

accompanied by tearing and laceration of the connection between the ovum and uterus. This does not always occur in the same way; thus, at an early period the ovum may come away entire, including the decidua vera, and leave the uterine surface raw; it may leave the decidua vera behind; later the embryo may come away and leave the amnion and chorion behind; and lastly, at the end of the third month, it may leave the placenta behind. The contents being different then and the size of the uterus varying, it will not always be possible to remove the secundines with the finger, as recommended, and so we must use the curette.

The plan of treatment in abortion has been, and among many practitioners now is, usually expectant with or without antiseptic precautions such as vaginal injections. Then, should hæmorrhage occur, they resort to hot water or the tampon; and should septic symptoms set in, vaginal or intrauterine injections; and failing with these, the odor persisting, and an elevation of temperature, they resort to the curette.

In undertaking a case of abortion we must first consider if it is possible to prevent it. This will depend on the amount of hæmorrhage, the severity of the pain, and the degree of dilatation of the cervix. If either of these symptoms are well marked it will be unsafe to predict its arrest; and if all are present, the ovum is sure to come away. The first requisite is rest,—rest of body, mind, and nervous system. The patient must be kept in the recumbent posture in bed, the room should be darkened, and the attendants must be quiet. A full dose of opium must be administered by the mouth or rectum. Dr. Thomas illustrates this point very impressively by an incident which occurred to himself when house-surgeon of a New York hospital. The late Dr. Marshall Hall was on a visit, and after criticizing the treatment of a

case of convulsions by revulsives, he remarked:—"Young man, let me tell you of an experience of my own. Not long since in London I procured two puppies of equal size and appearance, and poisoned them with large doses of strychnine. One of them I treated by keeping it in the light and making counter-irritation upon the surface of the body by frictions, etc. This puppy died. The other I put down in a deep cellar which was perfectly dark and absolutely quiet, and left him without any treatment. The result was that this second puppy got well."

Should there be a history of previous abortions, we should try to find the cause, and treat that accordingly. Thus seek a history of syphilis, cardiac incompetency, retroversion, endometritis, laceration of cervix, etc. If the trouble is due to fatty degeneration of the placenta, the patient should be given potassic chloride gr. 10 three times a day. This treatment was first suggested by the late Sir J. Y. Simpson, who was induced to use it from some experiments of Davy and Stephens, who found that an alkaline salt coming in contact with the blood rendered it of an arterial red color, and he thought that as potassic chloride contained so much oxygen, the blood would be better oxygenated, and so the foetus better nourished.

Should no cause be found for the repeated abortion, we have a very valuable remedy in *Viburnum Prunifolium* first known as a popular remedy among the slaves of the South, recommended by Phares in 1866, and later brought forward by Dr. Jenks. I have found it of great benefit myself in these cases, and have a patient just now under its influence who told me only last week that her last child's life was due to this medicine, and she would not be without it in the house.

If the abortion cannot be arrested by these means, we must not give any more opium, for this will prevent the painful