

water was substituted, given every hour, and the sublimate every night and morning. During the following few days, the pain in left region became so intense and unremitting that she had to be kept under the influence of large doses of morphia. This pain would especially become severe when the bladder filled, some relief being obtained, however, when emptied with the catheter. Vaginal examination at the end of the third day gave evidence of the pelvic cellular tissue of left side becoming rapidly filled with exudate. The left broad ligament and that side of uterus were fixed, the left fornix was obliterated, and the pelvic floor of that side had descended and was rigid, hot and tender. The corresponding parts of the right side were free from exudation, freely moveable, and painless to pressure. This condition was very interesting from a point of the etiology. External or bimanual palpation discovered a hard, tender ridge felt deeply in the left iliac fossa, but was some distance at this time from the surface. It seemed to be in a line with and directly over the middle part of the ileo-pectineal line. The only internal treatment the patient received up to this stage was one drop of tincture of aconite every hour to relieve high temperature. This state of affairs continued fairly constant until the tenth day, when, coincident with a profuse vaginal discharge of very foetid pus, all pain disappeared, temperature came down to 100°F., and morphia was discontinued. This discharge evidently came from the cellular tissue of the left side of pelvis, the site of the original phlegmon, and had discharged itself through the laceration of cervix before referred to. At 10 P.M. of the eleventh day she was seized with very sharp pain in *right* iliac region, requiring gr.  $\frac{1}{2}$  of morphia hypodermically. Temperature and pulse now ran up again, and fearing that there might be septic matter in the uterus, it was washed out with sublimate solution and iodoform suppositories introduced. Hot vaginal irrigations were again resorted to, and repeated every hour. Morphia in large doses to relieve pain. An occasional dose of quinine (gr. xx) to relieve very high temperature, and hot poultices to abdomen. On the following day vaginal examination gave evidence of the right side of pelvis having become infiltrated; it assuming the same physical conditions as the left at beginning