

mother of three children, her husband saying that she was confined on the floor. Found her sitting in bed holding the child, evidently in a frantic state of mind; calmed her as best we could and removed the placenta, which we found in the vagina.

It seems that she had taken a dose of castor-oil, and when the tremendous pain came on—the only one she had—she thought that the medicine was going to operate, so the child was born while she was sitting on the chamber.

Visited her for four days, and found everything natural. In consequence of having been called to a case of diphtheria I then discontinued my visits. On the fifth day, while attending another obstetrical case—which, by the way, made a good recovery—was asked to go and see patient number one, the husband saying that she had been troubled with chills, fever and sweating for the last twenty-four hours.

Found the temperature 104, pulse 120; the woman very nervous and thirsty, but no swelling, pain or tenderness in the abdomen. She complained of frontal headache; the tongue was coated. She occasionally spoke incoherently, and was suffering from prostration. It was evident that an enemy had entered the camp. The question was, how shall we expel him. The case was a puzzling one. Upon digital examination, discovered a bi-lateral laceration of the cervix, and felt certain that we had found the gate through which the enemy had entered the citadel. Next day examined with speculum and sound to ascertain whether there were any supra-vaginal rents extending towards the broad ligaments or in any other directions; likewise if there were any shreds of membrane retained, which could be removed with the uterine forceps. Found no shreds, but proved beyond the shadow of a doubt that there was complete bi-lateral laceration of the cervix, with the lips of the wound presenting an everted and unhealthy appearance. We had now traced the effect back to the cause.

We gave opiates to quiet the system, and large doses of quinine to neutralize the poison and control the fever; while at the same time we used intra-uterine injections of carbolic lotion, with the object of minimizing the amount

of poison which might be absorbed,—the nurse being instructed to wash out the vagina between times, to sponge the body with vinegar and water, to give her abundance of fresh air, and to prevent sympathizing and inquisitive old women of both sexes, who are so numerous in Ontario, from entering the house.

At the same time we supported the patient's strength with beef-tea, milk, raw eggs, and good liquid nourishment generally.

After about eight days of this treatment, and when we thought we had succeeded in expelling the enemy from the camp, she was suddenly attacked with severe pain in the inner side of the right knee, the pain extending down to the calf of the leg, and accompanied with an aggravation of all the febrile symptoms. My first impression was that our patient was in for multiple abscesses, and that we had now reached "the beginning of the end." The joint became swollen and puffy, and gradually the whole limb swelled up, constituting a well-marked case of phlegmasia dolens plus acute synovitis of the knee-joint. Wishing to settle the point—a very important one—as to whether we had pus in the synovial sac, we tested with a hypodermic syringe, and drew off a small quantity of somewhat flaky serum. We elevated the limb on pillows, with the knee in a partially flexed position; used at first hot fomentations, then poultices; afterwards small blisters for the leg, tincture of iodine and cotton wool for the knee, and finally bandaging, when the leg began to pit on pressure. The woman was completely helpless, the leg lying where placed, like a log, the pain still being referred principally to the knee. We used the intra-uterine injections with the fountain syringe until the discharge from the uterus ceased. We had her in our care for over three months. During all this time she was taking such tonics as fer. et. quin. cit., quin. sulph., syr. fer. ioidid., and Scott's emulsion of cod-liver oil, with good nutritious diet combined with lactopeptine and abundance of fresh air. We had most trouble with the knee-joint, which remained in a semi-flexed condition long after all the symptoms of the phlegmasia dolens had passed away.

After she got out of bed and was able to walk through the house with the aid of a