{1}{2}$ , pulse 88. Patient did not look or feel badly. Uterus distinctly subinvolved. Temperature at 8 p.m., 105, pulse 80, respiration 20.  $\mathcal{R}$  Quin. sulph. grs. i., q. 4 hours. Liq. strych. mms. iii., hypo. q. 6 hours.

January 30th.—Temperature 100, pulse 90, respiration 22 in the morning; temperature 105 $\frac{2}{3}$ , pulse and respiration not recorded at night.

January 31st.—Temperature 100, pulse 80, respiration 20 in the morning. The uterus was explored under chloroform in the afternoon. The walls were found to be smooth, and no membranes, clots, or portions of placenta present. There was a quantity of yellowish discharge in the uterus, some of which was removed in a sterilized pipette for bacteriological examination. The uterus was washed out with a creolin solution, and a quantity of iodoform gauze introduced. At night she had a chill, temperature 103, pulse 90, respiration 24. The discharge showed abundant streptococci in the smear.

February 1st.—Morning temperature 102 $\frac{2}{3}$ , pulse 92, respiration 20. At 4 p.m. the temperature was 104 $\frac{2}{3}$ , pulse 116, respiration 24. After consultation with Dr. Wright 20 c.c. antistreptococcus serum were given by hypodermic injection between the shoulder blades. One hour later the temperature