

In cases of inevitable abortion the indications are to control hemorrhage and to secure complete evacuation of the uterus. These indications are best met by the use of the vaginal tampon. Properly applied the tampon will surely control hemorrhage; further it hastens the complete separation of the ovum by causing an accumulation of blood between the uterus and the membranes, and, as said before, it is a powerful excitor of uterine contractions. Moderate doses of ergot are recommended, but I cannot countenance its use in any way. The tampon, if well applied, will arrest the hemorrhage until the uterus is emptied, and after that hemorrhage will cease spontaneously. Ergot retards the progress of the case by contracting the circular fibres of the inner or what subsequently becomes the retraction ring of the uterus, and should the foetus come away without the membranes, as is frequently the case when the abortion is at the third month or a little later, it is almost certain to prevent their subsequent extrusion, and we find ourselves with an incomplete abortion on our hands.

I do not hold with those who teach or practise the immediate and complete evacuation of the uterus the moment it is decided that the foetus cannot be saved; a physiological process has been set in motion, and with a little assistance it may be left to physiological laws with safety. Of course there are cases or circumstances which may arise, and which may demand immediate action, but they are the exceptions and as such are to be so considered. Relying on a rigid aseptic technique on the part of the genital tract, on the part of the obstetrician and on the part of the methods employed by him, the case will come to a favourable termination without surgical interference, a form of interference which always brings consternation to the patient and her friends, and is in itself not without danger. It occasionally happens that after the foetus has come away, and with it possibly some of the membranes, uterine contractions cease, and the os becomes partially contracted, leaving on our hands for management an incomplete abortion. At this time if a pair of placenta forceps can be introduced with ease within the uterine cavity, the membranes may be grasped within its jaws and extracted, but even after the insertion of the forceps it is often no easy task to remove even a considerable portion of them. Here, too, I