

dous chemical changes. It is certainly from the venous sinuses of the placental site that the embryo derives its chief nourishment, and into which its effete material is emptied. The ordinary circulation of the blood through the sinuses to a certain extent provides for change in the supply, but owing to the retardation of the blood-current from the dilatation of these sinuses there must be a certain residuum, which, as it becomes surcharged with effete material, probably acts in some way as an irritant and stimulates the uterus to contraction and thus to a certain degree the organ may be said to empty itself.

In studying two cases of pregnancy with vomiting which I have attended recently, my attention was arrested by certain phenomena which seemed to me to be explicable only on one hypothesis.

In the first of these cases, a primipara, æt. 40, nausea and salivation occurred throughout the whole period of gestation. At intervals the vomiting was extremely severe, at one period the prostration resulting was so intense as to make it seem probable that the pregnancy would have to be terminated by the induction of abortion. I noticed that the severer attacks of vomiting occurred at certain intervals, which, on questioning the patient, I found corresponded to the menstrual epoch. On one occasion I precipitated a severe attack of vomiting when examining the breasts; on another a vaginal examination produced the same result, though on both occasions the patient had been fairly well for several days previous.

In the second case, also a primipara, the patient complained that her breasts were excessively tender, particularly the left, and on my examining this breast the patient was seized with a severe attack of vomiting. A vaginal examination produced the same result. The uterus was found to be unusually sensitive, and the left ovary was very tender. This patient had previously suffered from dysmenorrhœa, the pain being chiefly located in the left side. While talking with this patient I noticed that the nausea occurred in paroxysms, separated by a considerable interval, in which she said she felt perfectly comfortable. The patient, as long as she was kept quiet, either on a lounge or in bed, rarely vomited, though she still suffered from paroxysms of nausea. She noticed that after walking about the paroxysms occurred more frequently, and very often terminating in retching.

The hypothesis which to my mind affords the best explanation of the phenomena observed in the two cases mentioned is that rhythmical uterine contractions were the primary cause of the reflex irritation which resulted in paroxysmal nausea and vomiting.

In the first case, where the attacks of vomiting were more marked,