injured, we see as a first consideration the necessity of free drainage; hence we conclude that ergot, which causes uterine contractions and closure of the cervical canal, is contra-indicated. To me the rational plan would seem to consist in cleaning out the uterine cavity of all its contents at once—membranes of the embryo and decidual membrane of the uterus—thus removing the possible cause of sepsis, checking hæmorrhage, and facilitating early involution and a safe convalescence.

By the use of the dull curette, the os being freely dilated, the uterus should be cleaned perfectly, then swabbed out with pure carbolic acid or tincture of iodine, and ample drainage maintained by some means— my own preference being for iodoform gauze—leaving it in place for twenty-four or thirty-six hours, to be replaced after an intra-uterine douche of bichloride. Small doses of ergot and quinine, and possibly iron, may then be given to assist in the process of involution. I am convinced that when left to themselves these cases not infrequently, even when credited with making an unusually good recovery, go on to a state of ill health, though without symptoms which alarm or disturb the patient sufficiently to cause her to consult a physician. Perhaps the larger part of all cases of chronic tubal troubles date their bad feelings to the time of a previous abortion.

Miscarriage, or even parturition, may figure, as do these cases of abortion, in originating an endometritis, which travels up through the tubes to the ovaries, setting up a salpingitis, peri oöphoritis, or peritonitis, with all their attending ills. One of these cases may run an insidious course without developing any *well-marked* pelvic peritonitis, and present a history something like this: Trouble with lower bowel, rectum, bladder, menstrual disorders, soreness, with indefinite pains, tenderness on palpation, etc. Colicky pains are common if salpingitis is present. These pains are sudden and lancinating, in the region of the tubes, or possibly in the hypogastrium; sometimes suddenly ceasing, followed by a discharge of more or less bloody, serous, or purulent material from the uterus, often thought by the patient to be leucorrhœal. These pains are not infrequently thought to be colic of the uterus; but with this history, if a vaginal examination is made, a small tumor will frequently be found on one or both sides. This same process of inflammation continues, and finally glues the fimbriated extremities together, causing sterility. Again, no appreciable amount of fluid may be contained in the tubes, and yet the inflammation may have caused a thickening of the coats of the tube (interstitial salpingitis), which can be detected through the vagina as a sore cord. These conditions are amenable to no other treatment, in by far the majority of cases, save the removal of the uterine appendages, which renders the woman incapable of performing her mission in its fullest capacity as a child-bearing woman. Hence we see the very imperative demand for such prophylactic measures as shall forestall such disastrous results, which are obtained by antiseptic conditions of the uterine cavity at all times, and especially in cases of abortion, by rapid dilatation with steel dilators (not by tents), a thorough, carefully executed curretting, followed by systematic drainage until the uterine cavity shall have assumed a normal condition capable of taking care of itself.

Since writing this paper I have noticed a paper by Winter, of Berlin, in which, after analyzing 100 cases, he arrives at the conclusion that "the decidua vera can be left undisturbed —only loose shreds should be removed—as but nine patients completely shed the decidua; hence I feel warranted in assuming that safety to the patient demands the careful use of the curette to examine the uterine cavity, and if any decidual shreds remain (as I am confident they do in by far the greater percentage of cases) remove them. I consider the curette safer than the finger, and more effective. The results of retained decidual membranes may not be observed at once, but even at the end of one, two, or more years its effects will be noted upon the ovaries and tubes."

Finally, the conclusions at which I arrive may be summarized as follows, viz.:

1st. An abortion is a pathological process, involving the premature expulsion of the fœtus and membranes from the uterine cavity, which, normally, have an existence of nine months before they shall have completed their physiological intention.

2nd. That such expulsion is generally incomplete when left to Nature, thus exposing the patient to subsequent pathological conditions or possibly death.

3rd. That every cases should receive a careful examination by the use of the blunt currette in preference to the finger, as it is safe, easier of introduction. and more effective.

4th. Complete removal of all membranes, maternal and fœtal, offers the greatest protection and safety to the patient.

5th. Perfect asepsis and drainage is a necessary supplement to the curette.

6th. Ergot has little or no effect in the treatment of cases of abortion. If used at all it should be in the late stages to assist involution. —*Med. News.*

Bodet's Hair Tonic consists of the following:

℞. Carbolic Acid,
Tincture of cantharides, each, 30 mins.
Tincture of nux vomica, f℥ij.
Compound tinct. of chinchona, f℥j.
Colonge water, f℥j.
Cocoanut oil, enough to make, f℥iv.

This is to be applied to the scalp twice daily with a small sponge.—*American Druggist.*