

formed me she was over time fully three weeks, and seemed much concerned over her future. Urinalysis revealed no lesion of kidneys or bladder. December 9th, or ten days after my first visit, I was summoned about 11.30 p.m., as her pains were becoming very severe and regular. Examination externally and per vagina revealed the child in L.O.A. position. Os was moderately dilated. Progress was very slow, and the pains seemingly produced nothing more than a globular or pear-shaped protrusion of the abdominal walls.

At 6 a.m., on further examination, I found the os fully dilated, but almost absolute immobility of the child.

No obstruction was noted from tumor, pelvic contraction, or neglected bladder or bowels. The child's head was not considered to be a causal agent of the delay. I at once decided that instrumental delivery would be necessary, as the pains were lessening in force, and the mother becoming much exhausted. A large male child, weighing twelve and one-half pounds, was delivered under chloroform. Three days after the mother had a temperature of 100.3, which reached 102.4 on the fifth day. On the sixth day she had irregular chills, and complained of pains in the region of the bladder, and also in the external genitals, with difficulty in urinating. On examination, I found the right labia and adjacent parts very much swollen, red, and very tender to the touch. The vaginal wall bulged on the affected side.

A diagnosis of hematoma with secondary abscess formation was made. The patient at this time stated that at the time the anesthetic was about to be given she noticed a sensation of something giving away, which evidently was the truth. Fluctuation being present, a free incision was made, and a large amount of pus evacuated, after which the abscess cavity was thoroughly irrigated with hy. bichlor. 1-2000, and packed with iodoform gauze.

Temperature became normal, the difficulty of micturition became less, and speedy resolution took place.

This case developed the presence of a structurally weak circulatory system, and the possibility of an inherited tissue weakness, inherited from the father, who, as noted before, had had three strokes.

Another question of interest is this: Inasmuch as the uterine nervous supply comes from the gangliated cords of the sympathetic system and sacral nerves, could not the continued gestation and the inability to terminate such be due to defective innervation secondary to the hemiplegia?