tion of a large uterine sound may be impossible a few hours after the actual escape of the embryo has taken place. This condition of contraction of the uterus with retention of a portion of the ovum is among the most trying and dangerous conditions which the physician is called to meet in obstetric practice. Radical statements are frequently made to the effect that such a woman is in immediate and great danger, and that the physician should not rest until the uterus has been forcibly dilated and the ovum eradicated. While there is danger in delay, if that delay be not accompanied by the observance of antiseptic precautions and by a judicious study of the processes by which nature treats these cases, there is greater danger in unwarranted interference, inflicting traumatism upon the genital tract, and exposing the patient to the added danger of septic contagion. It is a familiar fact that the uterus seeks to expel a foreign body, and that, sooner or later, a polyp which has become separated, a dead fœtus, a tampon introduced within the uterine cavity, are expelled by spontaneous uterine contraction. If this hint be taken, the practitioner will abstain from forcibly dilating a uterus holding in firm contraction a retained placenta, but will take advantage of the spontaneous relaxation and expulsive efforts of such a uterus, which, sooner or later, will bring the retained material within convenient reach of his finger or instruments. It cannot be too strongly insisted upon that such a policy is unsafe without the observance of absolute cleanliness and, better, antiseptic precautions. As illustrating the principles of treatment in thes ecases, I report the following instances of incomplete abortion, recently under treatment in the Maternity of the Jefferson Medical College Hospital:

Mrs. T., an anæmic, ill-developed woman, a multigravida, was brought by the ambulance to the Maternity in a condition of shock and collapse caused by profuse hemorrhage. The history given by the ambulance surgeon was that he had been summoned to the patient with the statement that she had just aborted at an early period of gestation; there were evidences of profuse and recent hemorrhage. The patient was made as clean and comfortable as possible, and brought at once to the Maternity.

On admission, she was exsanguinated; her pulse scarcely perceptible at the wrist; the surface of the body cold and clammy, her respiration sighing and feeble. Slight hemorrhage was present from the genital tract. The resident physician, Dr. Spencer, at once made an examination, finding the cervix uteri impervious to the finger without the exercise of considerable force. He accordingly tamponed the os uteri and vagina with iodoform gauze, carrying the end of the strip of gauze just within the cervix. The patient was then stimulated by hypodermic injections of strychnine and digitalis, by the external application of warmth, and the internal administration of alcohol and hot fluids. Two and a half hours after admission, the patient had reacted, and complained of slight uterine pain. The gauze tampon had become saturated with fluid blood, and slight oozing appeared at the vulva. As the patient's condition was favorable, and as the persistance of uterine pain since her admission gave reason to hope that if a portion of the ovum had been retained it would be found accessible, the patient was placed across a bed and the genital tract thoroughly irrigated with a one per cent. mixture creolin and hot water, at a temperature of 100° F. Digital examination revealed a small placenta in the cervix uteri, which had dilated sufficiently to admit the finger with ease. The placenta was removed by the finger, and the interior of the uterus thoroughly but gently curetted with the douch-curette, through