

evening of this day temperature rose again to 103°, with pulse 80, but on following day, viz., the third day after onset of fever, temperature was normal, and remained so, with a continuing progressive convalescence.

After being dead eight months in the uterus, I looked for a mummified condition of the foetus, but quite the contrary was the case, as far as appearances went. Even the umbilical cord was about natural size and fairly well preserved, not tearing easily on being dragged upon. The flesh, however, had assumed a brownish color, and was easily torn. The placenta had the appearance of a mass of very firm fat, dull white in color everywhere except the surface of its attachment to the uterine wall, where the circulation apparently had been recently interrupted. The decidual membranes were very thick and tough, and could not be ruptured by the finger nail.

Matthew Duncan says that missed abortion is a subject lying between obstetrics and gynecology, but inclines to include it more under diseases of women than obstetrical diseases. A missed abortion is not a threatened abortion, nor is it an imperfect abortion. A threatened abortion is a very common occurrence. When a woman has a threatened abortion she suffers pain, has a bloody discharge, and the mouth of the womb may be found open. An abortion may only get the length of being threatened; that is to say, it may be averted and pregnancy may go on healthily, even when you have been able to feel through the neck of the womb the ovum as it hangs in the uterus. Cases have been known of the separation of considerable decidua and its discharge without abortion taking place. Among these cases of threatened abortion may be included cases of extreme rarity; viz., the abortion of one of twins, while the other remains in utero and goes on in its development. This abortion of one of twins may be a missed abortion, or the miscarriage of one of the twins may be a missed miscarriage.

Again, missed abortion is neither a threatened abortion or miscarriage, nor an imperfect miscarriage. What is a perfect or complete miscarriage? If the foetus alone or the entire ovum alone comes away, the woman has miscarried or aborted, as the case may be; but the coming away of the ovum does not involve a complete miscarriage, and an imperfect miscarriage is often a very disastrous thing. The ovum sometimes comes away alone without any of its uterine or maternal membranes. The foetus also may come away alone without even the ovuline membranes. Again, sometimes the ovum comes away and the maternal membranes or decidua imperfectly. Sometimes only a bit of placenta is left. Imperfect miscarriage is a dangerous thing, owing to the frequently recurring bleedings that result from it. It not very rarely leads to death from mere putrid intoxication, or septicæmia or pyemia, just as happens after full term delivery. This is especially liable to occur if the miscarriage has come on in consequence of extensive endometritis, such as is found in pregnancies occurring during typhoid fever. Imperfect miscarriage is also often disastrous by inducing endometritis, generally purulent in nature, and this frequently in connection with putrefaction of the parts left behind. In some respects missed miscarriage or missed abortion is even more important than missed labor; for in a case of missed abortion the history of the woman and her size may have led either to no suspicion of pregnancy having commenced, or to suspicion which may have been dissipated by the further history of the case. In a case of missed abortion or missed miscarriage the important element of suspicion as to the real condition may not have come into the mind either of the patient or her physician. Mistake is then extremely liable to occur. This is not so likely in missed labor; for in that condition the woman's size will almost certainly have made her aware that she is in an advanced state of