

accentuated, and at the same time the general nervous tension was exalted, hence the increased severity of the symptoms at these periods. My examinations in both cases acted by increasing the uterine contractions and thus precipitated the paroxysms.

The theory which I wish to advance is that the essential exciting cause of the nausea and vomiting of pregnancy is frequently the physiological contraction of the muscular fibres of the gravid uterus.

The contractions of the non-gravid uterus which follow the introduction of the uterine sound not infrequently result in reflexly inducing nausea and vomiting. Intra-uterine applications are frequently followed by cramp-like pains, which are associated with nausea and vomiting. In dysmenorrhœa nausea and vomiting sometimes occur, the explanation being that the effort of the uterus to expel clots and débris reflexly irritates the vomiting center in the medulla. Giles' has noted that in the primipara there is a close and constant connection between the sickness of pregnancy and previous dysmenorrhœa. Vomiting is frequently noted in the first stage of labor, and usually occurs at the acme of uterine contraction.

The over-distended bladder, in its effort to contract, not infrequently reflexly induces nausea; similarly the stomach sets up the same reflex. In ileus an analogous reflex action occurs. Appendicular colic is frequently associated with nausea and vomiting.

Thus we see that any hollow viscus in contracting may set up reflex nausea and vomiting.

The fact that the paroxysms of nausea occur most frequently on first assuming the erect position in the morning has led the laity to apply the term "morning sickness" to this condition. This has also been noted that if the patient, before rising, partakes of a light breakfast, the sickness is not so apt to occur.

"Morning sickness" is, I think, susceptible of explanation: There is probably more or less of an accumulation of effete material in the maternal blood in the morning, which leads to increased irritability of the nervous centers. The effect of assuming an erect position is to bring about a determination of blood to the plevis. This engorgement of the plevic circulation probably leads to more energetic uterine contraction, which, acting reflexly upon the center, produces nausea and vomiting. When food is taken before rising it is probable that considerable blood is determined to the stomach, hence less will find its way to the plevis when the patient stands erect, so that the uterine contractions are apt to be less vigorous than when the patient rises fasting.

It is probable that the beneficial effects of nerve-sedatives in the treatment of this distressing condition are obtained not so much by inhibiting the uterine contractions as by soothing the irritable nervous system and thus controlling the reflex.

I would summarize my conclusions as follows:—

1. There exists more or less of a rhythm in the paroxysms of nausea and vomiting in pregnancy.