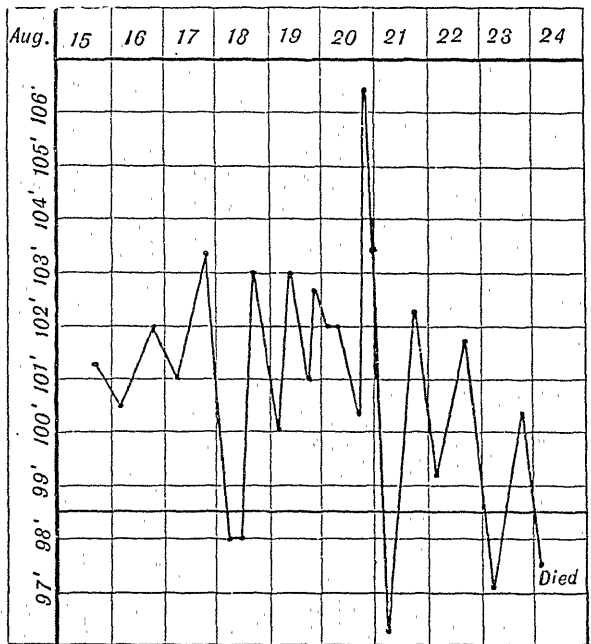


regular, from 80 to 118; respiration about 25. During the afternoon, temperature rose gradually, being normal at 3 o'clock and reaching 102.1° at 6 o'clock; then began to fall again. Slight labor pains began in the morning, and continued all day. Flatulence increased, causing great distension of bowels around the enlarged uterus. Salol and papoid with soda were given frequently to lessen formation of gas, but without effect. Urine, 6 oz. was passed at 3 p.m.; specific gravity, 1017. Albumen $\frac{3}{10}$ by volume, and only a slight sediment of pus. Bowels not moving to-day, an enema of castor-oil was given, in anticipation of labor; several slight stools followed during the night. To ease labor pains and quiet restlessness, chloral, grs. 20, were given by the rectum at intervals. The chloral not being sufficiently effective, two doses of antipyrine, grs. 10 and 5 were given, with some benefit. At one time the restlessness was so great that, as the secretion of urine was fairly abundant, morph. sulph., gr. $\frac{1}{8}$, was given subcutaneously, causing good rest for a time.

22nd. Temperature, 99.1° a.m., 101.4° p.m. Complained of pain in right side, and evidences of pleurisy were found. Jacket poultices were applied. Labor pains increased and made her very restless, for which occasional doses of chloral were given by the mouth. No change in urine. Distension of stomach and bowels extreme. Sp. am. arom. was given frequently, to aid in expelling gas from stomach. The head having entered the pelvis, her husband administered chloroform and I applied forceps. She was delivered at 8 p.m. of a living male child. She took chloroform well, and only sufficient was given to render her easily controlled. The uterus contracted perfectly, only two or three ounces of blood being lost, although bleeding was rather encouraged as likely to mitigate the comatose symptoms that were gradually developing. Coma followed delivery, with fairly contracted pupils reacting slowly to light. Breathing somewhat stertorous. Flatulency so extreme that the abdomen was scarcely

reduced in size by the delivery. The breath having the odor of chloral, it was thought possible that owing to flatulency the chloral, of which she took less than 2 drs., had not been absorbed during the day, and was being absorbed now, causing the coma. A stomach tube was therefore introduced, and the stomach emptied of both fluid and gaseous contents, the latter being much the greater. This had the effect of rousing her, and by 3 a.m. she asked for the babe and answered questions. The stupor was still great, and continued so during



all next day, except during one or two short intervals. The abdominal distension again became extreme. An effort was made to reduce it by the Faradic current, Dr. A. R. Pyne kindly assisting with his battery. The success was considerable. A further effect of the current was to strengthen the pulse and improve the circulation materially. Twice during the afternoon, the pulse becoming almost imperceptible, even with the hypodermic injection of stimulants, was restored to good fulness and force by the Faradic current. The urine continued fairly abundant, and of the character already described. Towards evening the coma became complete, and she died rather suddenly at 1 a.m. of the 24th.