

fully excited the action of the bowels, kidneys and sweat-glands, thereby helping the elimination of toxic matters. Encouraged by his success, Behm determined to use the same method in measles, scarlatina, diphtheria, etc., as well as in uræmia and eclampsia. Shortly afterwards he met with a bad case of vomiting in a strong, well-built primipara, 19 years of age. Vomiting began in the second week of pregnancy. By the end of the third month she could retain no nourishment, and vomited night and day. The usual methods of treatment having given no relief, the salt injections were tried. Every morning the bowel was washed out with an enema, and then at intervals of two hours $\frac{1}{2}$ - $\frac{1}{3}$ litre of warm salt solution (82°-86° F.) was injected per rectum. The good effect was immediate, and in six days the vomiting had ceased entirely and the patient was able to eat ordinary food. The vomiting returned after the injections were stopped, but a further treatment of fourteen days completed the cure. Six cases of vomiting have been treated according to this method, all successfully, five patients being primiparæ. In two of Behm's cases the induction of labor had been advised by consultants. In the first case, the pulse was 120, and the patient had lost 25 lbs. in weight in five weeks. In the second case, 10 lbs. had been lost in three weeks. After discussing the various theories which have been proposed in explanation of pernicious vomiting, the author defines hyperemesis gravidarum as "an intoxication of the blood of pregnant women, proceeding from the periphery of the ovum, most probably of a syncytial nature." The treatment he lays down is rest in bed and tablespoonful doses of iced milk. If this fails, he stops all nourishment by the mouth, clears out the bowel in the morning with an enema and gives 3-5 litres of salt solution in the course of every twenty-four hours. If the bowel becomes irritable and rejects the solution, he adds Tinct. opii gtt xv-xx per litre. When no nourishment is retained, milk may be added to the salt solution, in the proportion of half and half. A salt solution of 0.65 per cent. seems to be more easily absorbed than the stronger 0.85 per cent. solution which Ehrlich states to be normal. If the bowel becomes too irritable to bear the injections, he gives the salt solution subcutaneously, and washes out the stomach with a weak solution of sod. bicarb. By these measures he hopes that in the future hyperemesis gravidarum will be controlled without resorting to the arrest of gestation. He agrees with Pinard in laying down as the formal indication for operative interference, a continuous pulse rate of over 100 along with marked loss of body weight. In the matter of technique he insists that the physician should show the nurse how the injections are to be given. An elastic rectal tube is used, the temperature of