

treatment should, in every case, depend upon the conditions that exist. Is the case one of inevitable abortion, or of incomplete abortion, is there puerperal infection, if so, is it saprophytic or septic, and if septic are the germs confined to the endometrium or have they already penetrated the walls of the uterus or gained admission to the lymphatics and blood vessels? Is it a case for the sharp curette or the dull curette, for antiseptic irrigation or sterile irrigation, for gauze packing or gauze drainage, or neither? In the after treatment will repacking, or repeated irrigation or vaginal douching only be required? All these features must receive due consideration in each case in order to insure success. No man can afford to use the curette empirically. The result will be disastrous to the patient and disappointing to the operator.

The first case for treatment is one of inevitable abortion at the end of second month. There is the usual history of malaise chills, pain in back, followed by hemorrhage. Upon examination we find the uterus enlarged, the os patulous, the ovum barely within reach of the finger, contractions feeble, and hemorrhage free. To leave this case to nature is to subject the patient to a serious risk of hemorrhage and sepsis, and the attendant open to the charge of criminal negligence. We therefore decide to empty the uterus.

As there is sufficient dilatation no anæsthetic will be required. The patient is placed across the bed, hips well over the edge, and limbs supported by an assistant. The external genitals and vagina are thoroughly scrubbed with green soap and douched with sterile water. The hands of the operator, the instruments and dressings to be used are rendered aseptic, with the same care for this operation as for an abdominal section. The cervix is now exposed; the anterior lip grasped by a vulsellum, the uterus drawn down and steadied. With placental forceps we remove the greater part of the ovular tissues, then with a medium sized sharp curette scrape away any adherent portions of the placenta or deciduae. We now carefully explore the whole cavity with the finger, and if the work be complete the uterus is well washed out with sterile water, some iodoform gauze loosely packed into the vagina, an occlusion pad applied, held in place by a T bandage. The gauze will be removed in 24 hours, and a vaginal douche with hot sterile water given