

after her menses ceased. The uterus was enlarged and contained a fibro-myoma the size of an orange in the left antero-lateral wall, and another one-quarter that size more anteriorly. The cervix was soft and dilated. The vaginal and breast symptoms of pregnancy were quite marked. After a week's rest in bed the patient got about as usual. The death of the foetus apparently took place at this time, as there was no further enlargement of the abdomen, and the vaginal and breast symptoms disappeared. The aura continued as before, the abdomen felt distended at times, slight hemorrhage occurred at intervals. On August 30th, four months later, she had another rather copious hemorrhage, and I was again sent for. On September 2nd I had her taken to the hospital, and removed under anaesthesia what appeared to be a four months' placenta; no foetus was found, the membranes were ruptured, but only partially absorbed. The structures were undergoing maceration. The patient made a speedy recovery, and has menstruated regularly the last three months, without dysmenorrhoea or hemorrhages, although the flow is very profuse and recurs every three weeks, due, of course, to the presence of the fibro-myomata.

In reviewing the history of these cases, I observe that the period of "missed abortion" was of about the same duration in all three, viz., three to five months. In one case expulsion took place naturally, in the other two artificially.

The first and last cases had a history of uterine hemorrhage; the second case had no such history throughout. This case was a nullipara, the only case I have found recorded in which "missed abortion" took place in a nullipara. It was that of a patient with a debilitated constitution. Case 1 and 3 were patients ordinarily in robust health. Case 3 was complicated by a fibroid tumor, which, doubtless, was a factor in inducing the hemorrhage, which blighted the ovum. This case is still a problem on my hands. Notwithstanding the presence of a multiple fibroid, and the frequent and profuse menstruation, am I justified in letting the case alone while the health is not further impaired? She is a young woman, and I do not feel warranted in unsexing her, unless indications become more urgent than at present. Am I pursuing the best course? Further, in the event of her unfortunately becoming pregnant again, should pregnancy be interrupted early or allowed to go on? Although these questions are only incidental to my subject, I would like an expression of opinion upon them.

But to return in conclusion to the subject of "missed abortion," I am unable to throw much light upon its etiology. Lack of sensitiveness, or irritability of the uterus, to the dead ovum is a factor,