

uterus. The only resistance the finger meets is at the placental insertion, where a certain amount of manipulation is required to complete the detachment.

When the uterus can not be pressed down within reach of the index finger by force exerted above the symphysis pubis, it is permissible to introduce the hand into the vagina; but in such a case the fingers are apt to become cramped, and all freedom of manipulation to be destroyed. A better means of overcoming the difficulty consists in the administration of an anæsthetic. In cases of extreme anæmia, chloroform should be discarded as too dangerous. Ether, however, has often seemed to me, on the contrary, to possess a stimulating action, and its use to be followed by increase in the volume and force of the pulse. The relaxation produced by the anæsthetic makes it easy to depress the uterus down to the pelvic floor, where it can be reached with comparative ease.

After the removal of the ovum, the cavity of the uterus should be washed out with a stream of tepid carbolized water, in order to bring away any small detached portions of the ovum. In the manual extraction of the ovum, deliberation and perseverance are the main elements of success.

If, when the patient is first seen by the physician, the cervix is not sufficiently dilated to allow the finger to pass without force, the vaginal tampon should be employed.

The tampon restrains the hemorrhage, stimulates the uterus to contraction, and allows time for the employment of measures to rally a patient exhausted by profuse losses of blood. The material of which a tampon is made is a matter of indifference, provided only it fills the vagina to its utmost capacity. In cases of urgent need, a soft towel, handkerchiefs, strips of cotton cloths, dampened cotton, wool, and the like, may be seized upon to meet a temporary emergency. The time-honored sponge, on account of its porosity, is least deserving of favor. When, however, the physician proposes to leave his patient for a number of hours, the mere hasty filling of the vagina through the vulva will not suffice. On the contrary, the highest degree of safety can only be secured by the closest observance of the rules of art.

*Essentials of a Good Tampon.*—The first essential of a good tampon is that it be carefully packed around the cervix uteri, and fill out the more dilatable upper portion of the vagina. This can be accomplished only by the aid of the speculum. The method I usually employ is one, the credit of which, so far as the general features are concerned, I believe belongs to Dr. Marion Sims. It consists in soaking cotton wool in carbolized water, and then, after pressing out any excess of fluid, in forming from the carbolized cotton a number of flattened disks about the size of the trade-dollar. The patient is then placed in the lateroprono position, and the perinæum retracted by a Sims speculum. The dampened cotton disks are introduced by dressing-forceps, and under the guidance of the eye are packed first around the vaginal portion, then over the os,

and thence the vagina is filled in from above downward, until the narrow portion above the vestibule is reached. No other plan of tampon with which I am acquainted can compare in solidity and effectiveness with this. Its removal is accomplished by the detachment with two fingers of a portion at a time. This part of the procedure is moderately painful. Many methods have been suggested to overcome, in the removal, the necessity of introducing the fingers into the vagina. A very ingenious one consists in attaching the cotton to a piece of twine, so as to form a kite-tail, which can be withdrawn by simply making tractions upon the extremity of the string left hanging outside the vulva. Prof. I. E. Taylor uses a roller bandage. It is efficient, and, like the kite-tail described, can be easily removed.

*Introduction of Tampon.*—Before the introduction of the tampon the vagina should be thoroughly washed out. No tampon should be allowed to remain in the vagina much over twelve hours. Immediately after withdrawing the tampon, before proceeding to the examination of the uterus, the vagina should be cleansed by an injection of tepid carbolized water (gr. xxx. ad. Oj.). Often, after the removal of the tampon, the ovum is found in the upper portion of the vagina, or filling up the cervix. If this is not the case, and the cervix is not dilated, so that manual extraction may easily be performed, the tampon should be re-introduced.

It is customary from the outset to sustain the action of the tampon by the administration of ergot, either in the form of the fluid extract (thirty drops every three or four hours), or of a solution of ergotine given hypodermically. (Ergotine, gr. xij, glycerine, ʒi, ten minims twice in the twenty-four hours.) In women with abundant adipose tissue the injection should be made into the subcutaneous tissues of the lower abdomen. In others the outer surface of the thigh should be selected.

If the patient is collapsed from loss of blood, after tamponing, opiates, tea, and alcoholic stimulants should be administered; the latter in small but frequently-repeated quantities, until the cerebral anæmia is relieved, and the capillary circulation restored.

If after its removal the cervix is found not to be dilated, the tampon may be re-introduced and left in situ for another period of twelve hours. The employment of the tampon is not, however, to be recommended for a period much exceeding twenty-four hours. Its continued use is apt to irritate the vagina. In spite of carbohc acid it acquires an offensive odor. It generates septic matters which, in the long run, creep upward through the cervix into the uterine cavity, and produce decomposition of the ovum. I prefer therefore, in cases of undilated cervix, after twenty-four hours of vaginal tamponing, to resort to sponge tents. The tent should be long enough to pass well up through the os internum. After six to twelve hours the tent should be removed, and after a preliminary vaginal douche manual extraction be proceeded with in accordance with the rules already given.

*The Treatment of Neglected Abortion.*—When,