

this instance it was followed by immediate and permanent relief, but failed in all subsequent cases.

Hennig, writing in the *Munchener Wochenschrift*, regards the condition as a neurosis, and has rarely found dilatation successful. In those of a decidedly hysterical tendency success may follow a profound mental impression. I have succeeded in obtaining immediate relief in a young primipara with severe vomiting by threatening operative procedure. But all these will fail in the majority of severe cases. When other measures have failed, and the exhaustion of the patient cannot be arrested, the only remedy is the emptying of the uterus. This should never be delayed so long as to put the patient in a state of imminent peril. It must always be remembered that the nausea, which is incessant in these cases, is equally as pernicious as the vomiting, so that the frequency of vomiting may not be a good guide in estimating the gravity of the case. The presence or absence of nausea is an all-important fact. Speaking in a general way the patient who vomits frequently without nausea in the intervals will not lose so rapidly as the one with incessant nausea.

In a patient with vomiting of pregnancy the uterus should be emptied before the patient reaches that state of exhaustion that death follows even after labor is induced. Paul Dubois met with twenty fatal cases in thirteen years. That such cases with a removable cause so frequently terminate fatally is a reproach to medicine. Each case must be considered on its merits. A degree of vomiting, which in one individual causes a slow physical decline, would in another of less resisting power be rapidly destructive. In the severe cases it is customary to view too seriously the responsibility assumed in sacrificing the fetus, forgetting altogether the danger in which the mother is placed so long as the cause remains. In the case of a first child, in a woman near the menopause, or where great interests are involved, such as succession to a title or estate, the retention of the fetus until viable may be urgently desired. But in the majority of severe cases the distress is so acute and the conditions so alarming that radical treatment is favored or demanded, and any failure on the part of the medical attendant to grasp the seriousness of the situation should be viewed as a grave dereliction of duty. The ultra conservative treatment of the severe vomiting of pregnancy in deferring operative measures until the patient becomes so reduced that she may die, even though labor be induced, is not demanded by any feelings of humanity, and is certainly opposed to the spirit of progressive medicine.