

of its cavity difficult or impossible; assistance will also be afforded by an examination of the discharges by floating them in water.

Treatment:—The prophylactic treatment will be sufficiently indicated by a mere mention of the cause; *eg*, syphilis will demand its appropriate treatment, uterine displacements must be restored and a suitable pessary applied, irritable uterus will require absolute rest in bed at least during the menstrual periods and in aggravated cases for the whole period of pregnancy.

When abortion is threatened perfect rest should be secured both mental and physical and such drugs administered as will diminish the nervous sensibility and muscular action, of these opium probably stands at the head and it is well to remember that there is usually a wonderful tolerance of it in this condition. *Viburnum prunifolium* and *Cannabis Indica* have also proved beneficial, *Assafoetida* has recently proved effective, grs xvij several times daily for a long time, so also have Tincture of Iron and Potas. Chlor. in combination where fatty degeneration of the placenta was the supposed cause. When abortion becomes inevitable the question naturally arises as to the advisability of active interference either early to hasten the progress of the case or later on account of alarming hemorrhages or offensive discharges and very diverse opinions are held by eminent authorities. If hemorrhage is severe and the os undilated all agree as to the necessity of controlling the bleeding, this is best accomplished by an antiseptic tampon, say of baked cotton wool or iodoform gauze. Tamponing thoroughly the cervix and the whole vaginal cavity, renewing it every six or eight hours, until the ovum or foetus escapes. But the uterus is not yet empty. In the early months the decidua usually and in the later the placenta frequently are retained. Here arises the difference of opinion as to the proper procedure to adopt, whether at once to remove the substance in the uterus that may give rise to future trouble, or to treat the case expectantly until more serious symptoms develop. In France the more conservative course prevails. In Germany

there is also a difference of opinion but the majority favor the more active course. In the United States, Munde says: "The future safety of the patient demands that the secundines should be removed at once in every case in which such removal can be accomplished without force sufficient to injure the woman." Parvin on the other hand recommends non-interference with the cavity of the uterus unless at some later period hemorrhages occur or septicaemia is threatened. The proper plan of treatment to my mind lies between these two extremes. In the first place great care should be exercised to avoid rupture of the membranes as it is evident that the uterus will exercise its expulsive force more efficiently upon the larger mass than upon the collapsed membranes. I now altogether avoid the use of ergot in these cases as I am convinced that by the contraction it induces in the circular muscular fibres of the cervix it retards rather than facilitates the expulsion. It would indeed be an alarming hemorrhage that would induce me to employ it. Furthermore I am of opinion that small doses of ergot are actually beneficial in arresting threatened abortion by checking hemorrhage and consequent separation of the membranes or placenta. Should the cervix not dilate it may be opened by artificial means preferably Barnes' dilator. With the use of the tampon as above mentioned there is no occasion for hurry and we can almost invariably afford to wait for the unaided expulsion of the embryo. Should it however become expedient to remove it or a remaining placenta nothing can excel the finger as an agent. But in this as in all obstetric operations thorough antiseptics must be observed. The hand should first be thoroughly washed in soap and warm water and afterwards immersed for at least three minutes in a sublimated solution 1 in 1000 and used still moistened with the antiseptic solution. To facilitate the introduction of the finger counter-pressure may be made upon the fundus with the left hand or the uterus may be retroverted and the fundus pressed against the sacrum. It is then possible to get the finger right up and clear out the uterine cavity. Should portions of the secun-