

two years of her married life without becoming pregnant at all, and then she became so, but had miscarriage at the end of three months. She knows of no cause for this miscarriage. In her second pregnancy she miscarried a little short of three months, but without any known cause. She became pregnant a third time, and again miscarried at about the same period as before. At none of these times does she remember to have had a fall or to have made any violent effort, or any slip or misstep, or to have had any sudden fright, or anything else which she could assign as a cause of her miscarriages. All three of them have taken place within the past year. She complains now of no headache, or backache, or any other pain, and she walks easily and seems to be in perfect health.

Now, I show this case to you not because it is a remarkable one, for you will hear such a story as this over and over again, but because I like to show you here, not cases that are rare, and such as you will seldom see elsewhere, but rather cases that are types of classes of such mild conditions as you will often meet with but which will cause you much trouble.

The history you have just heard here is one that you will hear repeated by patients again and again till you get sick of hearing it, and a patient will come back to you eight, ten, or twelve or more times, perhaps, complaining of repeated miscarriages every time, and appealing to you to help her, and, if you fail in your efforts, apparently holding you responsible for her misfortune. And let me tell you here that among the nineteenth-century women there are two classes—one, those who desire, above all things, to become pregnant and bear children; and the other, those who are anxious, above all, not to bear children. Now, this woman is thoroughly unhappy because of her sterility, and she is exceedingly anxious to bear children. Now, forget for a moment where you are, and let us suppose that your patient is a lady of a great deal of wealth and the disposition of a large estate, perhaps, depends on her having a child, and you can imagine how unhappy she would be if she had only repeated miscarriages, and how important it would be for you to find out and, if possible, remove the causes of this mishap. In general, it may be said that miscarriages occurring at the third month are due to one of two causes more than to any others.

But first let me tell you, what you already know, no doubt, that out of one hundred cases of miscarriage more than seventy-five will occur at the end of the third month, and the next largest number at the end of the second month, and the next at the end of the fourth month, and the rest of the number will be scattered about in all the other months. That is to say, that over seventy-five per cent. of all cases of miscarriage occur at the end of the third month of gestation. There are two explanations of this fact. The first reason for it is, that at this time the placenta is just becoming thoroughly formed, while the chorion is

disappearing and the manner of the nutrition of the child is changing, and, instead of being localized in the chorion, which receives its blood from the whole intrauterine surface, it is becoming localized in the placenta, which draws its nutrition from a limited surface of the uterus; and, as the chorion degenerates and the placenta is forming and attaching itself more intimately to the uterine walls, the changing from the chorionic to the placental nutrition of the foetus is marked by a strong tendency to miscarriage. In the second place, you know that at the end of the third month the uterus is becoming so large that it is just beginning to rise out of the pelvis, and at this time, as the body of the uterus rises above the brim, if its supports happen to be a little weak, it is very apt to turn over on itself either to one side, or forward, or backward; and by this means the nutrition of the foetus is deranged, and hence this is a very frequent cause of miscarriage at this time.

Now, we will go back to the point at which I digressed and where I was saying that there are two great causes, not to mention the numerous possible causes, of habitual abortion in certain women. 1. A posterior displacement of the uterus which interferes with the proper development of the organ. 2. Syphilis. These are the two main causes; now I will give you some of the others, merely in order to impress these two on your memories. You will sometimes find in a woman who has previously borne children that a slight single unilateral laceration of the cervix will become very irritable during pregnancy, and the reflex irritation thus caused will set up uterine contractions and bring about the expulsion of the foetus; and this will cause, perhaps, three or four abortions in the course of a year. Again, large granules will form on the cervix of some women every time they become pregnant, and these will set up enough irritation to cause an abortion. These granules sometimes resemble an epithelioma in appearance, and they are frequently mistaken for this by inexperienced physicians; but that they are not such is shown by the fact of their disappearance after every abortion. Again, mere accidental causes will produce a miscarriage in some very nervous women, and these are commonly spoken of as women who "habitually abort." But this term is too frequently applied where the physician has overlooked the true cause, and it is therefore usually only a cloak for his ignorance. Some time ago I had my attention called to a peculiar case of abortion from purely nervous influences as a first cause. The patient was a lady near the fourth month of pregnancy, who was travelling in the railroad cars with her husband. As the engine drew the cars suddenly into a dark tunnel, the roar of the train, multiplied by the echoes of the walls of the tunnel, awoke her from a sound sleep; the noise and the darkness made her believe that an accident had happened, she became greatly frightened, very soon after labor pains came on, by the time she had reached the end of her journey