

A CASE OF VOMITING OF PREGNANCY.

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The case about to be reported is no doubt an exact counterpart of many another case, but it may be of interest from the fact that the new treatment, viz., the use of saline enemata, credited to Condamin in the April issue of the PRACTITIONER, had been thoroughly tried for ten days prior to my having read the report of his cases. It was not successful in this instance.

Mrs. A. B., aged 22 years, came to my office about middle of March complaining of continuous nausea, soreness of the epigastrium, and of a lump moving from the stomach to the throat. Patient was of slight build, in appearance not at all rugged. Family history good. She has had previous good health except for severe attacks of dysmenorrhea. Questioning elicited the fact that the last menstruation had been missed some two weeks before. A diagnosis of probable pregnancy was made. Directions as to diet and the general management were given and a mixture of bismuth with an alkaline stomachic prescribed.

March 31st. Saw the patient at her home. She tells me she has been unable to retain any food for a week and a half. Examination reveals a poorly developed cervix, a pin-hole os and an anteflexed uterus. Absolute rest in bed with rectal feeding and saline enemata was continued for ten days. Patient was free from excessive vomiting the first three days but nausea was continuous. She became steadily worse. All the medicines catalogued were tried in succession. If any practitioner has a fond hobby in any one drug I would be pleased to hear of it and tell him of its effect in this case. In conjunction with medicinal measures, blisters were applied to the epigastrium and on the neck, the cervix was thoroughly dilated, cocaine and carbolic acid applied and the cervix bled by multiple puncture. I advised consultation towards the end of April with a view of producing an abortion. My consultant advised waiting and we tried other medicines without effect. On Sunday, April 27th, we agreed to produce abortion. Patient was at that time very thin, irritable, despondent and very weak, temperature 98, pulse 96, weak and compressible. After rendering everything aseptic a sound was passed well up to the fundus and moved around freely. Some flowing followed, Monday, April 28th—No pains; sound passed again. Tuesday, 29th—No pains but a little flowing. Patient was given strychnine hypodermically and saline enemata with foods, temperature normal, pulse 110. Dull curette was used with the idea of