

was then made to accomplish this with graduated hard rubber bougies. The smallest size was passed, but, beyond this, no force that we dared employ, would ensure the passage of a larger one.

During the afternoon the patient had two more convulsions; the chloroform which was freely administered having apparently no effect in preventing or lessening the attack.

At five o'clock another half grain of morphia was injected and after much trouble, the smallest size of Barnes' rubber bags was introduced into the uterus, filled with water and left in situ; and the vagina carefully douched with bichloride 1 x 5,000 followed by carbolic acid 1 x 80.

Recognizing the importance of securing an alvine evacuations, a drop of croton oil with a few grains of sugar of milk, was given every hour for three hours, but without accomplishing the desired end.

The patient was kept pretty well under the influence of morphia all night by the administration of half a grain hypodermically every four hours, but was very restless and delirious, constantly attempting to get out of bed, and fighting against nourishment which, however, was given her in the shape of milk, every half hour, a few drops at a time from a medicine dropper. There was a good deal of difficulty in swallowing, the tongue having been bitten and being swelled in consequence. Vaginal douches of bichloride and carbolic acid were kept up.

Monday, Oct. 19th.—Not much change in the patient's condition; she was still restless, but kept more or less narcotised by morphia administered every four hours. The bladder was relieved by the use of the catheter, and the urine, small in amount, on being tested, gave about 90% albumen. Douche continued during the day; no movement of the bowels. At 5 o'clock the Barnes' bag having been in place for 24 hours, it was removed; the os then showing but little change, and still being smaller in circumference than a shilling.

There were signs now during the evening, of commencing uterine contractions, and as the bowels had never yet been moved, 10 gr. of calomel were administered dry; and towards morning this was followed by a very copious evacuation. The morphia was continued, the patient kept under its influence, and urine withdrawn by catheter. The patient less restless, uterine pains coming on, but

at long intervals; vaginal douches kept up three times a day.

Tuesday October, 20th. Patient not so restless or violent labor pains of short duration coming on; os uteri about the size of a silver dollar. Four ounces of urine passed, very cloudy and albuminous. Morphia and douches kept up. At 3 o'clock in the afternoon I was sent for, being told the patient was worse. On my arrival, however, so far from that being the case, I found the head presenting at the vulvar orifice and at 3.40 delivery of an exceedingly putred fœtus and placenta was accomplished. As soon after delivery as possible an intra-uterine douche of bichloride was given, followed by one of 1 x 80 of carbolic acid. Temperature $101\frac{1}{2}^{\circ}$, pulse 162.

4.30 Symptoms of severe shock set in; heart's action very weak and unsteady; gave ether sulph. $\frac{3i.$ hypodermically, and brandy by the mouth under which the patient rallied.

6 p. m. Sleeping quietly, pulse 128; at midnight the temperature was 98° , pulse 104, still sleeping quietly; discharge odorless. 10 oz. of urine drawn off and tested; albumen still present but much less in quantity.

Wednesday, October 21. Slept quietly all night temperature $97\frac{3}{4}$, pulse 84 at 7 a.m., vaginal douche of carbolic acid as discharge was becoming offensive. Large quantity of urine passed naturally; color, dark amber, small amount of albumen present.

From the 21st to the 25th the patient got slowly but progressively better, when spongy gums, sore mouth and fetor of breath gave warnings of pytalism. Accordingly the injections of bi-chloride were suspended, a weak solution of carbolic acid only being used as a douche.

A wash of boracic acid and listerine for the mouth and a mixture of chlorate of potash internally soon relieved these symptoms. During the last three or four days very large quantities of pale urine have been passed, sometimes as much as 90 ounces per day. From this date convalescence, though slow, was uninterrupted. For seven weeks there was great weakness and lassitude, and at the next catamenial period the flow was very profuse, necessitating the administration of iron and ergot. Since then the periods have been normal both as to time and amount of the flow.

In the treatment of this case, two cardinal