

her confinement. At eight o'clock that same evening I answered a hasty summons and found the woman in the second stage of labor, well advanced, pains frequent and strong; ten minutes after I reached the house a bright healthy female child was born. There was no difficulty or delay in the delivery of the placenta, very little hæmorrhage and the uterus contracted firmly. The usual toilet (no douche) was made. An occlusion pad carefully applied and the diseased limb wrapped in a sheet wrung out of a strong carbol solution. Antiseptic measures were rigidly enforced throughout and the woman made a good recovery.

The chief points of interest in the case seem to be:—

1. A severe case of phlegmonous erysipelas developed during the eighth month of pregnancy.
2. Premature labor was induced by the disease.
3. The labor was precipitate, lasting but half an hour, in other respects normal.
4. Labor occurred at the most infective stage of the disease, during the period of suppuration and free discharge.
5. Parturition took place in the same room and upon the same bed occupied by the patient throughout her illness, no reinfection occurred, in fact the puerperium was normal in every respect.

Under the circumstances are we justified in assuming that the antiseptic measures employed, prevented puerperal infection? or would it be more reasonable to infer that the disease rendered the patient immune? The latter view is supported by the fact that erysipelas and puerperal infection are due to the same microbe, the streptococcus pyogenes. Again if we admit the theory of immunity, may not a woman who contracts erysipelas during pregnancy be considered proof against the infective energy of the puerperal microbe, provided the disease reaches its acme before parturition takes place?

ISAAC WOOD.

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Desires to announce to the Profession that he is prepared to make Microscopical, Chemical, and Bacteriological Analyses, as may be required, of Morbid Tissues, Tumors, Serous or Purulent Effusions, Curettings, Sputum, Urine, Blood, Stomach Contents, Throat Membranes or Secretions, Urethral or Vaginal Discharges, etc. He is also prepared to apply Widal's method for diagnosis in Typhoid Fever, and to perform autopsies.

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