That uterine displacements may occasionally be the cause of the conditions is apparently demonstrated by the fact that the vomiting sometimes ceases immediately upon the replacement of a retroflexed uterus. This conception was particularly elaborated by Graily Hewitt, who published extensive monographs upon the subject in 1871, 1885, and 1888, in which he clearly demonstrated that certain cases, at least, were due to displacements of the uterus and could be cured by restoring the oragn to its normal position. Following the publication of Hewitt's last monograph, his view has never lacked supporters, as is evidenced by the teachings of Guéniot in 1889 and Lwow in 1900.

From my own experience, I can state without hesitation that in exceptional cases, a retroflexed uterus may be the exciting cause of the conditions, and in such cases vomiting ceases immediately after its replacement. At the same time it must be admitted that this is not a common etiological factor, since in the vast majority of patients with retroflexion of the pregnant uterus, even when symptoms of incarceration are present, vomiting is lacking or at least no more severe than in women with perfectly normal genitalia.

Dance, in 1827, in one of the earliest autopsies performed upon a woman dying from hyperemesis, noted an abnormal thinness of the uterine wall; and since then occasional advocates have been found for the belief that the vomiting is due to undue distension of the uterus, a view which was held in part by Schroeder. While it cannot be denied that such an explanation may occasionally hold good, as is apparently demonstrated in some cases of hydramnios and twin pregnancy, it must nevertheless be admitted that it is not of universal application, and even in those cases in which it appears most probable, conclusive evidence cannot be adduced in its favor.

Horwitz, in 1883, pointed out that in certain cases the vomiting appeared to be due to inflammatory conditions of the muscular wall of the uterus, which in several of his cases was associated with peritoneal involvement. Whether these lesions were really the cause of the condition, or should be regarded merely as accidental complications, cannot be decided, though the evidence at present available makes the latter probable. Tuszkai in 1895, rehabilitated the theory of peritoneal irritation with only partial success. At the same time there can be no doubt that abnormal conditions of the uterus certainly favor the occurrence of vomiting.

The uterine origin of vomiting was likewise advocated by Martin in 1904, who stated that the majority of cases should be attributed to hyperæmia of the uterus and its impaction in the pelvic cavity; while Evans, of Montreal, taught that the ordinary morning sickness was probably connected with the rythmical contractions of the organ.