

be better to allow it to do so if skilled assistance were not obtainable? The circumstances he believed justified in operating by Dr. Ross.

Dr. Palmer advised that where such cases fell into the hands of the general practitioner he should always call in the abdominal surgeon.

Dr. Ross replied.

Treatment of Abortion.—Dr. Albert A. Macdonald read a paper on "Treatment of Abortion." He prefaced his paper by drawing attention to the text-book difference between abortion, miscarriage and premature labor. His paper referred to the first, the treatment of inevitable abortion before the fourth month. It was necessary to keep the causes in mind. These might be attributed to disease in the man or wife, disease of the uterus, appendages, or in the ovum itself. Excitement, fatigue, traumatism, were other causes. Then it might be brought on artificially with criminal intent. In such cases where the ovum was expelled intact the most that could be done was to keep the genital tract clean; there was usually little hæmorrhage. It was astonishing how far a patient might go towards an abortion, *provided there was no diseased condition of the uterus, membranes or foetus*, and then recover. The cardinal point in the treatment of cases was complete rest. Viburnum had been highly spoken of, but his experience with the drug had not been gratifying. Pot. chlor. had in one case seemed to give good results. All displacements should be corrected. When the symptoms of pain, uterine contraction, and hæmorrhage continue, abortion would inevitably take place. As long as the ovum remained in the neck there would be no bleeding; but as soon as the sac ruptured there would be hæmorrhage. Active treatment, then, was called for, the antiseptic douche, dilatation of the cervix, curettement, and possibly tamponage, as the case required. The essayist discussed the technique of curettement in these cases. His preference was for an irrigating curette, which, with some others and a Kelly's cystoscope which he used for tamponing, he passed around for examination. For curetting, the patient should be thoroughly anæsthetized, and the work done most thoroughly under strict antiseptic precautions. He found the tenaculum useful in drawing down and steadying the uterus during the operation. The gauze tampon might be left in six days. The patient should be carefully watched.

Dr. A. W. Wright said that he agreed with everything Dr. Macdonald had said in his paper. He believed chlorate of potash in say ten grain doses did have an effect in preventing abortion. Two doses daily would probably be sufficient. Where there was pain and hæmorrhage there was nothing better than complete rest and the