No.	Name.	Age.	Doctor.	Labors.		Menses,		Yana and an	
				No.	Last.	Not missed.	Missed.	Irregular hemorrhages.	Other symptoms.
45	Mrs. H.	30	Dr. Mc- Dermott,	2	5 yrs.			One miscarriage. Menstruated July 1. 1886, became ill, Pain September 26, tity of blood one week. Then ceased end of September.	large orange, to be felt in right iliac region. Doctor in constant attend-

Opened the posterior cul-de-sac through the vagina and removed a small pailful of clots. These clots were in different stages of decomposition. It was found to be impossible to deliver the fetus, and, as a consequence, I was forced to open the abdomen. After the abdomen was opened I was able to remove the fetus, about five and one-half months, and hastily close the opening and pack the cavity of the hematocele with gauze. The pulse had now reached 140. The patient did not stand operation well. Gave a very unfavorable prognosis and left for home. She died within a week. There was not much hope of recovery in this case, owing to the profoundly septic condition of the patient, and she died from this prolonged sepsis and not as the result of operation.

I mention this case to show that even after operation has been done through the vagina it may be impossible to deliver the fetus safely in this way.

At Full Time.—Tait thought it advisable not to operate before the child is likely to be viable, provided the delay necessary does not jeopardize the mother; and, further, that after the death of the fetus operation should be done without delay. I think that this is very sound advice.

Any attempt to destroy the fetus by medicines or the electric current is to be condemned. Many instances in which this has been attempted have resulted fatally. After the death of the child growth of the placenta may continue. I had one such case in which the woman bled through the drainage tube for a period of two months after operation. The fetus was removed, but it