

noticed she had a somewhat contracted pelvis, the conjugate diameter being a little below the average. The baby in a few days showed symptoms of a very violent purulent ophthalmia of both eyes. The nurse, mother, a lady friend visiting at the house, and her baby some six months of age, also became attacked in a minor degree with ophthalmia. In fact, every one within reach except the delinquent husband himself.

I was again engaged to confine this lady, January, 1886, and shortly before the expected time her husband again became anxious as to his condition. He stated he had either a renewal of the old gonorrhœa or a fresh attack. He certainly had a profuse discharge with symptoms of subacute disease, and he was strongly under the impression that his wife had again contracted the disease from him. During her confinement she was in labor for twelve hours without making much progress. It was a vertex presentation, with occiput to the rear. The cervix was freely dilatable, but the head would not engage. The forceps was now applied, and after about twenty-five minutes' careful traction the head descended, was allowed to rotate forwards, and delivery completed without injury to the perineum. There was some free hemorrhage for a few minutes from a left lateral laceration of the cervix, but it soon ceased. During the following twelve hours she was well, and it was not until the sixteenth hour after labor had been completed that she began to feel a change. She now experienced a severe chill, headache, fever, and severe pain in the left inguino-ovarian region. It is necessary here to bear in mind that there were no vaginal injections given as yet, the patient not having been visited since the completion of labor. Knowing, however, the probability of her passages containing germs of infection, I felt somewhat disappointed that I did not use *almost* constant irrigation from the first. Vaginal examination now discovered nothing worthy of note beyond the left cervical laceration, which extended apparently into the parametric tissue at base of the broad ligament. A hypodermic of morphia (gr. $\frac{1}{3}$) was given at once, hot linseed poultices to abdomen, and hot vaginal irrigations of very weak sublimate solutions to be repeated every two hours. These irrigations were continued until the following day, when plain hot