

fourth day after admission there was pain and swelling in left axilla, which was thought to be due to enlarged lymphatic glands. On the twelfth day there was severe epigastric pain, which was relieved by vomiting and passed gradually away. In the same evening there was pain and tenderness in left groin. Four days later there was evident phlebitis of the left internal jugular vein, which became distinctly cord-like and very tender. It was treated in the usual way, the pain and swelling gradually disappeared, and the patient feeling stronger, left the hospital on the 19th October.

On the 18th November she was re-admitted, this time complaining of severe epigastric pain, abdominal distension, and a painful swelling of the left leg. After leaving hospital she had been very well for a fortnight, when she began to menstruate and then to suffer from intense pain at the epigastrium. Temperature  $100\frac{1}{2}^{\circ}$ ; pulse 96. Nausea and vomiting after food. Evidence of fluid in the peritoneum. Dulness on percussion, bronchial breathing, and crepitant râle at the right pulmonary base. Both legs are enlarged about the calves and very tender to the touch, especially the right. No affection of the joints. Sharp diarrhoeal attacks from time to time. The thoracic veins of the left side were noticed to be varicosed. The patches on the legs for which she originally entered hospital never entirely disappeared, but remained as reddish indurations, and now they are inflamed and angry-looking. They are situated about the calves of the legs.

A week later similar physical signs, though not marked to the same extent, were found in the left base.

*Nov. 27th.*—One hundred and ten ounces of a clear fluid were removed to-day by the aspirator; it contained no pus. The discomfort due to the abdominal distension was removed, but the symptoms were unchanged. The temperature is now generally about  $100-101^{\circ}$  at night and  $99^{\circ}$  in the morning. Considerable epigastric pain. As a result of a vaginal examination by Dr. Gardner it was found that the womb was fixed in the pelvis, probably by old inflammatory adhesions.

*Dec. 10th.*—The varicosity of the thoracic veins is becoming very marked.