

sists in: 1. Protecting the patient from injuring herself, by placing something between her teeth. 2. Trying to avert or modify the convulsions. The remedies most efficient for this purpose are:—

Chloroform, which is equally safe and efficacious. In one case Dr. Atthill kept a patient under chloroform for eight hours without a convulsion occurring; but as soon as chloroform was withdrawn, the convulsions returned in a modified form. By this means you are often enabled to tide the patient over until delivery has been effected, and the cause of irritation removed from the uterus.

Chloral is now largely used. To be effectual it must be given in large doses of grs. xxx or grs. xl. If the patient cannot swallow, it does very well administered *per rectum*: or it may be given hypodermically; but is very irritating, and is apt to set up cellulitis at the point where it is injected.

Counter-irritation over the loins is invaluable. *Purging* must be resorted to in order to relieve as far as possible the renal congestion. One or two doses of croton oil, which can in general be got down without much difficulty, answers best in such cases.

As the fœtus is the great cause of irritation, delivery must be effected as soon as possible, either by *forceps*, if the os be well dilated, and the head below the brim; or by *turning*, if the head be above the brim, and the os not well dilated.

That operation should be selected which, under the circumstances, will require the least handling, and will cause the least degree of irritation to the irritable uterus.—*Dublin Med. Press and Circular*.

THE VOMITING OF PREGNANCY AND ITS TREATMENT.

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Although a secondary or reflex manifestation, the vomiting of pregnancy is of such frequent occurrence, and often obstinate persistence, as to have acquired a name and a place in medical literature.

We know that pregnancy, in perhaps a large majority of cases, if, indeed, there is an exception, gives rise to morbid conditions of some organ or organs, continuing during a part, and sometimes the whole term, of gestation. There is a susceptibility of the system to excitement during pregnancy that does not exist at other periods, owing, no doubt, to the intimate connection of the organs of generation with the cerebro-spinal and the ganglionic systems of nerves. The functions of the brain, those of respiration, circulation, secretion, digestion and nutrition, may one or all be disturbed by conception and the development of a new life within the old.

The stomach is usually the first organ to sympathize, and it is generally independent of any noticeable change of temperature or disturbance of circulation. This sympathy of the stomach is of various degrees of intensity, from a fasti-

dious taste and appetite to nausea and vomiting. The period after conception at which this disturbance commences, and the length of time it continues, vary in different individuals as well as in the same subject in succeeding pregnancies. While in some persons the nausea, or morning sickness, as it is sometimes called, commences almost immediately after conception, with the majority it does not begin until from the third to the fourth or sixth week of gestation, and usually terminates at about the fourth month. It sometimes continues more or less severe until the termination of gestation. There are others in whom this reflex disturbance is not severe: the fifth, sixth, or seventh month of utero-gestation, and yet others who are free from this sickness throughout the whole period of pregnancy.

The violence and frequency of the vomiting are sometimes so intense and persistent as to destroy the life of the patient. Cases have been reported where, from the inability of the stomach to retain the least particle of nourishment, death has resulted from starvation. Dr. Marshall Hall speaks of a case which occurred under his notice, but not in his care, in which "the vomiting continued in spite of every remedy which intelligence could suggest, and which terminated fatally at the seventh month." The reported cases are numerous where death was averted either by spontaneous or induced labor.

A case is reported in the *Lancet* for 1838, of a lady who soon after her marriage ceased to menstruate, and became affected with morning sickness, which soon became so violent that nothing could be retained by the stomach. In this case, the report says, "the disorder was strangely attributed to disease of the pylorus. The sickness and extreme emaciation were the only symptoms present; after death no morbid appearances were found in any part of the body; a fœtus about four months old was in the uterus." This patient, it would seem from the foregoing statement, was literally starved to death. Dr. Davis, in his "Obstetric Medicine," relates similar cases. Dr. Dance, of Paris, reports a case that, "during the second month after the arrest of the catamenia, was harassed with almost constant vomiting, rejecting everything she took, whether liquid or solid, rapid emaciation following. Tongue clean and moist, no febrile symptoms present, no tenderness of the epigastrium on pressure, sleep interrupted, habitual constipation, vomiting both night and day. The matter ejected was of a greenish or limpid character, and small in quantity. The patient did not think herself pregnant, and there was no enlargement of the hypogastric region. All remedial measures were used without benefit: ice internally and externally, leeches, blisters, anti-emetic draughts, opium internally and externally, and twenty other remedies, without having the slightest effect in checking the vomiting. Emaciation in this patient by the end of May had made great progress; and