too severe or too prolonged; but it can not be too absorbing or too interesting. Washing dishes is perhaps about the commonest and yet the most impossible kind. If she lives by work, play, love and worship she is apt to keep down 95 per cent. of three meals a day for nine months. If she lives by work alone, or worse still by none of these, she is apt to have neurotic, reflex, and toxemic elements in her morning sickness, and to have it become pernicious.

A warm drink 15 or 20 minutes before lifting her head from the pillow in the morning, an ampoule of corpus luteum twice daily to overcome the ovarian insufficiency is likely to suffice as specific diet and drug measures. Not to infringe upon the domain of the hygiene of pregnancy, let us assume a case at the end of the fourth month when first seen in consultation. How is the distinction between reflex neurotic and toxemic to be made? Not by sheer guess work, not by observation that sees with the eye but not with the brain; but by a combination of the three following: 1—A thorough history from the patient herself checked by a reliable relative not in the patient's presence; and a thorough routine examination endeavoring to detcet especially a reflex cause such as malposition, and foci of chronic absorption of toxins. 2—The closest observation and sizing up of the patient by a nurse who is good at judging women, especially pregnant or nervous women, and at expressing to you her findings in terms that will prejudice no one. 3—The determination of the total nitrogen and the ammonia in the 24 hour urine. If the ammonia remains 5% or less of the total nitrogen toxemic vomiting is absolutely ruled out. If it exceeds 15 or 20% it clearly indicates that the patient is seriously ill. If the ammonia coefficient falls after a few days rest in bed 48 hours or more total abstinence from mouth feeding, continued energetic rectal feeding of not over 6 oz. of normal saline containing 1 or 2% glucose and 5% sodium bicarbonate, or 5% alcohol, or peptonized milk or eggs; and moral suasion—the diagnosis of neurotic vomiting is permissible; but if the coefficient remains stationary or rises, one probably has to deal with the toxemic variety, and the diagnosis becomes absolute if torpor, coma, or coffee-ground vomit appears.

For neurotic vomiting the regimen outlined above together with the absolute confidence of the patient in the physician is all that is required. For toxemic vomiting the treatment par excellence is induction of abortion. This should be done as soon as the diagnosis is made. Chloroform should be avoided, and under ether or nitrous oxide a vaginal hysterectomy, or in the case of a soft and patulous cervix, the use of Goodell's or Hegar's dilators is indicated.