

scarcely, if ever, be encountered. Even after infection has taken place the thorough removal of all particles from the endometrium and the sterilization of its cavity by means of an antiseptic wash and an antiseptic packing will often bring to an abrupt termination the septic fever and secure a rapid and satisfactory convalescence.

If the physician, after considerable delay, is at last forced to administer an anesthetic and clear out the uterus, and the patient, as a consequence of this delay, has become profoundly septic, has received damage to her tubes and ovaries that can never be overcome, has not the husband some right to inquire why the doctor waited? Would not any man with common-sense say, "Doctor, if this procedure is necessary and is safe after my wife's health has been destroyed, why did you not carry it out sooner and prevent this baneful effect?"

But, unfortunately, the interior of the uterus has been looked upon as a "holy of holies," a sort of inner sanctum into which it is dangerous to enter. This has been due to the fact that there are two dangers constantly staring us in the face—the one is a dirty vagina, and the other a dirty finger. The dirty vagina can be, to a very great extent, disinfected; the dirty finger can always be cleaned. I have often heard the argument used that it is not safe to teach men to put the finger into the interior of the uterus because they do not know how to keep their hands clean. Because men do not know how to keep their hands clean is no reason why a proper treatment of a certain condition should be condemned. Men must learn to keep their hands clean if the women are to be protected to the fullest extent. If practitioners do not know how to keep their hands clean it is a reflection upon our teaching during their student days.

To prevent any contamination from the vagina I have always been in the habit of washing it out before passing my finger up into the uterine cavity. But, in the presence of the gonorrhoeal virus, even this precaution will not prevent subsequent infection. In my early experience cases of abortion were treated on the so-called "expectant" plan, a wretched makeshift and one that should never be entertained. This plan consists of daily visits by the doctor, who trusts entirely to dame nature, falsely lauded for her wisdom, without giving her any assistance. When fever sets in it is said to be unfortunate, it is looked upon as a calamity that could not be avoided, the mother dies from what is called a bad miscarriage, and a life is lost that could have been spared.

There is nothing simpler in the whole range of medicine and surgery than the removal of a placenta by means of a finger in the interior of the uterus when the patient is thoroughly