

# The Midwife.

## NAUSEA AND VOMITING IN PREGNANCY.

Dr. Victor John Harding, Professor of Pathological Chemistry in the University of Toronto, Canada, contributes to the *Lancet* of August 13th an article of extreme interest on the above subject in support of the theory which he has already put forward with Dr. J. W. Duncan that "the nausea and vomiting of early pregnancy was due to a deficiency of glycogen in the maternal liver. Such a deficiency might be either absolute or relative, *i.e.*, actually lower than normal in amount, or lowered relatively to the fat requirements of the maternal and foetal organisms. All of a series of over seventy cases treated by them improved, and most of them very speedily recovered upon a diet or treatment high in carbohydrate, and thus designed to combat the ketosis from which, with rare exceptions, all the patients suffered.

Dr. Harding now states that "a further two years' experience with the method of treatment has only offered confirmation of the ideas, and to date nearly two hundred cases have been treated by carbohydrate feeding with but few failures. The few failures have been either cases due to deliberate and continued breaking of dietetic regulations, or cases brought in in such an advanced condition of pernicious vomiting that it is doubtful if any treatment would have been of avail."

### A. THE PRIMARY ÆTIOLOGICAL FACTOR.

In the nausea and vomiting of pregnancy there are two periods of occurrence, a major and a minor. The major period involves the first third of the gestation period, and the minor is a diurnal periodicity. Sometimes, but very rarely, the nausea and vomiting extend beyond the third or beginning of the fourth month. Many cases which have been most distressing in their symptoms clear up spontaneously at about this time, and many women, knowing this, acquiesce in the discomfort and distress of their condition instead of seeking relief at experienced hands. In this they have been encouraged, either openly or tacitly, by the inability of the medical profession to aid them in their difficulty, and such an attitude has confirmed their belief that a certain degree of nausea or even vomiting is an inevitable accompaniment of childbearing.

### MINOR OR DIURNAL PERIODICITY.

"The minor periodicity of nausea and vomiting in pregnancy is shown clearly by the use of the designation 'morning sickness,' though all cases do not exhibit this periodicity in the morning. Nevertheless such a periodicity is very common,

and a diurnal wave of nausea is often observed even if the crest is not matutinal. Such intermittent cases pass insensibly into a continuous condition of nausea or vomiting. The rejection of food, both involuntary and voluntary, with the supervening starvation, intensifies and complicates the picture until we come to know it as pernicious vomiting. It is evident from the latter statement that the so-called pernicious vomiting is regarded as a development of the milder form, differing only in degree, and in multiplicity of effects. Indeed, the work on this subject was commenced with the idea of separating the factors involved in pernicious vomiting through a study of its presumably simpler forms."

### STARVATION AND NAUSEA.

In connexion with starvation and nausea we are told that Dorman makes the statement:—

"Small amounts of easily digested food are to be taken every two or three hours, with regular meals omitted. Many patients discover this fact for themselves. *The extremes of nausea come on after a prolonged fast.* Sometimes the evening meal, which is a late dinner, following a light luncheon, is the time of greatest distress. The meal is approached with a great distaste for food and is either refused or rejected after eating. The underfeeding then exaggerates the nausea. A tolerance for dinner may be acquired by taking afternoon tea."

Titus, Hofmann, and Givens, commenting on morning sickness, remark:—

"The first nausea of pregnancy usually affects the patient early each day soon after she arises. *This is after the longest period of fasting in the 24 hours.* An overnight fast can produce only moderate hunger, but any hunger may be considered mild starvation. If eating before making any exertion relieves this morning nausea it is obvious that there is a relation between starvation and the occurrence of the nausea."

### B.—SECONDARY ÆTIOLOGICAL FACTORS.

*Intestinal Intoxication.*—No one can doubt the importance of regular bowel movement in ordinary health, and it is equally important in the pregnant condition. Dirmoser was responsible for the emphasis which has rightly been placed upon this factor, and several cases have come under observation where a certain degree of nausea in a pregnant state has indubitably been due to this cause. To ascribe to intestinal intoxication a primary ætiological importance is, however, to place it in a wrong position.

*Neurosis.*—This factor is undoubtedly an important one; so important clinically that it has been given a premier place by many observers in this field. Nevertheless, it has been here placed as a secondary ætiological factor. A normal pregnancy is marked by heightened nervous reflexes, and an unduly sensitive sympathetic nervous system can only have one effect upon the store of hepatic glycogen. It will result in its diminution.

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