within the sac, and its contents entirely removed and preserved at the temperature of the body. After injecting the sac and allowing the fluid to run out, the cerebro-spinal fluid first removed may be restored. The canula is then withdrawn, and the puncture in the skin covered with a strip of adhesive plaster. If the result be favorable, the inflammation will have closed the communication between the cavity of the sac and that of the spine, and thus effect a cure.

Such treatment, unfortunately, is not applicable in the case of the child before you. We can only advise the mother to keep it carefully shielded from harm and not to allow anything to rub or irritate the back. The treatment—for the present, at least—must be palliative.—*Med. Times.*

THE MANAGEMENT OF ABORTION.

In a paper published in the St. Louis *Courier of Medicine* for August, Dr. Walter Coles gives the following as his treatment, which we endorse:

"Let us suppose that we have been called to a case in which the embryo has just escaped during the third month and the secundines are retained. Under such circumstanoes there is generally considerable hemorrhage going on, and the first thing in order is to check it. Of course the most effectual and desirable method of so doing is to empty the uterus and cause it to contract. A teaspoonful of fluid extract of ergot is administered, and the accoucheur at once examines the uterus. If it be practicable by digital manipulation, or the aid of the forceps, to deliver the placenta, this is a fortunate circumstance which should be availed of on the spot. But if the os is too contracted to admit the finger, or even if patulous and the membranous placenta is so adherent as only to be detached in fragments, it is better not to disturb it for the time being, rather than resort to immediate and forcible extraction. We should, however, be equally far from pursuing a *passive* policy. The hemorrhage should be controlled by means of a tampon, aided by ergot, supplemented by a full dose of tinct. of opium—the latter being especially beneficial as a soothing stimulant after blood loss. A tampon ought always to be applied with the aid of a speculum, that of Sims being the best. There is a great deal in the method of tamponing; it should be carefully packed over the os and around the cervix. The best material is old cotton muslin torn into strips; I prefer to put it in dry. Sponge is of very little service as a tampon; it absorbs the blood and permits it to flow through.

"In most cases thus managed, the physician will find on removal of the tampon twelve hours later that the secundines have either escaped entire, or else are presenting at the os, whence they may be readily removed by very slight manipulation. But in case this cannot be done without violence, it would be proper to wash out the vagina and again tampon, with the expectation that under the excitation of the plug and the continued influence of ergot, the uterus will by its contractions detach and expel its contents. If at the end of twenty-four or thirty-six hours there is no indication of dilatation, it will be quite time enough to consider the propriety of artificial dilatation and extraction. If the internal os continues closed, it is pretty conclusive evidence that the placenta is still adherent and hence not extensively decomposed Lusk recognizes this condition of the internal os as a valuable indication—a fact pointed out by Hunter. He remarks that 'When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus.' Such being the case, we have less reason for being in a hurry when the uterus is closed than if the inner os were lax and the discharges offensive; under the latter condition of things the practitioner should lose no time in emptying the uterus of all decomposing material, provided he can do so without inflicting too much violence on the organ itself. * * *

"We are assured by the advocates of immediate removal that this feat is very easy of accomplishment—a thing which the merest tyro may perform, but most of our leading obstetrical authorities entertain a different view of the difficulties and dangers involved. Playfair, while admitting the desirability of emptying the uterus when feasible, goes on to say: 'Cases, however, are frequently met with in which any forcible attempt at removal would be likely to prove very hurtful, and in which it is better practice to control hemorrhage by the plug or sponge tent and wait until the placenta is detached, which it will generally be in a day or two at most.' Barnes reiterates the same advice, and cautions us that 'We must not persevere too pertinaciously in the attempt at removal lest we inflict injury upon the uterus.' The same author, recognizing the fact that the placenta after abortion quickly undergoes retrograde changes whereby its adherence to the uterine wall is weakened, thereby facilitating its removal, remarks that 'The consulting practitioner here occasionally reaps credit which is scarcely his due. He is called in perhaps on the third day, or later, when the adhesion of the decidua to the uterus is breaking down. He passes in his fingers and extracts at once; but had he tried the day before he might have failed like the medical attendant in charge.'

"Whenever there is serious and persistent hemorrhage threatening to exhaust the patient, active interference is of course demanded. Or if there is an offensive discharge and an elevated temperature together with rigors, we have good reason to apprehend blood-poisoning from the absorption of putrefying elements within the uterus. Under such circumstances it would be proper to explore the