

made of slight diarrhoea with abdominal pain, which she attributed to getting her feet wet a few days previously. The pulse was somewhat quickened; the temperature was normal. There had been no previous constipation. A simple anodyne was prescribed. I did not see her again for forty-eight hours. On my second visit the pulse was still quick, 108; temperature 99.8°, and complaint was still made of the pain. She was now confined to bed, a sinapism was ordered, and the amount of opiate increased. Some slight tenderness on pressure in the right lumbar region did not at the time give me much thought. Next morning at 5 A.M. I was hurriedly summoned and told she was much worse. I found her with a very anxious expression, considerable lividity of the face and lips, temperature 102.5°, pulse 120 (weak), and was told that the pain had been very sharp for the last two hours. Previously she had slept well. Tenderness was now marked over right lumbar region, but not so marked in the iliac region, and extended across the median line. Contractions were felt in the uterus, which was tender on right side. There was very slight distension of the abdomen. There had been no movement of the bowels for the past twenty-four hours. Vaginal examination proved that the os was still closed, but soft, and the cervix apparently shortened. There was no surrounding tenderness. I gave a full hypodermic of morphia and ordered m_x Battley's solution every three hours. Dr. Howard saw her with me at noon of the same day; the temperature and pulse had fallen, and the patient looked in every way better. He agreed in considering that the symptoms pointed to peritonitis, but did not consider them urgent. That evening she expressed herself as comfortable, and able to get a sleep; the tenderness seemed lessened, but at two o'clock labor pains set in, and before I could reach her the child was born. The mother was very pale, her lips were livid, and her pulse thready. There was little complaint of pain, and the mind was perfectly clear. The placenta had been retained, but there was very little hemorrhage. After waiting twenty minutes, and finding no effort at expulsion of the placenta, the assistance of Dr. Ross was obtained, and it was deemed advisable to deliver the placenta,