vation of symptoms. Whilst I was there the hot uterine douche was repeated for four or five minutes, bringing away a small quantity of clots that from their appearance had some time previously been expelled. Discontinued Quinine and Iron, and substituted Fluid Ext. of Ergot and Iron, alternately with Turpentine every two hours. On visiting her early on Saturday morning, found a less favourable state of symptoms. Learnt that she had taken her nourishment well during the day, had gone to sleep early in the evening, and slept quietly until a little past midnight, when she awoke faint, shortly after complained of being sick and vomited partly digested food. A messenger was about being sent for me, but as the patient expressed a great sense of relief, and shortly after fell into a tranquil sleep, I was not summoned. Pulse 120, small and irritable, bed clothes beginning to have an offensive odor. Had the hot douche applied, and after removing a large quantity of clots, made a careful vaginal examination. The os would not as before admit more than the point of finger, uterus mobile and not apparently very much enlarged, no great fullness or tenderness in the hypogastric region, quantity of serous discharge increased. Soaked a large quantity of cotton wool in a solution of Ergot and Iron, and with it firmly packed vagina. As the stomach had become irritable and I feared a return of vomiting, ordered frequent nutrient enemata with brandy, and gave brandy and ice by mouth, a handkerchief well soaked with Spts. Ammon. Aromat. to the nostrils. Returned at 2 p. m, removed tampon and replaced it with one soaked as before; the removed tampon was more offensive than for the short time of its impaction it should have been, pulse reduced in frequency, patient cheerful and said she felt better. At 7 p. m., met in consultation the lady's father-in-law, shortly after his arrival with the husband who had been telegraphed for in the morning, patient had a somewhat prolonged fainting fit. Detailed to the doctor the treatment pursued, and my fears of some degeneration of uterine lining; mentioned that I had in the morning ordered a solution of Persulphate of Iron one in six, that with his sanction I would inject into the uterine cavity, the use of which, however, I had delayed until his arrival, as without counsel and in ignorance of the exact condition of the tissues, I was unwilling on my sole responsibility to risk. The view of possible danger was concurred in by this long experienced practitioner, and the treatment of Ergot, Iron and Turpentine continued, changing only at his desire cold spirit lotions to the abdomen for the hot douche. The foot of bed was elevated a couple of feet, pillow again removed, and as an opiate at night thirty drops of Battley's Liq. Opii Sedativ. Patient passed a fair night. In the morning, pulse continuing at 120 and condition of stomach threatening, brandy only was given by mouth, administering the Ergot in increased quantities, with ten grains of quinine and nourishment by rectum. The previous evening I had suggested large doses of Acetate of Lead, but my colleague preferred a continuation of the Ergot, and in view of the threatened vomiting for the last twelve hours, I did not feel inclined to urge its use. Bottles of hot water enveloped in flannel were applied to feet and between the legs, and aromatic ammonia to the nostrils. The patient was calm and collected, neither hallucination of senses, nor delusion of mind, complaining only of noises in the ears and an occasional sense of faintness. In the morning, as the Ergot and Quinine occasioned only slight evidences of uterine contraction, I injected by hypodermic syringe forty drops of Fluid Extract of Ergot; this produced slight contractile pains: as, however, the serous discharge with clots with but little diminution persisted, I repeated the injection in three hours. The discharges had now become highly offensive, notwithstanding the frequent removal of tampon and uterine douche. Pulse 130, small and irregular. Remained with patient until 2 a. m., at which time the evidences of contractile pain were sufficiently marked to afford some hope of finding the condition of symptoms better in the morning. Unfortunately this hope was not destined to be realized, as on the next visit there were unmistakable evidences that a fatal termination was pending. Continued the administration of brandy in large quantities, as also nutrient enemata, but all in vain. The patient succumbed at ½ past 1 p. m. Immediate cause of death I apprehend to have been blood poisoning, due to the introduction into the circulation of morbid or putrid matter, possibly complicated with embolism. Temperature of lower extremities continued normal within an hour of death; failed in the upper extremities earlier. It may be urged that in this case a more careful exploration of the