symptom calling for interference beyond the fact that if conception had taken place and the patient was right regarding the fœtal movement, it was certain growth had ceased during the past three months, and consequently a dead fœtus existed in utero. I was naturally surprised at not hearing from the patient long before this with evidence of the onset of a miscarriage. But the only symptom at all attributable to her condition was an occasional hardening of the uterus, which was readily noticed, the hard, round tumor being very plainly shown through the thin abdominal walls. No hemorrhages had ever shown themselves at any time. General health continued unimpaired, and, still adhering to the expectant treatment, I advised further delay. As long as nothing existed calling for action on my part, I felt that, notwithstanding the time that had elapsed, any day might bring evidence of uterine expulsive efforts. The risks attending the artificial emptying of the uterine cavity being greater than what attended the present condition, and the expected natural expulsion, I inclined to wait further, warning her that at the first appearance of any unfavorable sign to at once notify me During the next few months, and in my absence from town, I heard nothing further from her, but in September she again called upon me, this being one year after the supposed conception and eight months after cessation of fœtal life. The same general condition of good health existed now, with the difference of slight tenderness on pressure over uterus. I felt that now much longer time had elapsed than I had intended should before interfering, and in consultation with Dr. Gardner I arranged to remove the uterine contents the following day. In the evening I inserted a faggot of four laminaria tents covered with iodoform, retaining them with tampon of absorbent cotton, and gave a mild opiate. Next day I found the os fairly dilated, and proceeded to extract the fœtus. The patient declined to take an anæsthetic, and assisted me throughout the operation. Through the decidual membranes I found the child's feet presenting. On rupturing the membranes, which were so strong and fibrous that a steel hook was required to penetrate them, about half a pint of a chocolate brown semi-vescid fluid escaped. Using my nose as the instrument of diagnosis, I found no putridity existing, the fluid being odorless. By conconjoined manipulation I extracted the fœtus, all but the head, which the os held firmly. Taking a medium sized Barnes dilator, I passed it through the os alongside the fœtal neck. Then gradually filling the dilator, uterine contractions set in vigorously and quickly. The head being thus delivered, I had now the fœtus complete, with the umbilical cord intact, still united to the retained placenta. After some difficulty, owing to cessation of uterine contractions, the placenta was extracted, considerable hemorrhage resulting. I now gave an intrauterine sublimate injection, inserted a gr. x iodoform suppository and ordered vaginal douches every six hours. Pain across abdomen was complained of greatly, but an occasional opiate gave comfort. After seeing patient every other day for a week without a bad sign, I ceased attending. On the twelfth day I was requested to call, and now, for the first time since emptying the uterus, I found the patient sick. Temperature, 104°; pulse, 120; anxious look, coated tongue, loss of appetite, some marked abdominal tenderness and lochia arrested. On examination the os was plugged with whitish, thick, tenacious mucous. No bad odor evident. The parts being cleaned, I gave another intrauterine sublimate injection, inserted a suppository, and ordered the latter every six hours Hot poultices were put on abdomen and antipyrine, gr. viij., every four hours given. Next morning temperature was normal, and general condition much improved. Substituted quin. sulph., gr. v., morning and evening, for antipyrine. On