

man has borne one or more children at full term. This is known as a "habit of aborting," and is often most rebellious, even to well-directed treatment.

Whatever may have been the cause of the first case, we can only conclude that the endometrium has not regained its pristine condition, and is not capable of nourishing the ovum, or perhaps of retaining it. In a large number of instances, I am satisfied that this is due to that notorious pathological condition known as subinvolution.

While it is true that pregnancy offers the only hope of cure for this condition in a vast majority of cases, yet in the case we are now considering of repeated abortion it is this very thing, oft-repeated pregnancy, which is so much to be deplored, because sufficient time is not given for the uterus to regain its normal nulliparous state, and the waning strength of the patient from possibly repeated hemorrhages and constant illnesses is a prime factor in preventing proper and normal involution. Attacking this unhealthy endometrium by swabbing the uterus out with some moderate escharotic is followed by the best results in some cases; accompanied by change of air and scene, seaside resorts, an ocean voyage, moderate exercise and plenty of fresh air and good stimulating food, and, above all, a complete daily evacuation of the bowels in order to prevent vascular stasis in the pelvic organs, and to promote in them a healthy nutrition. All these must be tried and persevered in. With all this, if the patient remain at her home, absence of sexual intercourse must be insisted on for six or eight weeks.

In that other class of cases where no good cause can be assigned, but still the fact remains, we must be guided solely by general and common-sense principles. The nervous system seems sometimes to be at fault. It is here that rest is followed by the happiest results—rest on the back for an hour at a time, at intervals; but, more than all, complete bed rest for some days at the menstrual epoch is demanded, with such other means as will lead to diminish a special irritability, if such a cause is suspected.

What steps shall we take to avert a threatened abortion? The cardinal symptoms indicating this event are hemorrhage and grinding pains, often at first referred to the sacral region, and, later on, occurring in the hypogastrium.

It is true that abortion may happen without both these symptoms existing together, and hence if in a known or suspected case of early pregnancy only one of these symptoms presents itself we may at once place the patient on her guard, and prescribe at least one very important line of treatment, viz., perfect rest in bed on the back. It is quite impossible in most cases to determine whether the ovum is dead or not, and yet if we can once feel assured that it is our line of treatment must be quite different from that we would pursue if the case is one of slight separation of the decidua; be-