

so produced so effects the mother as to diminish or abolish the nauseating after-effects of chloroform. The ease with which this anesthetic may be administered to a pregnant woman, even at a very early period of her pregnancy, and the rarity of nausea following its administration, are familiar to everyone. That some antidote to the nauseating effect of chloroform is present would seem the most reasonable explanation of this phenomenon. Again, there can be no doubt but that renal insufficiency is not enough to account for the conditions met with in eclampsia. Some specific toxin is present in the maternal blood as a result of fetal metabolism. From this it is no great stretch to believe that in the severe and dangerous forms of vomiting met with, and to which the term pernicious is applied, some toxin is present provocative of the symptoms, and in support of this I offer the following case :

Mrs. K—, aged 26. She miscarried at three months in her first pregnancy, during which time she suffered from severe, but not alarming vomiting. Her second pregnancy was uneventful. She was delivered at full term of a healthy child. She became pregnant a third time, and almost immediately suffered from severe nausea. This became more marked during the first two months, and at the end of this period the vomiting was so persistent as to lead her to consult me for its relief. She was a strong, well-nourished woman, not at all neurotic, and exceedingly anxious to carry her child to full term. I prescribed in turn the usual remedies—bismuth bromides, oxalate of cerium, ipecac, etc.—with apparently no effect, with the exception that for a day or two, upon different occasions, she obtained considerable relief following the application of a blister to the spine in the region of the seventh cervical vertebra. About the middle of the third month her vomiting became persistent. Everything taken into the stomach was ejected, the retching being constant, even when this organ was empty and she was being fed per rectum. Her temperature became subnormal, her skin blotchy, as if from degeneration of the blood corpuscles, and exhaustion extreme. These symptoms increased gradually, and were most marked during the second two weeks of the third month, and everything pointed to a fatal issue if she were left unrelieved. She was strongly opposed to any operative interference, and I shared her objection ; but as I thought that dilatation of the cervix might give relief, and not necessarily produce abortion, I determined to have recourse to this procedure. When I pulled down the cervix I was surprised to see oozing from the os—although she had previously not had the slightest discharge either of blood or pus—a thick, purulent discharge, the appearance of which left no doubt in my mind that the fetus was dead and decomposition going on. I dilated the cervix, passed in a curette, and scraped out a lot of broken-down placental tissue. With it came a fetus about the size of one's little finger,