Midwifery.

SOME CASES OF RETAINED OVUM.

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In January, 1875, Dr. M'Clintock published a valuable paper on this subject, which he had previously read to the Obstetrical Society. He entered so fully into the question that he anticipated most of what I might have felt it my duty to say. I can confirm, from my own experience, what he then stated; and in so saying, I may spare the society a repetition, and confine myself to the relation of a few of the cases which occurred in my own practice.

CASE I.—Mrs. R. consulted me many years ago for a recurrent bleeding from the womb, which, though never excessive, had annoyed her for some time.

She told me that she had miscarried three months before, and of this she had no doubt. There were no symptoms of pregnancy, no enlargement of the breasts, no morning sickness, and no tumour to be felt above or behind the pubis. Under these circumstances I thought that it might be simple irregularity from congestion, which so often follows miscarriage.

As the discharge was going on when I saw her, I prescribed some ergot of rye, and the next day I found it had brought away the shell of an ovum, the fœtus being absent. The lady recovered at once, and had several children afterwards.

CASE II.—Mrs. M., who had previously had several children, and suffered from chronic endo-metritis, missed two or three periods, and believed herself pregnant. A short time afterwards, however, she told me that her changes had recurred, and they continued to return, though irregularly, for some time. Somewhere about six months after the first stoppage I saw her, and could find no sign of pregnancy, neither morning sickness nor areolar development, nor glandular enlargement of the breast. There was clearly enlargement of the uterus, as it could be felt above the pubis, but whether from containing something or from general enlargement I could not make out. There was neither the fœtal heart to be heard nor the placental souffle.

Although the lady maintained that she was not pregnant, I thought it worth while to try the ergot, and was greatly gratified when I found the next day that she had expelled a macerated ovum with a fœtus of near three months, which must have been retained between two and three months after its death. Let me add that neither the discharges nor the ovum had any fœtor.

CASE III.—Mrs. A. came up from the country to consult me about an irregular discharge from which she had suffered three months. She had previously had several children, and did not believe herself to be pregnant. As there had been no suspension of menstruation, and as there was no symptom of pregnancy, I thought it might be an ordinary case of menorrhagia, more especially as I found the os uteri wide open and granular. I therefore passed the sound, which entered four inches, but neither blood nor watery discharge followed.

In the evening she sent for me on account of severe pain—uterine apparently—for which I prescribed a full opiate.

On calling the next morning I found a macerated ovum of two months, which had been expelled during the night.

CASE IV.—Mrs. P., mother of three or four children, consulted me for menorrhagia, from which she had suffered for some months. It recurred each month, and was very profuse, of which her pallid face was evidence. She told me that she had miscarried a good while (I do not remember the exact time) before, but was very positive that she was not then pregnant. Nor had she any symptoms thereof. I found the uterus enlarged, with a wide open granular os, and other evidences of endo-metritis, for which I treated her.

This went on for two or three weeks, when one night the flooding became so alarming that she sent for Dr. Pollock, who lived near. He plugged the vagina and ordered the usual remedies, and the next day we found her without pain, but blanched. The hæmorrhage, however, was arrested. It recurred subsequently, but less violently, and we determined to give ergot, in order that, if the cavity of the uterus contained anything, it might be expelled.

Early the next morning, when Dr. Pollock