fibroids, I have seldom failed to realize marked improvements in the general condition of the patient, and in many cases I have observed what appeared to be a notable retardation in the increase of the growth. In several pelvic and abdominal tumors of both men and women, unconnected apparently with the uterine apparatus, I can report decided benefit to the general health and marked reduction and even disappearance of the tumor, on prolonged use of iodide of potassium in combination with tartrate of iron and potassa. Of course, there are some cases of pelvic tumors or infarctions in which, while this or something similar may be the only *rational* medication practicable, yet, no reasonable expectation of relief can be entertained. Were I to endeavor to formulate *principles* from the foregoing consideration, and from my own observation and experience, the following may perhaps be legitimately stated:

1. A large proportion of uterine fibromata and other pelvic tumors outside the ovarian cyst, are not properly the subjects for surgical treatment, either by hysterectomy, oöphorectomy, salpingotomy or excision.

2. Though these growths, especially the uterine fibroids, seldom *per se*, destroy the life of the subject, and are limited in the duration of their injurious influence, they yet impose upon the woman a prolonged period of depression, exhaustion and ill health, during which period she is liable to succumb to intercurrent invasions of disease before the establishment of the menopause, or the time of expected relief.

3. A systematic and persistent therapeutic course, rationally adjusted to the nature and condition of the disease is highly desirable.

4. From the known physiological effects of ergot in combination with the salts of quinine, and of iron, with iodide of potassium, and in view of the results above presented, we may regard such a combination as rationally applicable, during the prolonged period of hemorrhage and exhaustion so frequently marking the progress of these pelvic growths.

5. While such medication cannot be expected ordinarily to remove large fibroids, or materially arrest their advance—it exercises marked influence in diminishing the blood-losses, and in improving the nutrition and general health of the subject of such tumors; and in some rare instances, apparently in younger subjects, it results in the entire disappearance of the growth and its deplorable concomitants.

6. In view of the danger of impaction, much pain being often produced from this cause, with increase of bleeding, a womb with growing fibroids should be frequently lifted out of the cavity of the true bony pelvis by nightly self-replacement in the knee-breast posture.—Dr. Campbell in *New Orleans Med. and Surg. Jour.*

QUESTIONS IN THE TREATMENT OF INEVITABLE ABORTION.

There are differences of opinion and also of practice in regard to the treatment of inevitable abortion, and especially of that form in which the expulsion of the ovum is incomplete. A brief discussion of some of these differences may not be unprofitable.

It is in many cases difficult, if not impossible, to know that the abortion is inevitable. If the hemorrhage be marked, and fragments of decidua are expelled, or if the ovum be felt at the os, the cervical canal having been so far dilated as to permit its descent, a conclusion often verified by the event may be made, that the pregnancy must be interrupted. And yet these symptoms do not justify the conclusion. For example, I have seen a patient at the third and also at the fourth month of pregnancy, have so profuse a discharge of blood from the uterus that a dozen napkins were required in twenty-four hours, and at times one of these napkins was saturated with blood; nevertheless, the pregnancy continued.

In general, it may be said that only in case the embryo or fetus is dead, and a free rupture of the membranes has been made, or their extensive detachment effected, can the abortion be declared inevitable. The recognition of the death of the fetus is possible if its life has been previously made known by auscultation; for, having once distinctly heard the sounds of the fetal heart, and then failing to hear them again after careful and repeated examinations, the just conclusion is that the fetus is dead. But in the majority of cases this evidence is not available, for the threatened miscarriage is present before the throbbing of the fetal heart can be heard. A free rupture of the amniotic sac certainly will be followed by abortion; whether a mere puncture with only partial evacuation of the contained fluid will then result in all cases, may be considered doubtful; for certainly not only cases of spontaneous rupture of the membranes, and also those of their puncture, in the latter weeks of pregnancy without labor coming on for some time after, have been observed. Even though the membranes have been punctured, or spontaneous rupture has occurred, the fact is in most cases not known to the practitioner. Again, it is rarely that he knows that large detachment of the ovum from the uterus has been made; while such detachment results in hemorrhage, yet, as before indicated, this symptom may occur and the pregnancy continue. There are two proofs that the abortion is inevitable, which are available in those cases in which the two essential symptoms, viz, uterine contractions and flow of blood, continue for two or three weeks or more, and these symptoms are, arrested development of the uterus and retrograde changes in the