

39. Treatment is prophylactic by fluid extract black haw, and removal or avoidance of cause; preventive by rest, opium and black haw; and, in inevitable cases of abortion, empty the uterus and check the bleeding by rest and ergot, by tampon, and after dilation of cervix by finger or dull curette. (Munde.)

40. Miscarriage should be treated like abortion, and premature labor like labor at full term.

41. Artificial abortion is best performed, up to the fifth month, by dilation of the cervix with the steel branched dilator; it is done because, 1, persistent vomiting, 2, organic visceral lesion, 3, incarcerated uterus, 4, deformity of pelvis, 5, presence of large tumors. (Munde.)

42. Premature labor is best induced by catheterization of the uterus—not rupture of membranes, for 1, dyspnoea from enormous distention of the abdomen from any cause, 2, hemorrhage from placenta prævia, 3, uncontrollable vomiting, 4, organic heart trouble, 5, habitual death of the fœtus, 6, pelvic contraction of moderate degree, 7, hopeless condition of the mother, 8, where in previous labors there have been unusually large children. (Munde.)

43. *Fœtus*. Fœtus at first month is rarely to be detected in abortions. At second month it weighs sixty grains, measures six to eight lines, head and extremities are visible, eyes are two black spots on side of head, umbilical cord is straight, the clavicle and inferior maxillary bone begin to ossify. At third month the embryo weighs from seventy to three hundred grains, measures from two to three inches, forearm is formed, fingers can be traced, placenta is formed. At fourth month weight is from four to six ounces, length six inches, sex of the child can be made out. At fifth month weight ten ounces, length ten inches; hair and nails beginning. At six months weight one pound, length eleven to twelve inches; membrana pupillaris; eyebrows. At seven months weight three or four pounds, length thirteen to fifteen inches; eyelids are open; testicles in scrotum; clitoris prominent. At eight months four to five pounds, length sixteen to eighteen inches; nails; membrana pupillaris has disappeared. At nine months six to eight pounds, length nineteen to twenty inches; males somewhat heavier than female. (Playfair.)

44. *Signs of death of Fœtus*. Before labor the signs of death of the fœtus are, 1st, loss of fœtal heart-beat, 2nd, loss of fœtal motion, 3rd, sense of dull weight in the uterine region felt by mother, 4th, sense

of coldness in the womb, 5th, putrescent fœtor in the discharges, 6th, discharge of flatus from the uterus.

45. *The Placenta, Liquor Amnii, etc.* The placenta supplies nutriment to and aerates the blood of the fœtus. It may be situated anywhere in the uterine cavity. The umbilical cord is the channel of communication between the fœtus and placenta. The placenta at full term is a moist mass, contains a great deal of blood; spongy in texture; about seven inches in diameter; usually oval; one surface smooth, facing the cavity in which the fœtus lies, the other surface rough, fastened to the walls of the uterus. The color is reddish but varies according to the condition of the blood.

46. Liquor amnii is secreted by the amnion and the allantois, it affords a fluid medium in which the fœtus floats, and so is protected from shocks and jars, it saves the uterus from injury from the movements of the fœtus, and in labor it lubricates the passages. It has nothing to do with the nourishment of the fœtus. (?)

47. The uterine and placental murmurs are not usually taken notice of in the diagnosis of pregnancy.

48. Knots in the umbilical cord are brought about by the passage of the child through a loop in the cord, generally during labor.

49. In twins, triplets, etc., there may be one placenta or more than one. If two fœti, they may be joined by two cords to one placenta. This cannot be made out during pregnancy.

50. So-called maternal impressions, monstrosities, marks, etc., are the result of arrest of evolution due to pressure by amniotic bands, pressure by the umbilical cord, adhesions of the placenta, or to some pathological condition of the fœtus or its membranes, or to heredity.

DISEASES OF CHILDREN.

Rectal Alimentation in Children.

Jacobi, in the *Archives of Pediatrics*, advises as follows:

The rectum absorbs but it does not digest. Whatever, therefore, is to enter the circulation through the lower end of the alimentary canal must be dissolved before being injected. Suspension alone does not usually suffice. Water can be introduced in quantities of from twenty-five to one hundred grammes (one to three ounces), every one, two or three hours, and may thus save life by