

crutch, she was still unable to bring down the heel. The tendons of the hamstring muscles were tense; the joint itself was somewhat enlarged, and the natural markings were obliterated. The veins could be seen ramifying over the surface, and to the feet there was evident thickening of tissue. Her health was completely restored, and but for the knee she could attend to her household duties. Like a soldier who had gone through the wars, she had marks to prove that she had been, at least, in one severe engagement. We proposed to put her under an anæsthetic and straighten the limb, cutting the contracted tendons if necessary. She preferred, however, to delay; and it has happened all for the best, as she can now bring the heel easily to the ground and walk without the aid of a staff. She is at present able to do all her household work, and this is of some moment, as she is the wife of a labouring man.

If we had forcibly extended the limb at the time we proposed, it might have kindled up fresh inflammation, which might have blighted our hopes of future recovery.

We ordered oleate of mercury, to be rubbed well into the joint, and an indiarubber knee-cap to be worn over it; and, at the same time, we advised her to persevere in passive motion and endeavour to bring down the heel as well as she could in walking. Moreover, a holiday of a few weeks in the country among her friends; at this time, was of great service.

*Present Condition.*—Examined the patient a few days ago. She can flex the knee well on the thigh, but cannot straighten it completely. The patella is somewhat adherent, but admits of some motion both laterally and vertically, which, I think, can be improved by occasionally moving it as directed. The enlarged veins are no longer seen on the surface, and the natural markings of the joint are beginning to appear again.

*Remarks.*—1. In reference to the disease, we believe it was a case of pure septicæmia, produced by laceration of the cervix, which latter was caused by the rapidity of the labour and the position which the patient occupied at the time the child was born.

2. The synovitis of the knee-joint and the phlegmasia dolens, we also believe, were both the

result of the septic poison which had been absorbed through the raw surface produced by the wound in question.

The synovitis was, of course, out of the usual run of things; but, judging from the analogy which acute rheumatism presents, where we have a poison in the blood producing inflammation of the joints, we may reasonably hold that the inflammation in question was produced by the generally poisoned condition of the blood on this occasion. The phlegmasia dolens, which came on simultaneously with the synovitis, doubtless was caused by the septic poison producing coagula in the veins, thereby causing obstruction resulting in œdema, subsequent involvement of the lymphatics with pressure on the terminal branches of the nerves, complete loss of motor power, with all the train of symptoms which are so well known to exist in this disease, but of which the exact cause or causes, with their subsequent modifications and complications, are so little known.

3. Considering that we had three other cases of septicæmia within a few weeks, and saw one in the practice of a neighbour, all from the same cause, we would infer that laceration of the cervix is a more frequent cause of septicæmia than it gets credit for; hence, it would be well to take means to prevent the occurrence of this accident, in the first place, and make an early examination with speculum and sound for the purpose of diagnosing it when it has happened; in the second place, that the treatment might be early, appropriate and thorough.

4. To prevent laceration of the cervix in those rapid labours, the woman should be told to abstain from bearing down as much as she can; and it is recommended to press back the presenting part and support the cervix until it is fully dilated, so as to allow the head and after-coming shoulders to pass through without tearing it.

5. Finally, in reference to the treatment of this and our other cases, we might say they were all treated, with but slight modifications, in the same manner, with the exception of one, and in that case we used injections of bichloride of mercury, 1 to 1500, instead of the carbolic, and this was the only one that succumbed.