

which a stream of hot creolin mixture constantly flowed. Decidua and clots were thus removed, the oozing of blood ceasing completely. The uterus was then tamponed with moderate firmness with a single piece of iodoform gauze, a portion of which filled the vagina without distending it. The patient required no subsequent treatment beyond the removal of the gauze twenty-four hours afterwards, and the washing out of the uterus at that time with the creolin mixture. An occlusion vulvar dressing was worn, and the external parts were carefully bathed with bichloride solution (1 to 2,000) after each micturition and defecation. Examination of the placenta showed it to be at about the eighteenth week of gestation. The relaxed condition of the patient's general muscular system, and the profuse hemorrhage from which she suffered, were explained in part by an examination of the thorax, where evidence of pulmonary consolidation, probably tubercular in character, was present. The placenta revealed no abnormality upon examination.

The difficulties often experienced in dealing with primiparous women are exemplified in the history of the following case:

Mrs. C., aged forty, married less than a year, a woman of good general development and health, was not positive that she was pregnant; while engaged in household work, necessitating the lifting of heavy articles she was taken with severe uterine pain and profuse hemorrhage. A physician was summoned, who diagnosed threatened abortion. The hemorrhage, which at first had been profuse, gradually ceased, and on the following day the patient was brought to the Maternity in a carriage. On admission, it was found that a second free hemorrhage had occurred during the patient's transportation. The os and cervix were tightly closed, resembling those of the virgin

woman. A slight but persistent hemorrhage was present. The vagina was moderately tamponed with aseptic cotton, thoroughly powdered with iodoform, and the patient kept quiet in the recumbent position. Twelve hours after admission the tampon was removed, the os and cervix remaining in the same impervious condition. A vaginal douche of bichloride of mercury solution (1 to 4000) was then given, and a tampon of iodoform gauze was applied. Eighteen hours after this the tampon was removed, when it was found that the os and cervix had considerably softened and partially dilated. A portion of the ovum, not distinguishable, was found within the cervical canal. Hemorrhage commenced with the removal of the tampon; the vagina was again douched, and a gauze tampon applied, the end of the gauze being inserted within the cervical canal. Uterine contractions with abdominal pain ensued, and slight staining of the gauze tampon was observed. There was no active hemorrhage, and the patient's pain and uterine contractions ceased after an hour or two. Four hours later hemorrhage began again, when the patient was anæsthetized, the tampon removed, and digital examination made, revealing an ovum at about the fifteenth week of gestation partially engaged in the internal os. The ovum was removed with the placental forceps and finger, its complete removal being accomplished by the use of the douche-curette, through which a stream of hot creolin mixture constantly flowed. The uterus was then tamponed with iodoform gauze, which was removed twenty-four hours afterwards and the uterus douched with creolin mixture. An uninterrupted recovery followed.

I desire to emphasize by the description of these cases the practical considerations which pertain in the treatment of incomplete abortion. Unless the physician is in possession of the complete ovum, no