women also bearing in other ways on the diseases treated in hospitals for children, where its effects are strikingly evinced by the moral and physical deterioration of the offspring of the drunken, and by their special predisposition to strumous, tubercular and other constitutional taints.

Under no circumstances should alcoholic stimulants be given to children, save in the guise and defined doses of other remedial agents—my experience in hospital and private practice, at home and abroad, having amply confirmed the view expressed in a work of mine published many years since, viz., that it is physiologically wrong, as well as morally unjustifiable, ever to allow a healthy child to taste alcohol in any form.

THE TREATMENT OF INCOMPLETE ABORTION.

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It is my purpose in this paper to discuss incomplete abortion, not the result of criminal interference; complete abortion, or the expulsion of the entire ovum without the assistance of the physician, will not be considered.

Incomplete abortion is most common in cases where a physician is not summoned at the beginning of the process. If called in time, before considerable hemorrhage has occurred, the physician may be able to check the abortion, or, by judicious management, to secure the expulsion of the ovum entire. In either event the prognosis for the mother's recovery is good, while in abortion checked by medical treatment the ovum may retain its vitality and secure adhesion to the lining membrane of the uterus.

Quite different is the case, however, where considerable hemorrhage with excessive pain has taken place before the physician sees his patient. He will frequently find her showing the effects of loss of blood, her clothing possibly stained with blood, and the birth-canal containing clots, or showing evidences of continuous but slight hemorrhage. Vaginal examination in these cases in multiparous women often reveals a portion of the ovum within the internal os uteri. If the genital canal be patulous, and the uterus be not firmly contracted, it will usually be possible for the physician to extract the remains of the ovum with his finger without especial difficulty. If the uterus be then thoroughly examined by the finger,—the patient anæsthetized, if necessary,—clots and *débris* are readily removed from the interior of the uterus, and a hot intra-uterine douche of creolin or carbolic acid, followed by the intra-uterine application of an iodoform gauze tampon, will complete the treatment of such a case.

It not infrequently happens, however, that even in multiparous women, after the first free hemorrhages have occurred with separation of the ovum, that the membranes rupture, the embryo escapes, and the placenta, with possibly the membranes, remains behind. If an interval of a few hours elapses before the physician's visit, he will frequently find in such cases the uterus contracted to such a degree that the introduction of the finger within the uterine cavity is impossible without forcible dilatation. Slight but persistent hemorrhage is often observed in this condition of affairs.

In primiparous women the uterus may so tightly contract upon a retained placenta or portion of an ovum that the introduc-