

finger. The former showed a typical pure culture of the Loeffler bacillus; 10 cc. of the diphtheritic antitoxin was injected with marked beneficial results. On two successive days a similar quantity of serum was injected. After the third dose the temperature fell to normal, and she had an uninterrupted recovery. The second case showed marked signs of fever forty-eight hours after the labor. The medical man had used intra-uterine douches but without benefit. Dr. Haultain saw her on the fifth day. She then showed signs of marked septic infection, the face had a leaden appearance, and there were erythematous patches on the abdomen. A culture of the discharge similarly taken was again made, and examination showed a mixed growth of streptococcus and bacillus coli. Anti-streptococcic serum (10 cc.) was injected, followed by a similar quantity the next day, and 30 cc. on the third day, but no beneficial effect resulted. The patient developed an intractable diarrhoea; her left knee-joint became extremely painful; pulmonary complications and parotitis set in and she died on the tenth day. A culture was made from the blood of the finger twenty hours before death, and a pure growth of the bacillus coli was found. The third case showed signs of fever on the third day. Dr. Haultain saw her four days afterwards. The vaginal discharge was offensive. The culture showed many streptococci. Anti-streptococcic serum (10 cc.) was injected; the uterus was washed out with a 1 in 40 carbolic lotion and packed with gauze soaked in the antitoxin. On the next day a further 10 cc. was injected. The temperature fell on both occasions. No further rise of temperature occurred, though the cervical discharge showed many streptococci. The uterus was washed out on the two succeeding days, and further examination showed the discharge to be free from septic organisms. On reviewing the cases, the first one was evidently a case of intra-uterine diphtheria, and the diagnosis would have been impossible except for the bacteriological examination. The second case showed features of interest in the presence of mixed infection in the culture from the cervix and in the pure culture of the bacillus coli from the blood. Clinically, the violent diarrhoea, the erythematous patches and the absolute inefficiency of the anti-streptococcic serum were of value. The third case was one of those simple cases of toxin poisoning which usually yield to antiseptic intra-uterine douching, the focus of the disease being thus removed. Still, it must be noted that intra-uterine douching had almost no effect until combined with the serum treatment. I