ment because, apart from the annoyance which it caused the woman to know that she was carrying a dead baby around inside of her, the general health was almost sure to fail. He would like to ask Dr. Ross how he accounted for the rise of temperature 12 days after the womb was emptied.

Dr. Johnston showed a specimen of a fœtus which was undergoing maceration, although it was clearly seen the membranes were diseased, which caused the death of the fœtus some time before the abortion occurred.

Dr. Springle said that there was no history of syphilis in this case, and that he was unable to give any cause for the abortion.

Dr. McConnel showed a specimen, to which he had referred at the last meeting, in which a fœtus was partly macerated.

Dr. England related a case of a woman, aged 48 years, who in her eighteenth (18) confinement was delivered of a normal child, but after labor was over he returned in about one hour to find a second placenta and fœtus, the latter of which was partly macerated.

Dr. Lapthorn Smith said that Dr. G. T. Ross deserved great credit for having so accurately reported this case. On looking into the literature on this subject, he found ten (10) leading text books on gynecology and obstetrics which did not even mention the subject. One of the first cases that he had ever heard of was the one reported by Dr. Alloway nearly four years ago. He strongly suspected that the chapter on moles, fleshy and otherwise, was really meant to refer to these cases of missed abortion. The only book which contained any description of missed abortion was Cazeaux's classical work, in which the author describes the symptoms, and said he knew of cases in which the dead ovum, instead of being expelled, remained as long as 18 months. The speaker thought that the retention of the dead ovum for these unusual periods was due to defective reflex irritability of the uterus. Just as some women have such an exaggerated reflex uterine irritability, that the ovum was regularly expelled at the end of three months, so in other women it was retained too long. He would like to ask what would be the probable effect of stimulating the reflex nerve centers with gradually increased doses of ergot, just enough to start the expulsive process. He also wished to point out what he thought, on general principles, was a mistake in the treatment. It was a pretty well recognized fact that the danger of any operation about the pelvis or abdomen was enormously increased by administration of a single dose of opium; while, on the contrary, it has been ever so much diminished by the free use of saline cathartics, such as Rochelle salts, which kept the bowels on the move and the peritoneum drained.

Dr. Wesley Mills said that an interesting point raised was how to explain the retention of the fœtus after its death. The fact was, we had very few data to go by. Another point of interest was how to explain the lowered health following upon the death of the fœtus.

Dr. F. W. Campbell had never had a case of missed abortion, but he had had several cases of missed labor, in which the dead fœtus had been retained several months.

Dr. McConnel said that his patient was in very good health, weighed 200 pounds, and had no sign of syphilis.

Dr. Trenholme said that the subject brought before the society this evening was one of peculiar interest. During his life he had several similar cases, the first one about 18 years ago. One prominent feature noticed was the enfeebled state of health, which, in some cases at least, accounted for the imperfect performances of the functions of gestation. Dr. T. accounted for symptoms present during the prolonged retention of the fœtus and the menorrhagias and metrorrhagias, as due to imperfect development of both deciduae from lack of vitality. There being just enough vitality to allow conception to take place, but not enough to carry it on in a normal way, the reflex decidua fails to unite with the uterine decidua, and the result is a fœtal tumor of the womb. The growth of the ovum failing to arouse the proper responsive enlargement of the sac, causes the death of the embryo by pressure, while its retention is due to the failure of the tumor to induce uterine expulsive contractions, the presence of the fœtal tumor is tolerated as are sessile fibroids. The uterine decidua is found to be smooth and strongly adherent to the indurated muscular wall of the uterus, which is consequently very little susceptible to undertake spasmodic contractions. The free hemorrhages occasionally met with are readily understood when we take into consideration the facts already stated. Dr. Smith's question, "What is the cause of natural labor?" has a direct connection with the subject now under discussion, and is due to such an extensive ripening and separation of the decidua from the uterine walls that the uterine contents act as an irritant on the sensitive and raw surface and that spasms are induced, which go on till the fœtus is expelled. This is a rational cause, and one that is accepted by writers on midwifery.

Dr. Ross, in reply, said that the rise of temperature on the 12th day was entirely due to the neglect of the nurse to carry out the antiseptic precautions as he had directed. He would like to know just how far one would be justified in letting the case go without interference; he did not think that it would be advisable to give ergot, for fear of bringing on too strong contractions before the os has dilated.

The question then arose concerning the advisability of having the meeting weekly instead of fortnightly. A deputation from the younger