

First, in what way shall we deal with a woman who has shown a marked tendency to abort, or who, let us say, has not yet succeeded in bringing her offspring to maturity? This is a wide field, and affords ample scope for any man's pen; but I must ask you to be content with a brief survey of this branch of the subject.

It is admitted that, among general causes, syphilis stands out prominently as a cause of abortion, and it would appear that in such cases, so long as the poison is active, just so long will the uterus show a disposition to get rid of its contents. I am of opinion that an ovum diseased in this manner is the irritant which brings on the uterine contractions, due, no doubt, in some cases, to its premature death, and in others to the diseased blood circulating in the vessels of the uterine wall rendering the muscle unhealthy, and thus unfit to retain the strain put upon it by the development of its contents.

This, to my mind, is a fortunate provision of nature against the maturing of unhealthy offspring. It is in such cases as these that mercury has shown some of its greatest triumphs. I need not dwell on the course that ought to be pursued, excepting to guard you against always directing treatment to the mother, because it is undeniable that the male parent being a syphilitic may deposit the poison in a healthy woman, or perhaps I should say impregnate her with deteriorated semen, and so bring about the disaster above referred to.

Diseases and unhealthy conditions of the uterus itself are common causes of abortion, but fortunately we find in actual practice that they are equally likely to prevent impregnation occurring. Such causes as endometritis, parametritis, endocervicitis, with its attendant albuminous-looking plug of tenacious mucus blocking the canal and affording an effectual bar against pregnancy, fibroid disease, malignant disease, and that well-known condition of everted and patulous os, owing to a split cervix from former pregnancy, with perhaps an instrumental delivery. Malpositions come in for their fair share of blame, and in some cases rightly so. I need, however, only dwell for a moment on the retroversion and severe retroflexion which, for mechanical reasons, manifestly interfere with the progress of gestation. It is here that we can the most readily succeed by placing the woman in the knee-elbow position and replacing the uterus, retaining it there by a well-fitting pessary till the third month is completed; then, in most instances, it ought to be removed, as it often irritates the vagina if left too long, and besides, by the time mentioned, the fundus has risen out of the pelvis and no longer needs the support given by the pessary.

In the conditions above mentioned as causes, appropriate treatment will have to be rendered. Repeated abortions will sometimes occur in young married women, or, as I have known it, begin to occur after a wo-