

self, given in illustration of the views then advanced. But to return to the mucous membrane during gestation, it is self-evident that there is a sufficient contact with the muscular surface to preserve its vitality. Also that pathological changes supervene with the progress of gestation and finally detach it about the end of the ninth month, or 275th day. At this period the changes just mentioned cause the decidua, with its contents, to act as a foreign body, inducing reflex action of the organ, and this ends in expulsion of the foetus and after-birth. Thus we have a satisfactory answer to the question, why labor supervenes at the end of the ninth month.

This view, taught to my class four years ago, is now accepted by several writers on the subject, and will be, ere long, acknowledged by all teachers of midwifery. Dr. Karl Shrøder accepts and enunciates the views advanced by myself as just stated, and says, "that as pregnancy advances a fatty degeneration of the decidua takes place (which reaches its climax at the end of the tenth lunar month,) whereby the organic connection between the ovum and the uterus gradually becomes solved, and the ovum acts as a foreign body and irritates the terminal fibres of the motor nerve of the uterus, the sympathetic; when this irritation has reached a certain degree, a corresponding reflex action, in the form of a contraction of the uterine muscular fibres, takes place, which contraction is repeated as soon as the requisite sum of irritation is again obtained; and this rotation continues, each successive contraction being intensified by the separation of the ovum, from the uterine wall, and therefore stronger and more rapid, until the expulsion of the ovum takes place." Abortion, like parturition, must be due to reflex action of the uterus, excited by the pathological condition of its contents. Admitting the correctness of this view we must seek out the causes that endanger the life and development of the embryo, and not unfrequently jeopardize the life of the mother also. These pathological changes are in my opinion chiefly due to a diseased condition of the mucous membrane prior to conception. From this condition of things as a starting point, I think we can trace a large amount of uterine disorders, such as hyperplasia of the body and the neck, abrasions and ulcerations of the os and cervical canal, with their accompanying phenomena. I am aware that on the other hand, it may be argued that many of the conditions of the uterus; as mentioned,

may be regarded as the result rather than the cause of abortion. Both views may be correct, and are alike worthy of careful consideration in dealing with abortions and in treating uterine diseases.

Apart from pathological conditions of either the uterus or the decidua, we may have the detachment or death of that membrane, with its consequent phenomena, as a result of direct violence, mediate or immediate, applied to the part. Such violence may cause rupture of a bloodvessel and effusion of blood; or general damage of the vessels resulting in stagnation of the blood supplied to the part, and consequent fibroid or fatty degeneration. Whatever the cause, when once the union is destroyed, we have inevitable reflex action induced, which ends in the extrusion of the uterine contents. This result is what we naturally expect in the early stages of gestation, as up to the tenth or twelfth week the chorion and decidua are more or less intimately united and therefore generally expelled together,

At a later period the villi of the chorion atrophy except at the part involved in the formation of the placenta. The connection between the decidua and chorion is feeble, and we may expect the amnios (in some cases at least) to escape with its contents, without necessarily carrying the decidua with it. So far as I know there is no reason why the amnios should not separate from the decidua, as well as the decidua itself from the muscular surface of the uterus. A case of this kind is recorded in the *British Journal of Obstetrics*, (American supplement, 1874, as having occurred in Philadelphia, where "the decidua and placenta were left behind after the escape of the ovum and its clear membrane." Whether such an event is common or not is a point to be settled by further observation and research. It may be that the uterine and epichorial decidua in some cases are separated by fluid, the latter escapes with the ovum, while the former remains in situ. In practice the danger arises from the retention of the after-birth in those cases where strong vascular connection exists, the patent crifices of parts that have been detached permitting alarming hemorrhage. In some cases of retained decidua and placenta, their union with the uterus is so perfect that they are preserved from decomposition and retained for weeks and months. These exceptional cases, however, are not to be a guide in treating them, our duty is to entirely