

Pulse 84 ; temperature $98\frac{1}{2}^{\circ}$; respirations 28 ; she slept quietly during latter part of night and feels well this morning ; no change in lungs ; evening temperature 99.5° . *3rd*—Morning temperature 99.5° ; pulse 96 ; respirations 24 ; during the night there was some pain in right iliac region and a slight flow of bloody, offensive matter from the genital tract, continuing in lesser quantity during the day ; no tenderness or fulness about the uterus, which is small in size and well contracted. I washed it out, but the water came away clear and free from offensive odor, nor was there at any subsequent time any offensive or considerable discharge. Evening temperature was 103° , and during the night the temperature rose to $104\frac{1}{2}^{\circ}$. *4th*—Temperature ranged from 102° to $103\frac{1}{2}^{\circ}$, without any more marked physical signs in the lungs than noted before ; respirations 32, very little cough, and no expectoration. *5th*—Passed a good night ; pulse 100 ; temperature 98.0° ; respirations 27. She feels very well ; coughing a little more. *6th*—Pulse 80 ; temperature 98.5° ; respirations 28. Examination of lungs shows the left lobe normal ; in right there is slight dulness or diminished resonance over central part of right, posteriorly, while the respiration is more distinctly bronchial, but not blowing ; no râles. Some cough, without expectoration, continued for a few days. There was good involution of uterus. She rapidly convalesced, and was sitting up by the 8th.

During the progress of the case some facts in connection with it served to render the diagnosis more or less doubtful. The satisfactory and rapid progress during the first six days, and the absence of all symptoms referable to the uterus up to the 13th day, would seem to exclude septic infection through the genital tract. When the chill occurred on the 29th it had been preceded for a couple of days by symptoms of phlebitis. Was the fever, quickened respiration and general prostration, and indefinite physical signs in the right lung due to a similar condition in lungs, or was it due to the onset of croupous pneumonia ? The appearance of herpes and the characteristic crisis on the morning of the 2nd October would seem to favor the diagnosis of pneumonia. The appearance of an offensive discharge on