of the mother from the first auto-intoxication. If this is prolonged and imperfect, the outlook for the future is correspondingly bad. Slemmons would classify cases of albuminuria with toxic symptoms in the later months of pregnancy into three groups; two are well defined and likely to suffer from recurrence, while the third will almost certainly be exempt. He has not found the nitrogen partition to be useful in reaching a prognosis, but he believes that the estimation of the quantity of albumin is helpful. The greater it is and the longer it persists, the more extensively are the kidneys damaged. In cases where the liver seems especially involved and the kidneys normal, the prognosis as to recurrence is good. Blood pressure is more satisfactory than albumin as an index, and upon this basis cases may be divided into three groups. In nephritic toxemia a pressure of 250 m.m. is frequently observed. In toxemia it is at its height; the pressure was rarely below 180 m.m. In cases studied from this basis, 75 per cent. of patients having eclampsia are not likely to do so again; while in 15 per cent. extensive lesions of the kidneys made the prognosis bad; 10 per cent. of toxemic cases are uncertain as to prognosis. Chemical methods in estimating the efficiency of the kidneys have proved disappointing. Slemmons concludes that at present we have no better clinical methods for deciding the nature of a toxemia and of reaching an ultimate prognosis in the study of the albumin and blood pressure during convalescence. In nine out of ten cases a satisfactory conclusion can be reached from this data, and auto-intoxication does not return in approximately 80 per cent. of cases.

Abderhalden's Serum Test for Pregnancy.—BEHNE (*Zentralbl. f. Gynäk.*, 1913, No. 17) has tried Abderhalden's method of dialysis in the diagnosis of pregnancy in the clinic at Kiel. His observations in 44 cases show that this test gives regularly a positive result in normal pregnancy. In advanced gestation, in some cases the results are negative. Patients who are not pregnant but who suffer from an inflammatory condition of the genital organs, with the production of pus or with suppuration in some other portion of the body, as in the breast, often give a positive reaction. In the differential diagnosis between ectopic gestation and inflammatory conditions of the adnexa, the test by dialysis does not give a definite differential diagnosis. Positive reactions are obtained with serum in pulmonary tuberculosis and diseases of the liver.

Puerperal Eclampsia.—GIBBONS (*British Med. Jour.*, April 26, 1913) reviews to a considerable extent the literature of the subject and states that we know of nothing which can definitely be described as the cause of the disease, although all evidence goes to show that it is a poison circulating in the blood. Rapid emptying of the uterus by the most safe method available, after the first few convulsions, seems to give the best prognosis. The greater the delay the greater will be the danger to the mother.

Unusual Fertility in Syphilitic Patients, with Anomalous Involvement of the Child.—WATSON (*British Med. Jour.*, April 26, 1913) reports the remarkable instance of the family of a wandering gypsy,