

Without a careful consideration of all these points, a definite diagnosis cannot be confidently made. Unless a definite diagnosis is made, the prognosis must be made comparatively in the dark, and the treatment must necessarily be symptomatic. A definite diagnosis based upon a careful consideration of all the evidence furnished by the methods above referred to enables us to adopt scientific methods of treatment and to give our patient and his friends a fairly sure forecast of what the result will be. Let this be my excuse for the presentation of this article.

JOHN HERALD.

ABORTION.*

THIS subject, though well worn already from repeated discussion, is still one of the most important in the whole range of obstetrics. I do not know that there is a subdivision in the practice of the art which causes more anxiety, or has so many dangers and difficulties in its pathway as abortion. There is probably no one present who has not at some time, possibly very often, stood aghast at the alarming symptoms which have suddenly arisen in a case which, but a short time before, seemed simple enough. I do not think there are many obstetricians who, though considering themselves equipped with the most recent technique, and backed by that feeling of confidence which lengthened experience brings, have not felt that their methods of treatment did not bring about the happy results expected, but, on the contrary, that they signally failed. I have in my mind the woman who habitually aborts, appealing to us for aid that she may experience the pleasures of motherhood and the delights which offspring brings. I have in my mind those cases of threatened abortion where we have to decide whether an effort shall be made to save the life of the foetus, while risking the health and perhaps the life of the mother in the attempt. I have in my

*Read before the Kingston Medical and Surgical Society.