mind those cases, hopeless from the beginning as far as the fœtus is concerned, but where the mother's life is in imminent danger, too, from hemorrhage alarming from the beginning, and which, unless speedily controlled, will leave our patient hopelessly exsanguinated, or in such a condition that her return to health can be looked for only after a lengthened period of convalescence.

I offer, therefore, no apology for introducing for discussion this common-place subject, feeling confident that the results cannot be otherwise than advantageous to each of us, and that it will add in some measure at least to our storehouse of knowledge.

In a general sense by the term "abortion" is meant the interruption and termination of pregnancy by the expulsion of the ovum before the end of the twenty-eighth week, or the seventh lunar month of gestation, but in the more restricted sense the term is used to denote the expulsion of the ovum prior to the complete formation of the placenta, that is before the end of the twelfth week. It is to such a restricted sense that I intend to confine my remarks this evening, for it is during that period abortions most frequently occur, and when they do occur are apt to be surrounded with the greatest dangers. Owing to feeble contractile powers of the uterus there may be considerable delay before the remnants are entirely expelled, the process of unaided expulsion requiring days, weeks, and even months for completion, and so long as any portion of the ovum with its coverings remains in the uterus, just so long will the patient be subjected to the risk of hemorrhage and sepsis. The disposition to abort gradually diminishes after the third month, according as the placenta becomes more fully developed and the connection between the ovum and the uterus becomes stronger, and the uterus adjusts itself to the new order of things. The farther the period of abortion is removed from the third month, the greater the expulsive power of the uterus, and its subsequent power of contractility, consequently there will be less danger from hemorrhage, or sepsis from retention of any portion of its contents.

Habitual abortion.—In most of the text-books, of recent origin at least, we find the causes of abortion classified as: Those produced by causes existing in the father; second, by

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