ing she was taken with unconsciousness and convulsions, brought to the medical Clinic with fever, albumin in the urine, casts and indican, with severe convulsions and spasm. Death speedily followed. Autopsy showed diphtheritic endometritis with thrombosis of both spermatic vessels, the heart muscle degenerated, the liver altered and hemorrhage into the substance of the kidneys. The writer draws attention to the many theories advanced to explain this condition, and inclines to consider it as toxic. In the matter of prognosis, each case must be studied individually, and the entire collection of symptoms critically reviewed.

The Biologic Test for Pregnancy.—PUPPEL (*Monatschrift. f. Geb. u. Gyn.*, Band 39, Heft 6, 1914) in 27 samples of blood from pregnant patients made 32 tests. In 16 the specimen came from a pregnant patient and of these 12 by first test gave a positive result. Several cases of pregnancy or abortion first gave a negative response, followed shortly by positive. In several cases some fault of the apparatus or inaccuracy in the technique was found. In 2 cases of the non-pregnant a positive result was followed later by a negative, and in 1 case of positive pregnancy a negative result persisted. In a case of abortion between the second and third month, where the uterus was cleared, a negative result was obtained two days after the treatment. A case of gonorrhea, 1 of two tuberculous pyosalpinx, 1 of amenorrhea after puerperal sepsis and one of beginning menopause gave negative results. He ascribes variations and failures to faults in technique rather than to an essential lack in the method.

Recovery After Shotgun Wound of the Abdomen and Pregnant Uterus.—DAVIS (*Amer. Med. Assoc.*, July 18, 1914), reports from the Massachusetts General Hospital of Boston, a case of an Italian woman, four months pregnant, admitted to Hospital about thirty minutes after receiving a shotgun wound of the abdomen at close range. On admission there was an irregular lacerated wound in the right lower abdominal quadrant. Two fists could be introduced into the abdominal cavity. Through this were protruding about four feet of small intestine. There was considerable oozing of blood. In the right groin about two inches below Poupart's ligament were two small punctured wounds. No powder burns nor wounds of exit could be found. There was no vaginal hemorrhage; the patient was shocked but the pulse and temperature were normal. Sterile towels wet with hot salt solution were immediately placed over the intestines. Morphine, $\frac{1}{4}$ gr. and camphorated oil 30 mm. were given hypodermically, and one pint of normal salt solution injected under the right breast. At operation about 40 small perforations were found in the protruding bowel and in some places the shot could be palpated in the wall of the bowel. Through some of the perforations exuded gas and frothy fecal matter. The perforations were infolded with purse-string sutures of silk, several being included in one suture in many instances. At one point this caused constriction of the lumen of the bowel, but gas could be squeezed through. The intestines were carefully washed with warm salt solution and replaced. Considerable blood was found in the abdomen. The uterus showed a tear four inches long in the anterior wall, through

which protruded an umbilical cord leading to a four months' fetus, lying loose in the abdominal cavity. The placenta was removed manually from the uterus and the uterine wall closed with interrupted chromic catgut. The patient was given ergot hypodermically. No other abdominal injury was found. The abdomen was irrigated with warm salt solution and a cigarette drain placed in the right iliac fossa, and one in the pelvis. The abdomen was closed with loose approximation of the skin, and two additional cigarette drains in the subcutaneous tissue. The patient's condition at the end of operation was remarkably good and she was placed in the ward in Fowler's position, with rectal saline instillation. The patient made a steady and uninterrupted recovery. The skin edges of the wound sloughed and were repaired later under local anesthesia. A few shot were removed from the superficial tissues of the groin and abdominal wall. These corresponded to about No. 7 bird-shot. In about six weeks after the operation the patient was sent to the convalescent home, from which she went two weeks later in good condition. It is interesting to observe that the direction of the wound in the abdominal wall was transverse, while the rupture of the uterus was longitudinal, and there were no marks of shot wounds in the uterus. Apparently the rupture of the uterus resulted from sudden violent contraction at the moment when the patient was shot.

The Antitrypsin Test in Obstetric Cases.—HEINEMANN (*Monatsschrift f. Geb., u. Gyn.* Band 39, Heft 6, 1914) has applied antitrypsin solution test in 25 cases of pregnancy. In 15 a positive reaction was obtained, which was above the average, and in 10 a positive, an average reaction. A second 25 cases were studied, in which there was some doubt about the clinical signs of pregnancy; but 11 of these were available for later study. In 3 the antitrypsin test showed increased reaction, although there was no pregnancy. In 8 cases where the clinical signs of pregnancy were present the antitrypsin test agreed. In 54 pronounced cases of carcinoma there were 4 negative results, and 3 of these were in cancer of the breast. In 7 cases where the test was positive clinical signs were not, and it was found that some other disease as tuberculosis, icterus, cirrhosis of the liver, or other constitutional disorder was present. In 12 cases of abnormal conditions of the pelvic organs, if fever was present the test was positive, in others negative, and in a case of myoma negative. Of the 50 pregnant women examined the clinical signs of pregnancy and the result of the test agreed in 47, and the conclusion is reached that the test is of decided practical value. A solution of trypsin 1 per cent. is used, and as an albuminoid controlled solution 2 per cent. of casein. The strength of the trypsin solution in effecting albuminoid is obtained by experiment, and this finally can be tested by an alcoholic solution of acetic acid which gives no precipitate, showing that the ferment has completely digested the albumin. Ferment and albuminoid are then tested in normal serum to observe the results. As a third step the serum of the patient who is studied is tested and compared with the serum of a patient positively known to be pregnant.