following abortion, the uterus has once been completely evacuated, hemorrhage ceases. A slight lochial discharge persists for several days during the period in which the uterine portion of the decidua vera completes its period of repair. If therefore a patient comes to us two to three weeks after the supposed conclusion of an abortion, with the story of recurrent hemorrhages taking place as a rule whenever she leaves her bed and assumes the upright position, it may be assumed with an approach to certainty that portions of the ovum still remain within the uterus. Oftentimes a fetid discharge points to the fact that decomposition has been set up. The absorption of septic materials may furthermore become the source of chills, of fever, and of great uterine tenderness. In most cases with rest in bed the contents are discharged by suppuration, and recovery ultimately takes place, but only after a slow, protracted convalescence, during which pelvic cellulitis and pelvic peritonitis occur as not uncommon complications. Hemorrhage, peritonitis, and septicæmia may, however, bring the case to a fatal issue. The removal of the retained placenta and membranes is therefore indicated not only as a measure calculated to promote recovery, but to avert possible danger to life.

With regard to the operation for removal, the rules already given are applicable. The following peculiarities should, however, be borne in mind. In case the retained portions are undecomposed the cervix is usually found closed, and requires preliminary dilatation with the sponge tent. When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus.* When a decomposed ovum is removed by the finger, a chill and a septic fever which rapidly exhausts itself, however, is apt to follow in the course of a few hours. This chill and fever result from the slight traumatic injuries inflicted by the finger upon the uterine walls, whereby the capillaries and lymphatics become opened up to the action of the septic poisons. The fever ends in a short time because the reservoir of supply is removed with the *debris* of the ovum. If the uterine cavity, after the operation, is carefully washed out with carbolized water, the septic fever is often averted. The beneficial results following the complete emptying of the uterus in these cases are so decided that of late years I have not allowed myself to be deterred from proceeding actively, even when perimetritis and parametritis in not too acute a form already existed. In practice, multitudes of examples show that the products of inflammation, situated in the pelvis, do not absorb so long as putrid materials are generated in the uterine cavity.

The removal of a fibrinous polypus, owing to its smoothness and the small size of the pedicle, is often a Sisyphus task. The separation can only be successfully accomplished when the palmar surface of the index finger presses from above upon the point of attachment. This necessitates a choice of hands. Thus, when the polypus is situated to the left, the right index finger should be employed; and the left index finger when the polypus is situated to the right. After the detachment is complete it is necessary to press the polypoid body firmly against the uterine walls and proceed with its withdrawal slowly. If, as sometimes happens, the polypus slips from under the finger, it is necessary to pass the finger again to the fundus of the uterus and repeat the attempt. Small portions not larger than a pea can be washed out by the uterine douche. When the polypus is attached near the os internum, the latter will be found patulous; but when it is well up in the body of the uterus, dilation with sponge tents is a frequent prerequisite to removal.

A good deal of testimony has been offered of late by Skene, Spiegelberg, Mundé, Boeters and others in favor of the use of the curette for the removal of retained portions of ovum. To whom, exactly, the honor of this method belongs it is difficult to say. Accidentally I read in a record-book of Bellevue Hospital a few days ago an account of the operation performed by Dr. Fordyce Barker in 1870. With the curette the dangers from dilating the os and manipulating the uterine cavity are avoided. For myself, however, I confess I never feel quite safe until my index finger has made the complete tour of the uterine cavity. Still the method has its advantages in cases where the removal of bodies retained within the uterus is complicated by the existence of extensive peri- and parametritis.

Summary of Rules in Treatment of Abortion.—1. In the first two months an abortion needs no special treatment. The hemorrhages of early date are amenable to the same principles of treatment as those from non-pregnant uterus.

2. In the third month no treatment is required when the ovum is expelled with intact membranes.

When the membranes rupture previous to expulsion, and hemorrhage takes place immediately, removal should be attempted; provided the cervix be sufficiently dilated to admit the index-finger. When the cervix is closed the tampon should be tried for twenty-four hours. If the tampon proves ineffective, the cervix should then be dilated with a sponge tent and the ovum removed with the finger. The finger should pass up along the side of the uterus, across the fundus, and complete the circuit of the uterine cavity.

3. In cases of neglected abortion retained portions should be removed by the finger or the curette. When the ovum is decomposed no dilatation of the os is usually necessary. When the ovum is fresh the preliminary use of sponge tents is usually demanded if manual delivery is resorted to.

4. Fibrinous polypi, when situated near the os internum—a rare occurrence indeed—arrest the involution of the lower portion of the uterus. The os is, therefore, open, as a rule, and permits the passage of the finger. When the polypus is attached to the fundus the cervix is usually closed. Small, smooth, slippery bodies, like fibrinous polypi, are rarely to be detached, unless the finger operates from above, so

* HUTER: *Compendium der Geb. Operationen.* Leipzic, 1874, S. 32. To this excellent work I acknowledge my indebtedness for many hints and suggestions of extreme practical value.