will doubtless remember what a difficult job we had, removing it piecemeal and mainly by the finger-nail, which is better than the placenta forceps, unless there is plenty of room. The vagina had been plugged before operating. The lochia did not smell badly at any time; the patient made a good recovery.

CASE III.—Feb., 1882, A.B., æt. 23. Was sent for four days after abortion at between third and fourth months; the patient was blanched and had fainted, but on lowering the head she regained consciousness. The os uteri on examination was patulous, freely admitting the finger; the placenta was removed without much difficulty in badly smelling shreds, and further hæmorrhage was controlled by carbolized hot water injections, as hot as I could bear my hand in. The temperature in this case kept up to 103°, with chills for three days, but subsided after the uterus was washed out with carbolic injections. Nourishing diet, with two-grain doses of quinine, were administered every third hour.

CASE IV.—Mrs. G, æt. 22, primipara. Was called upon to treat her, in conjunction with her family doctor, for lobular pneumonia. During convalescence she aborted at the third month; there was considerable hæmorrhage. I suggested plugging, but her family physician thought hot water would control the flooding. It did so, but the placenta still remained. It is not necessary to describe the case in detail, but I may state that, for a period of fifteen days, there was more or less hæmorrhage, but no offensive discharge. She alternated between attacks of pneumonia and symptoms resembling malaria (but which doubtless arose from the absorption of the septic material from the retained placenta). She would not permit the uterus to be examined. Six days before her death the parotid and cervical glands gave indications of suppuration. After a further consultation, permission was obtained to irrigate the uterus, which brought away quantities of shreddy material, which smelled badly; but she gradually sank, and died thirty days after the abortion.

CASE V.—Mrs. T., æt. 18, primipara, aborted at fourth month. The next day I was called upon to treat her for an alarming hæmorrhage. Plugged the vagina, and after fourteen hours removed the placenta; there were no bad symptoms, the patient making a good recovery.

CASE VI.—Mrs. W., æt. 30. Was not called upon to attend this case until six months after the abortion. I found the following conditions, so graphically described by John Bell: "Pale, languid, and giddy; pulse flutters and is hardly to be felt; breathing is quick and anxious, accompanied with sighing and great oppression; heart palpitates on the slightest exertion, and the slightest inclination of the head or rising suddenly from the couch endangers fainting; voice is low; eye languid, colorless and of a pearly white; the flesh feels soft and woolly, and the skin is pale and yellowish—gelatinous and, as it were, translucent, like modelled wax; dropsy appears." This latter symptom was not very marked. She had attempted to work, but had fainted so often, that she was compelled to take to her bed. She was treated with hæmatinics and quinine, and a generous diet. She is still under treatment, and it is doubtful if she will ever fully recover.

In summing up, we are to bear in mind that we are not dealing with a natural labor. The generative organs are not prepared for the strain that is put upon them. In a perfectly natural labor, the coagulating process is completed before nature is prepared to safely part with the placenta, or even manifests a disposition to expel it. The formation and presence of coagula, first in the placenta and then in the uterine sinuses, are the very agents that normally excite uterine contractions, and thus effect the expulsion of the placenta. In an abortion, on the other hand, the uterine muscular fibres are not developed, or very imperfectly, and being unable to perform their functions, the placenta is not expelled. In the normal state the placenta acts as an irritant, the uterus contracts upon it, thus forming a tampon; the contractions cut off the blood supply from the placenta, and it in turn tampons the uterine sinuses until the coagulum is formed in them. The blood thus cut off from the placenta goes to nourish the muscular fibres of the uterus, and in a little time they are strong enough to throw out the now unnecessary placenta. In a normal labor we ought to wait for from twenty minutes to one hour, until the coagulation process is completed. But in the cases we are considering, would waiting be of any service? At the end of three or four hours, or as many days, we find the placenta as adherent as ever, unless (as is commonly the case) it has become