mammary glands. Now that the method of bimanual examination as a means of obstetric and gynecological diagnosis is so familiar to the profession, it is not necessary to more than refer to it as available for the recognition of arrest of that increase of size of the uterus resulting from the pregnant condition; in other words, if this organ ceases to grow, the embryo or fetus is dead. Again, if the enlargement of the breasts, which usually begins at the first menstrual absence following conception, has occurred, and these organs from having been full, plump and possibly the seat of occasional pain, become shrunken, flaccid and painless, it may be regarded as almost if not quite certain that the pregnancy cannot continue. Here let a word of caution be said. In some cases, by no means frequent, it happens that the breasts after increasing in size in the first months of pregnancy lessen somewhat, and remain thus only partially developed until after labor. But this fact is not frequent, and the condition of the mammæ is by no means that which is observed following the death of the embryo or fetus.

In threatened abortion we have no two remedies comparable to rest and opium; these are also invaluable in case the miscarriage is inevitable, and many observations have led to the conclusion that the pregnant woman bears opium remarkably well. By this means we lessen one of the dominant symptoms, pain, and indirectly by slowing the circulation, hemorrhage. But the means of especial value as a uterine hemostatic is hot water injected into the vagina; of course the injections should be copious, and given if the discharge be great, at frequent intervals. One advantage that this treatment presents in abortion is, that it may be employed in cases in which there is hope of continuing the pregnancy—it does not excite uterine contraction so much as it does contraction of the blood-vessels. By these injections possibly we will render unnecessary in the majority of cases the administration of ergot or the application of the tampon; nevertheless ergot and the tampon are means which may become essential in the treatment, and they are probably most efficient if used conjointly.

Antiseptic vaginal injections should be used twice daily during the continuance of the abortion.

Of course if notable hemorrhage persists in spite of hot water, opium, ergot and the tampon, the indication is plain to empty the uterus by manual or by instrumental means, following the removal of the ovum by antiseptic applications—*e. g.*, injections into the uterus of a 5 per cent. solution of carbolic acid, or of 1 to 2,000, or 3,000 corrosive sublimate solution, or swabbing the intra-uterine surface with one of these solutions, or with the tincture of iodine, or the introduction of an iodoform tampon. Here let me say a word in regard to the effort to reject corrosive sublimate as an antiseptic in obstetric practice, in consequence of mercurial poisoning having occurred in a few cases. In only two of many cases in hospital practice in which 1 to 2,000 corrosive sublimate injections into the vagina and into the uterus were employed, have I seen unpleasant consequences result; and these consequences ceased upon discontinuing the remedy. I believe if the uterus and vagina are thoroughly emptied after the injection, none of the fluid being left behind for slow absorption to occur, by following it with an injection of water that has been sterilized by boiling, no injnrious results will be seen. Nevertheless, it is advisable in all cases where corrosive sublimate solution is used, either in connection with abortion or after labor, to observe from day to day the gums, and the moment these are found red and swollen to at once discontinue the solution.

As to methods of emptying the uterus in incomplete abortion, that in which only one or two fingers, first carefully made aseptic, are employed is the best; the patient lies upon her back and the physician places one of his hands upon the abdomen to press the uterus down to the fingers of the other hand, so that they more readily enter its cavity. If instrumental means be required, my preference is for Emmet's curette forceps, if the abortion be within the first ten weeks of pregnancy; many, however, employ a blunt curette.

I hold, too, that evacuating the uterus is clearly indicated in incomplete abortion, not only by such hemorrhages as have been mentioned, but by an offensive discharge, for such discharge may fortell septic infection. Many excellent authorities, more especially of the German school, advocate immediate emptying of the uterus in all cases when a part of the ovum remains. Now the objections to this are: First, there may be a twin pregnancy, and one ovum may be expelled and the other retained until complete development is accomplished, and thus the operator in assisting one abortion makes a second one. Second, there is danger of causing a traumatism either in the dilation of the cervical canal, or by the use of the curette upon the uterine wall. Third, it should be remembered that the uterine decidua, the *decidua vera*, is not fused with that covering the ovum until some time in the fourth month, but is quite firmly united to the uterine wall; abrupt detachment of it is a violence which may produce more serious consequences than those which result from its gradual breaking down and discharge, nature's method of casting it off.

Let it be called conservatism, if anyone chooses, nevertheless my faith and practice are in cases of incomplete abortion to wait, if the os be closed, until the symptoms which have been mentioned occur—without one or both of these, no interference, but an armed expectation and the regular use of antiseptic vaginal injections. It is worthy