tion. Both views may be correct, and are alike worthy of careful consideration in dealing with abortions and in treating uterine diseases.

Apart from pathological conditions of either the uterus or the decidua, we may have the detachment or death of that membrane, with its consequent phenomena, as a result of direct violence, mediate or immediate, applied to the part. Such violence may cause rupture of a bloodvessel and effusion of blood; or general damage of the vessels resulting in stagnation of the blood supplied to the part, and consequent fibroid or fatty degeneration. Whatever the cause, when once vital union is destroyed, we have inevitable reflex action induced, which ends in the extrusion of the uterine contents. This result is what we naturally expect in the early stages of gestation, as up to the tenth or twelfth week the chorion and decidua are more or less intimately united and therefore generally expelled together.

At a later period the villi of the chorion atrophy except at the part involved in the formation of the placenta. The connection between the decidna and chorion is feeble, and we may expect the amnios (in some cases at least) to escape with its contents, without necessarily carrying the decidua with it. So far as I know, there is no reason why the amnios should not separate from the decidua, as well as the decidua itself from the muscular surface of the uterus. A case of this kind is recorded in the British *Journal of Obstetrics*, (American supplement, 1874,) as having occurred in Philadelphia, where "the decidua and placenta were left behind after the escape of the ovum and its clear membrane." Whether such an event is common or not is a point to be settled by further observation and research. It may be that the uterine and epichorial decidua in some cases are separated by fluid, the latter escapes with the ovum, while the former remains in situ. In practice the danger arises from the retention of the after-birth in those cases where strong vascular connection exists, the patent orifices of parts that have been detached permitting alarming hemorrhage. In some caces of retained decidua and placenta, their union with the uterus is so perfect that they are preserved from decomposition and retained for weeks and months. These exceptional cases, however, are not to be our guide in treating them, our duty is to entirely evacuate the uterine contents, as anything short of attaining this result leaves our patient exposed to danger. *With regard to premature delivery*, it is clear that the ordinary pathological changes that result in setting up uterine contraction at the end of the ninth month, are in these cases precipitated by some peculiarity of constitution, or diseased condition of the uterus or decidua. One prominent feature of these cases strongly favors this view, viz., that the safety of the mother and child also, is greater, just in proportion to the length of time that intervenes between its occurrence and the normal period of gestation. This lessened danger is due to the comparatively advanced changes (already mentioned) having taken place, whereby lesser violence, than in the early stages, is exerted upon the decidua to effect its separation and expulsion. In both classes of cases, however, the difficulty of detaching the after-birth should lead us to delay, as much as possible, the dilitation of the os, in order that the work of separation may be more perfectly accomplished by the uterine contractions. This view of such cases would also teach us, to aid by manipulation, over the uterus, the final uterine spasm which completes the expulsion of the fœtus or ovum. In ordinary labor, which will be referred to hereafter, this course will also be of much service in bringing it to a satisfactory close.

With regard to *prolonged gestation* we have a simple and satisfactory explanation, when we once recognize the separation of the decidua as *the exciting* cause of labor. In these cases there is simply a delayed maturation or fatty degeneration of the decidua. Among the lower mammalia the period of gestation varies very much within the bounds of perfect health, and there is no difficulty in accounting for such cases upon the hypothesis just advanced.

The same theory that accounts for prolonged gestation, also accounts for its occurrence within a lesser than normal period. Perhaps temperament has something to do in hastening or retarding the ordinary pathological changes.

Important and practical as the views expressed are, in both abortion and premature labor, yet it is chiefly as relating to labor at term that they are most interesting. Not only do we perceive the operations of nature in originating uterine contractions with their consequent results, but we have also placed before us a sufficient cause for many of the distressing and dangerous phenomena met with in the lying-in chamber.

In the decidual adhesions referred to, we see the cause of those imperfect muscular contractions which I have spoken of at some length, in the paper already referred to, which recently Dr. Athill similarly describes as "strong and quick; they do not gradually culminate in a strong pain and subside again,