separating the membranes from the uterine wall. Wednesday, April 30th—No pains. Common No. 10 male elastic catheter inserted and pushed up until about an inch only projected from the cervix. It was left thus in the uterus. May 1st—No pains. Flowing more profusely in the afternoon. May 2nd, 2 p.m.—Catheter still in uterus, pains coming on feebly, pulse 120 and thready, patient pale, face pinched, ears cold. Strychnine was given freely and saline enemata. A little chloroform at midnight enabled me to scoop out ovum and membranes entire with the finger. Ovum obtained was about nine weeks old. May 3rd—Patient weak, pulse 110, but able to retain nourishment. She has since been making a good recovery with no complications.

It would be well to note:

1. The early onset of the severe vomiting when about two weeks pregnant.
2. The length of time (six weeks) without nourishment by the stomach.
3. The advisability of early rectal feeding.
4. The uselessness of medicines and all non-operative measures in this case.
5. The difficulty in producing abortion.
6. The immediate improvement when the cause was removed.

From a study of this case one feels that no one method of treatment is reliable. Saline enemata are useful but not curative. Each case must be a law to itself, but it would seem foolish with our patient extremely weak to wait day after day. If we fail then we almost certainly will lose the case. If we must make mistakes let them rather be a little early than a little late. Common horse sense tells us what to do, namely, to remove the cause and our doing so will in these severe cases help to keep down our percentage of failures.