

was just as constant whether she took anything down or not, I felt sure that she would soon die. M. Gueniot (Cazeaux, p. 468) collected 118 cases of which 72 recovered and 46 died. They were all serious cases.

#### CURED.

Without aborting and after an extremely varied treatment.....	31
After spontaneous aborting.....	20
After provoked abortion or confinement.....	21

#### DEATHS.

Without abortion.....	28
After spontaneous abortion or premature delivery.....	7
After provoked abortion.....	11

As the prognosis becomes more serious every moment we delay, these last 11 deaths might have been cures if abortion had been brought on before the woman's case became desperate.

*Treatment Medical.* I began with a mixture containing morphia, subnitrate of bismuth, acacia and pepsine. As it increased the nausea, I left the morphia out, and substituted acid hydrocyanic and spirits of chloroform. As she could not keep this down, I tried tablets of different kinds, but with no benefit.

*Dietetic.*—For several days before I saw her she had been taking milk and soda water; but she could not keep it down more than a few minutes. I tried milk and lime water, and she kept this in teaspoonfuls for two days, but she turned against it; beef tea she could not even swallow, and at last she was reduced to sucking small pieces of ice, which she vomited as soon as it became warmed. I then began rectal alimentation with peptonized milk and beef tea and a little brandy. She rallied a little on this, but the rectum becoming irritable she could not after two days retain it longer than a few minutes, and she was so low that I did not dare to introduce morphia with it.

*Surgical.*—I began by applying a blister to the epigastrium. I then cauterized the erosion on the os uteri with solid nitrate of silver. Both of these measures proved futile. She was now reduced very low. She was consumed with a burning thirst which she could not assuage. Her bowels had not been moved for many days, and she was distended with flatus, neither of which conditions were relieved by copious enemata, or turpentine stupes on the abdomen. She had a horrible taste in her mouth which made her loathe herself, and she

prayed that she might die. Her temperature began to fall below normal and delirium set in, so that by the 23rd I felt sure that surgical gynecology alone could save her, and I determined to clear out the contents of the uterus. Whether the vomiting be due, as some think, to reflex irritation of the sympathetic nerves of the stomach due to pressure on its uterine filaments by the growing and distending uterus; whether it is due to hardness and lack of distensibility of the uterine walls; whether it is due to disease of the lining membrane of the uterus, which I think is the cause, or to disease of the ovum, I am convinced that the surest and safest way to put an end to the trouble is to turn the contents of the uterus out. This is the view held by Veit of Berlin, whom I witnessed performing the same operation for the same cause. Neither is provoked abortion in skilled hands an at all dangerous proceeding, if the preliminary dilatation of the uterus is performed with thoroughly aseptic tents and the uterus and vagina are kept aseptic both before and afterwards by means of frequent antiseptic irrigations. There is no danger from hemorrhage because the uterus will surely be made to contract by irrigation with very hot water.

On the 23rd Oct., therefore, I called Dr. Gardner in consultation, and he was perfectly satisfied that her condition was desperate, and that an abortion was an immediate necessity. The patient was placed on a table in Sim's position, and he introduced a carefully carbolyzed sponge tent, without the aid of ether. It caused very little pain; but when he removed it next day, the 24th Oct., it was constricted at the internal os which had to be further dilated with a Goodell dilator, in order to allow a large sized tupelo tent to be introduced. On the 25th the os was well dilated; the patient was placed on the table and the uterus and vagina well washed out with sublimate solution 1 to 2000. She was then anæsthetized with the A. C. E. mixture, which acted most satisfactorily, and Dr. Gardner skilfully removed the ovum and a considerable part of the uterine mucous membrane with spoon forceps. An irrigator with 1-5000 sublimate solution as hot as could scarcely be borne by the hand was in readiness with a Fritsch-Bozeman return flow uterine catheter attached, and the moment the ovum was removed, and while the blood was pouring out of the uterine sinuses, the catheter was introduced to the fundus, and the water turned on, when we had the pleasure of seeing the flow of blood instantly arrested, and the