

the uterus was contracting violently, and soon after arriving home she aborted. I was fortunate enough to preserve the placenta, and, upon examining it, I found that she had a small placental apoplexy, and a clot of blood of the size of a walnut had formed and separated the placenta from the uterine wall, and from this focus an irritation had spread till it brought on uterine contractions which ended in an abortion.

So, also, it may be caused by a woman's measuring the height of a chair with her eye, and then unexpectedly sitting down to find it three or four inches lower than she had supposed it to be, the sudden jerk being sufficient to bring on uterine contractions. Instances are on record where such a simple matter as blowing out, instead of snuffing out, a candle, by reason of the disagreeable odor of the smoke, has caused a miscarriage; and I do not doubt that such trivial circumstances will sometimes induce it. These are all exceptional cases, and hardly to be considered. But the rule is that, in the great majority of cases, where a woman has repeated miscarriages at the third month, you will find upon examination either a posterior displacement of the uterus, or that there is evidence of constitutional syphilis in the father or mother; or you may find both these conditions.

Now, this woman's husband is not here, so we can not examine him at present for symptoms of syphilis; but she says he is a healthy man, and has promised to bring him here to our clinic next week, so that we may inquire into his condition for ourselves. I think he will come, for he, as well as she, is anxious to have offspring. So we will have to wait till then to determine whether this cause for the repeated miscarriages exists here.

But there is another cause than this which will account for the miscarriages in this case. When I make a vaginal examination with this woman standing in the erect posture, I find that the uterus is bent backward toward the hollow of the sacrum, so that the greater part of the organ lies posteriorly to a line drawn perpendicularly down through the center of her body. You may ask if I think that this slight degree of displacement backward is sufficient to account for these repeated miscarriages; and I reply that I think this is a sufficient cause. Then you may ask: "How do you suppose that this insignificant cause can produce such a result?" It would not as it is now, for that uterus is not badly displaced, but is lying only a little posterior to the central line drawn perpendicularly through her body, and, if it would keep the same position as now, it would be of no account either in a pregnant or non-pregnant woman, and no miscarriage would take place. But I will show you what occurs after pregnancy in such a case as this. At the end of the first month the uterus is slightly enlarged and its increased weight has caused it to bend over on itself still more, and so the posterior displacement is a little greater than before. At the end of two

onths the displacement is so great that the axis of the uterus forms almost a right angle with the perpendicular line drawn through the center of the pelvis; but even now there is no interference with utero-gestation, and the pregnancy goes on. At the end of the third month, however, when the body of the uterus has increased so much in size that it fills up the cavity of the pelvis as it lies displaced in the hollow of the sacrum, the uterus tries to rise up out of the pelvis, and the cervix does go up, but it can not pull the body up after it, because it is held down by the promontory of the sacrum, and only some lucky accident can release it. The rule is, however, that the cervix rises up, but nothing can get the uterine body out of the hollow of the pelvis; and yet, under certain circumstances, the organ will go on developing for four or five months, perhaps, without interference with the nutrition of the foetus. But usually at the end of the third month the uterus feels the interference with its development, and so it begins to contract, and the cervix opens and labor goes on until the foetus is expelled. Three months after, the woman goes to a doctor, perhaps, and asks him the cause of her miscarriage; and he examines her and finds the cervix all right and the uterus lying in the position I described to you as existing in this case at present, with only a slight posterior displacement, and he is at a loss to account for her misfortune. But the real cause of all was that, at the beginning of pregnancy, the uterus was lying a little posterior to a line running perpendicularly through the center of the woman's body: and you will almost invariably find that the slightest displacement posterior to this line will cause a miscarriage at the third month. Now, this exists in this woman at present, and it may possibly be the cause of her miscarriages; but before deciding I will examine her husband also. If I find that he has had constitutional syphilis, I will say that I do not know whether this displacement of the uterus is the main cause or not; but I will first remedy the condition I find already existing in the woman, and then I will treat the husband for syphilis, if I find it necessary, and I will try to keep him and the woman apart for a number of months, until I think he is entirely well and can impregnate his wife without transmitting the disease to the child. Even if I find syphilis in him, I will nevertheless treat the difficulty I find in her at the same time.

After the woman has again become pregnant I would watch her carefully as she advances, and have her come to me every four or five days or, at the longest, once a week, that I might see if every week of utero-gestation was increasing the displaced condition of the uterus. If, by the end of the second month, I should find it bent farther backward than at the end of the first month, I would place the patient on her side or in the knee-chest position, and, with my fingers, push the uterus over into its proper place, and put in a pessary to keep it in position. Supported in this way, the