

low matter rushed so quickly and freely as to obstruct all view. A bit of sponge attached to a whalebone, was then passed into the speculum, by means of which the discharge was absorbed and removed. This being done, the uterus appeared as a shapeless, foetid mass. By removing it from side to side, different portions were brought to view, but not one point of healthful surface to be seen. Some of it black, and deadened; much of it would bleed on slight pressure. Not feeling satisfied with the view gotten by a single tube, a valuable metallic three bladed speculum was procured, which disclosed the whole organ lying below the cul-de-sac, to be enormously enlarged, and fearfully ulcerated. No part resembling the neck to be found. No orifice or any point, to indicate the location of the os uteri. The other organs lying contiguous to this, seemed not to have suffered in the least. The vagina healthy; bowels in good condition; no urinary difficulty; appetite good, and food well digested, the latter was doubtless in a good degree owing to the temperate habits of the patient.

Now for the diagnosis: From whence come the hemorrhage? From the internal or external vessels? From the surface it seemed evident, and this opinion was confirmed by after specular examinations, when there was bleeding, though not so profuse as to obstruct the view. The blood was then distinctly seen to issue in full stream from vessels laid open by ulceration, and which was arrested by the cautery. So also of what had been termed hemorrhage. It was not a secretion of the lining membrane of either uterus or vagina; but an effusion from the ulcerated surface of the former. The true catamenial function had long since been suspended, and induration, ulceration, congestion, one or all combined, had entirely closed the os tincæ.

The sprain which was thought to be the *cause* of the abortion, and the abortion the *cause* of the subsequent uterine disease, were not primary causes, but merely secondary. Doubtless they were excitants, hastening in both cases, the results of changes already in operation.

In proof of this the patient had felt much pain and strange oppression in the pelvic cavity, for some months previous to her last conception; and for six weeks preceding the "misstep," which was soon followed by the loss of the fœtus, there had been slight hemorrhage daily.

Lugol says, "that scrofulous mothers are less liable to carry their offspring full term than others. Though the abortion may seem to arise from