

thoroughly cleansed by a douche of hot soap-suds rubbed into all folds and crevices by the fingers, and followed by irrigation with 1 to 4,000 warm bichloride solution. Then a strip of iodoform gauze is carefully packed into the cervix and the vagina tamponed. This packing is removed in from eight to twelve hours, and the ovum will be found loose in the vagina or in the dilated os. If at this time no portion of the ovum be expelled, that is, if its envelopes be still intact, the packing may be carefully repeated. If any portion of the ovum has been expelled, the remainder should be removed at once, either with the finger, which can seldom be used at this early period, with the ovum forceps, or with the dull curette.

If there be reason to believe that the abortion has resulted from criminal interference, if the case has been allowed to run on for many days, if there be endometritis or any form of sepsis, the os should be dilated, preferably after the administration of an anæsthetic, the fragments of the ovum removed, and the whole interior of the uterus scraped carefully and thoroughly with the sharp curette, washed clean with a strong watery solution of iodine and packed with a strip of sterile iodoform gauze. This gauze should be removed in twenty-four hours and the vagina irrigated. If septic symptoms continue, the uterine cavity may be again irrigated with the iodine solution, and a fresh strip of gauze carried to the fundus.

The effective and safe manipulation of the curette and gauze in this manner pre-supposes on the part of the operator a certain amount of skill and familiarity with its use.

*Miscarriage.*—After the third month the use of the tampon for hæmostatic or other purposes is reprehensible, as the uterus is then larger and dilatable, so that a dangerously large amount of blood may accumulate in the cavity. If the hæmorrhage from miscarriage is moderate, the treatment may be expectant for a limited time until the entire ovum or the fœtus be expelled. If the fœtus alone be discharged, the remaining portions of the ovum should be immediately removed with the finger, aided, if necessary, by the ovum forceps or large curette. If the hæmorrhage be profuse there should be no delay, the os should be dilated and the uterus cleared out at once. Where there is sepsis the indication is for the use of the sharp curette, irrigation, and packing, as already described.

When we have legitimate reason for inducing abortion it is best done by immediate clearing out of the uterus after anæsthesia and rapid dilatation, the uterus being washed clean and a strip of gauze introduced for drainage. When miscarriage becomes necessary the preliminary dilatation is usually best secured by the employment of an aseptic tupelo tent of the largest size that can be inserted into the os, then, if the ovum be not

spontaneously and completely expelled it is removed digitally or with instrumental aid.

To avoid danger and secure success in these manœuvres it is necessary that they be done aseptically and by one accustomed to surgical cleanliness. The hands and arms of the operator should be scrubbed for five minutes with a stiff brush with soap and hot water, and then soaked for the same time in a 1 to 1,000 bichloride solution. The instruments can either be wrapped in a towel and boiled at the time in a weak solution of soda for fifteen minutes, or may be carried already sterilized, and laid on a sterilized towel ready for use. A strip or strips of sterile iodoform gauze should also be prepared and wrapped in a sterile cloth.

Tupelo tents may be sealed separately in small envelopes and baked for half an hour, and are then ready for use when wanted. The Kelly-pad requires most careful attention, and must be thoroughly washed in running water, rinsed in the bichloride solution, and carefully wiped dry each time after use. The fountain syringe used for irrigation may be scrubbed in hot water and soaked in bichloride, or boiled if used where there is a suspicion of sepsis. The patient, after having had her bladder and bowels emptied, is to be placed in the dorsal position on a table; or the hips may be brought to the edge of the bed, a firm bearing surface for the Kelly-pad being secured by a table-leaf, ironing, or lap-board; and the external genitals and vagina thoroughly cleansed with hot soap-suds, two fingers being used to rub over the mucosa of vagina and cervix. This should be followed by irrigation and rubbing with a 1 to 4,000 bichloride solution. The parts adjacent to the vulva and the exposed portion of the pad are then covered with wet sterilized towels and the operation performed.

In conclusion I may state my position briefly as follows:—Recognizing that any interference with the uterine cavity must be looked upon as a possible source of infection, and must be made aseptically and with antiseptic precaution to be free from danger, I strongly urge that in every case where abortion or miscarriage begins acutely and from natural causes, the ovum be removed by the finger, ovum forceps, or curette, within twenty-four hours after the abortion be considered inevitable, if the entire ovum be not then already expelled, complete expulsion being indicated usually by cessation of pain and hæmorrhage. In cases where a portion has been expelled, where we find serious hæmorrhage, where the ovum is dead, where we have reason to suspect criminal interference, where there has been continual spotting, foul discharge, or fever, the uterus should be explored and emptied at once, as any delay greatly increases the risk of sepsis. The sharp irrigating curette, followed by gauze drainage, should always