SURGICAL.

THE TREATMENT OF ABORTION.

By Herbert Marion Stowe, M.D., Chicago,
Surg. Gynecol. and Obstet., January,
1910.

This article covers certain phases of the subject very fully, besides giving a brief report of 750 cases occurring in the outdoor department of the Chicago Lying-in Hospital. The author first calls attention to the importance of treating all cases of uterine hemorrhage accompanied by intermittent pelvic pain in a woman of child-bearing age as acute abortion. The diagnosis and treatment of threatened abortion are discussed, emphasizing absolute rest in bed until all pain and hemorrhage have ceased.

Treatment of inevitable abortion depends on conditions:

1. *Cervix closed. Fetus and decidua in utero. Hemorrhage.* Treatment of election is expectant, employing the vaginal tamponade, preferably of cotton.

2. *External os closed. Fetus and decidua in cervix and uterus. No hemorrhage.* Dilate external os, tampon vagina and leave to nature.

3. *Cervix dilated. Fetus and decidua in utero. Hemorrhage.* Where hemorrhage demands interference use gloved finger as curette. Detach and remove manually or by Hoening's abdominovaginal compression. Packing is usually unnecessary. Best in second and third months.

4. *Cervix dilated. Fetus and decidua in utero. No hemorrhage.* Prolonged retention is dangerous. Empty the uterus.

5. *Cervix closed. Fetus expelled. Decidua in utero. Hemorrhage.* Dilate cervix. Steel dilators must be used with care. Danger of sepsis from laminaria tents. Where immediate removal is not urgent, use uterovaginal tamponade. Digital curetage is to be preferred. Steel curette never to be used in presence of extra-uterine puerperal sepsis.

6. *Cervix closed. Fetus expelled. No*

hemorrhage. Dilate with cervicovaginal tampon or manually. Mass is removed manually combined with Hoening's method.

Ergot should not be used until uterus is empty. If all masses palpable to the finger are removed the curette is unnecessary. In sepsis no local manipulations are advised unless the infection is limited to interior of uterus. Provide drainage and let alone. After treatment is along well established lines.

R. W. B.

THE PRODUCTION OF SHOCK BY ELECTRIC STIMULATION OF THE ABDOMINAL SYMPATHETIC GANGLIA.

By E. S. Fowler, M.D., and R. M. Parker, M.D., Chicago, Ill. Surg. Gynecol. and Obstet., January, 1910.

This article gives the results of twenty-nine experiments performed on dogs to show conditions under which it is possible to produce shock or collapse by irritation of the abdominal sympathetic ganglia. It is demonstrated that other devitalizing influences must be present, such as lowered temperature and hemorrhage. By a loss of 2 per cent of the body weight in blood the animal is rendered susceptible to death from shock when the coeliac and superior mesenteric ganglia are stimulated with 20 milliamperes, galvanic current, for about ten minutes.

The authors are convinced that undue manipulation of the abdominal viscera, and exposure to cold during the operation, make for the same result. Also, that it is immaterial whether the method of weakening the animal is by means peritonitis, hemorrhage, or any kind of trauma that produces the requisite shock, and that it is immaterial whether the final and fatal shock is from an electric current applied to the abdominal ganglia, or to any other part of the body, or whether the shock is produced in any other way, the result will be fatal when the limit of endurance has been reached.

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