infection. Notwithstanding these apparently poor results, which he held were due to the fact that interference had been delayed so long that death was practically inevitable no matter what line of treatment was adopted, Dubois contended that abortion was the rational treatment and should be induced before the patient's condition becomes absolutely hopeless, and was urgently indicated under the following conditions :—

1. When the vomiting is incessant.

2. When emaciation is rapid and the patient so weak as to be obliged to keep her bed.

3. When she faints upon the slightest exertion.

4. When pronounced alterations occur in her features.

5. When there is marked and continuous fever and an excessive acidity of the breath, which cannot be relieved by treatment.

The next important contribution to the subject was the monograph of Guéniot in 1863, in which the author collected from the literature 118 cases of pernicious vomiting with 46 deaths, and carefully analyzed them from the point of view of etiology and treatment. Concerning the former, his conclusions were not very satisfactory, but on the other hand he taught that the induction of abortion was urgently indicated in severe cases, and should be resorted to as soon as medicinal treatment proved unavailing and the patient was perceptibly losing ground.

The work of Dubois and Guéniot greatly stimulated the interest in the subject, concerning which an immense literature gradually developed. Unfortunately the contradictory statements of the various writers have simply served to accentuate the fact that their knowledge concerning the etiology of the condition was very fragmentary and imperfect; while the manifold recommendations as to treatment indicate that they either were practically worthless, or that several types of vomiting with varying clinical histories had been grouped together in a single category.

Leaving out of consideration all cases in which the vomiting is dependent upon conditions which have nothing to do with pregnancy, and limiting our attention only to those cases in which it is apparently due solely to the pregnancy itself or to some lesion of the generative tract—in other words adopting the distinction of Matthews Duncan between vomiting in and vomiting of pregnancy—I hope to be able to show that the evidence at present available seems to justify the differentiation of three distinct types of vomiting or pregnancy, namely: reflex, neurotic, and toxæmic, each of which is dependent upon different etiological factors and demands especial methods of treatment.