Likewise in dysmenorrhea most remarkable results are reported, 13 out of 16 cases being practically cured by suggestion.

Little is said of the technic of the treatment, but one case reported is of extreme interest. A twenty-year-old nullipara, with normal genitalia, had, since puberty, profuse menstruation and in the past two years, periods lasting 10 to 14 days. She was very anemic and suffered from headache. All the usual treatment had been tried without results. At the first sitting, in an interval between periods, she was hypnotized to complete amnesia, and it was impressed upon her that the periods would never last longer than three full days, and that, as soon as the three days were passed, the blood would be directed to the vessels of the limbs. This suggestion was repeated on three successive days, and the patient was instructed to return after the subsequent menstruation. She knew nothing of what had been said while she was under the hypnotic influence. A few days later she reported that the period had lasted but three days, and it is interesting that she then complained of severe pains in the limbs. Three subsequent menstruations have lasted only three days, and the headache has disappeared.

A further case, of sexual frigidity, was also reported as completely cured by suggestion under hypnosis.

LIEPMANN and SCHULZ: Newer Results in Placenta and Eclampsia Research. Deutsche Medizinische Wochenschrift, 1921, xlvii, 1417.

In previous researches, Liepmann and his collaborators had demonstrated that the placenta contains both a glycolytic and a peptolytic ferment. They also found that placentas from eclamptic patients manifested a toxic action on rabbits not produced by normal placenta. Strangely enough, placenta from a patient who had numerous attacks of convulsion was less toxic than from one who had only one attack, as if the poison had already been spent in the former. By certain precipitins, these placental constituents were demonstrated in the patients' blood.

In the present work, solutions of dextrose and of casein as well as diluted cow's milk were dialyzed through fresh normal placentas at body temperature. In each case there occurred a retention of from 25 to 40 per cent within the placenta. In placentas, inactivated for two hours at 75° C., the retention was practically nil. In using placentas from eclamptic and pre-eclamptic patients, however, it was found that instead of being diminished as in the normal placenta, the amount of nitrogen transfused was actually increased, up to over 700 per cent, while the amount of sugar was diminished even to a greater extent than in normal placentas. This seemed to show that not only the transfused protein is digested in the placenta, but that, in addition, a variable amount of amino-acids and other nitrogen products are given off by the placenta itself, at any rate in the case of an abnormal placenta. Since the placenta thus appears to be the source of toxins in eclampsia, the authors are of the opinion that any form of treatment which does not include emptying the uterus, is illogical.

R. E. WOBUS.


The chief infecting organism attacking the liver during pregnancy and labor is the colon bacillus, less common the staphylococcus and streptococcus. Five reported cases are considered to be infections of the liver. Two cases suggest the possibility of delayed chloroform poisoning, the pertinent symptoms not
appearing until after its use at delivery. One received the anesthetic over a period of eight hours. The three remaining cases conform more to a general type. The onset of symptoms was at or about the onset of labor. The findings were: nausea, vomiting (material frequently stained with old blood), jaundice, clay colored stools, bilirubine, mental symptoms from early irritability to coma and a positive culture of colon bacilli in the urine. The author believes that the common attacks in pregnant woman of malaise associated with muddy complexion, scarcely amounting to jaundice, are mild types of the same infection. Three of the cases recovered. Autopsy on one case showed a liver weighing 36 ounces. Microscopically the midzone of the liver lobule showed marked degenerative changes, the periphery was not markedly involved.

Chloroform was the anesthetic used in all the deliveries. Labor was induced in two cases because of disproportion. Attention is called to the difficulty of diagnosis between malignant jaundice, acute yellow atrophy and this group of ascending infections of the bile ducts. Treatment is directed to the upkeep of the body fluids and elimination.

H. W. Shutter.


A little over two years ago Duncan and the author put forward the theory that the nausea and vomiting of early pregnancy was due to a deficiency of glycogen in the maternal liver. This deficiency being either absolute or relative, i.e., actually lower than normal in amount or lowered relatively to the fat requirement of the maternal and fetal organs. In their present paper they extend and amplify the contention of the previous report. Their work up to date is based on nearly two hundred cases which have been treated by carbohydrate feeding.

They believe that the primary etiologic factor in nausea and vomiting of pregnancy is a lack of glycogen in the liver of the mother. Intestinal intoxication and neurosis are mentioned as secondary factors.

In treating these cases it is advised that the glycogen supply of the maternal liver be kept as high as possible by means of a rich carbohydrate diet. It is also advised to reduce the amount of fat in the diet for some time. The feeding of a high carbohydrate diet is best accomplished by giving a series of small meals, five or six in number. Such diet, however, should not be continued too long. They believe that no fear need exist regarding any possible retardation or lack of fetal growth because of this treatment.

In the more severe cases where food cannot be taken by mouth they advocate the use of 10 per cent glucose solution per rectum, and occasionally if the condition indicates, one liter of sterile 5 per cent glucose solution made up with normal saline, intravenously. The glucose enemata should be continued in most cases until the urine becomes acetone free.

Norman P. Miller.


It has been assumed that the toxemia of pregnancy may be due to a deficiency of carbohydrates in the system and, more specifically, of glycogen in the liver. This is thought to lead directly to a degeneration of the liver parenchyma. In case of excessive vomiting, and the consequent starvation, this deficiency becomes more acute. Further, it has been shown that after carbohydrate starvation, an animal is more vulnerable to a variety of poisons. The work of Davis, Hall and Whipple has demonstrated that pathologic changes in the liver, produced