healing of the already injured surfaces. To this end we are to endeavor to control hemorrhage and uterine contractions. Along this line you are all well acquainted with the routine practice;—absolute rest and quiet, a cool room, light clothing; the use of nerve sedatives such as chloral, the bromides, phenacetine; uterine sedatives such as cannabis indica, viburnum prunifolium, hydrastis and hamamelis; small doses of ergot, are all recommended and, doubtless, have given excellent results in some cases. My own experience leads me to believe that if a large dose of opium—and when I say opium I do not mean its extracts or alkaloids—sufficient to make a decided effect on the patient, and the effect kept up for some time, does not suffice, nothing else will. Local treatment and manipulation is to be severely avoided, particularly the introduction of a tampon with the idea of quieting hemorrhage. The use of a tampon is, in my mind, fatal to successful results. It stimulates uterine contraction, while the retained blood tears up the placental attachments still farther. This in its turn increases the hemorrhage and stimulates further uterine contraction, so that our threatened abortion becomes one that is inevitable.

Whether through my fault or my misfortune, I see but few cases of threatened abortion, and when I say *threatened* I use the word as synonymous with *preventible*. A very large percentage of them, even though they when first seen have but the symptoms laid down in our text books as those of preventible abortion, do not react to treatment. Even though the case looks hopeful at first, a visit a few hours later, if one has not earlier been hastily summoned because of violent hemorrhage, reveals a condition which at once makes it evident that the case is now one of inevitable abortion and must be treated accordingly.

In a great many cases abortion seems inevitable from the beginning, yet there are some cases which prove to be inevitable when seen that might have been avoided had the case been seen earlier. Those peculiar premonitory symptoms—a slight chill, a little uneasiness, a feeling of not being quite well, a sensation of discomfort or possibly of a dull pain in the back, are all too likely to be overlooked or to be attributed to something else, and not until a sanious discharge from the vagina makes the patient surmise that is not quite right are we summoned to interfere.