

the *Dict. de Medec.* is as follows: "A provoked abortion, under whatever circumstances it occurs, being a homicide either actually or by anticipation, but always culpable, it is evident that every one who assists in procuring it, either physicians or surgeons or midwives, sins grievously, as do also those who advise the crime. But in an exceedingly grave case in which the mother and child run an equal risk, and in which we can only save one by sacrificing the other, which should we kill? The child, according to the opinion which seems to predominate in the Academy of Medicine of Paris. The reasons given by that body are not those accepted by Theology, which reasons thus: 'The fœtus is a living human being, and it is never allowable to take away the life of one person in order to preserve the life of another; the child cannot therefore be killed to save the life of the mother. Moreover, we may add that the child would be unduly deprived of spiritual regeneration and those supernatural advantages which follow it, and to which it is entitled through the Redemption. We must not say that between two evils we must choose the lesser.'"

The moral principle by which we must be guided in this case is that one is never justified in doing wrong in order that good may come of it. But to kill a human being intentionally is a crime. We are aware that certain doctors of the faculty of Paris, consulted in 1733 on this point, replied that only considering the justice of the matter we have the right to sacrifice the mother to save the child, every one having the right to defend his or her life against whatever would destroy it. But this reply has since been frequently refuted, and the Sacred College has forbidden it to be taught in the seminaries.

"Si alteri subvenire non potest nisi alter laedatur commodius est neutrum juvare."

My two colleagues being devout Catholics were bound by this decision, if they believed the woman to be still pregnant. But they were so convinced that she had already aborted that they had no hesitation in assisting me to curette the uterus, which was accordingly done on the 26th July with the result that a living ovum was brought away, and the uterus thoroughly curetted and packed with iodoform gauze. The effect upon the woman was magical. In the patient's own words: "In a

quarter of an hour after the operation I took two teaspoonfuls of brandy and water, which I kept down, this being the first time that I had kept even water down since six weeks. Next day I took six tumblers of water, which I also kept down, and to-day I am able to go a mile to the doctor's office, although it is only three weeks since the operation."

In the light of the success which I have had in these three cases, I cannot understand any one deliberately allowing a woman to die from uncontrollable vomiting of pregnancy without at first having applied the only rational and certain method of treatment, curetting of the uterus.

It is not, however, an operation which should ever be resorted to without first holding a formal consultation with one or two other medical men, for otherwise it might be liable to be abused. In the cases in which I am advocating it, the consultation is more a matter of prudence than anything else, for one look at the patient's face or one touch of her pulse makes it evident that she is about to die unless saved by speedy surgical intervention.

It is worth emphasizing the fact that we must not take it for granted that the patient is not pregnant, or that she has miscarried. In a case recently reported in Philadelphia, the patient was a widow, and above suspicion, and yet she died of uncontrollable vomiting of pregnancy, owing to the operation being delayed too long: and in my third case, reported in this paper, two able practitioners were convinced that she had miscarried owing to her having introduced a stick of solder into the womb, and the tremendous hemorrhage which ensued. Nevertheless she was still pregnant. So that in any woman of a child-bearing age, suffering from vomiting which cannot be controlled, I would deem it well to consider it due to pregnancy until proved otherwise.

IMMEDIATE CAPSULOTOMY FOLLOWING THE REMOVAL OF CATARACT.*

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All ophthalmic surgeons endeavor to obtain perfect vision after the removal of a cataract. On account of its prevalence, the loss of one of the

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