

losis, are methods so well known to you all that more than reference to them need not be made here. It is in cases of habitual abortion in which the predisposing or exciting causes are not apparent that we need advice and counsel. My own ideas are that where there is a good constitution and the general state of the health is good, the uterus is the organ chiefly at fault, and that physiological rest, both local and general, is what is most required. As an example of what I mean I quote the following aggravated case: Mrs. —, five years married, family history good, personal history good on both sides as far as could be made out, the mother of one child, puerperal period normal, aborted at the third month four times inside of three years. Physical examination revealed no appreciable cause. Separation from the husband was advised for six months; the uterus was curetted three times in the interval—once at the commencement of treatment, once towards the middle of the period, and once towards the end. Small doses of iodide of potassium combined with viburnum prunifolium were administered four times a day, together with such instruction as to enforced rest, regulation of the diet, and attention to the bowels as it was believed would give the best results. Pregnancy occurred shortly after cohabitation was resumed, as she did not menstruate again. As soon as pregnancy was established, coitus was prohibited, the medicinal treatment was kept up, all the previous regulations were more fully enforced, rest in bed was one-third the day's duty, and rest continuously in bed for eight days corresponding to the menstrual period fully enjoined. This treatment was continued for six months, the medicinal treatment being dropped for a few days from time to time, after which the patient was gradually relieved from the enforced restraint, and she went on to full term. Since then she has had a second child without any co-existing treatment.

*Threatened and inevitable abortion.*—Text-books tell us that if we are called to a case of suspected abortion and we find the os undilated, the cervical canal unexpanded, hemorrhage not profuse, and pain absent or moderate, the case should be considered as one of threatened abortion, and as such preventible and treated accordingly, our aim being to prevent, if possible, any further separation of the ovum from the uterus, and allow of the