was one death from thrombosis—an occurrence which does not speak favorably for the early getting-up of the patient.

Air Embolism During Labor.—CAMPBELL (*Brit. Med. Jour.*, October 22, 1910) reports 2 cases of air embolism during labor, followed by recovery. The first was that of an apparently healthy woman, who had had one child. The second confinement was normal in the first and second stages. The patient lay on her left side in a narrow bed, with a wire mattress, which was depressed in the centre. She had a little chloroform during the later stages of delivery and was not turned upon her back until after the child had been born. When the uterus again contracted, the patient suddenly exclaimed that she was dying, became cyanosed, and had a general convulsive seizure. This passed off, and attempts were made to express the placenta, followed by uterine contraction, which caused another convulsion. The following uterine contraction produced the same result, the cyanosis became permanent, and the patient's heart greatly dilated. The placenta was removed by hand and the uterus washed out with saline solution. A pint of saline fluid was introduced into a vein in the arm, and strychnine given hypodermatically. The patient gradually improved and ultimately recovered. In the second case, the patient was a primipara and had always been delicate. Delivery was accomplished under chloroform by forceps, the perineum being somewhat torn. After the child was born the uterine contractions produced spasm, with air hunger, and frequency and irregularity of the pulse. Attempts to express the placenta caused uterine contractions and a return of the spasms. The patient's heart became markedly dilated. The placenta was removed by hand and the uterus irrigated with salt solution. No further spasmodic attacks occurred, and the patient slowly recovered.

Cesarean Section.—BOYD (*American Journal of Obstetrics*, March, 1911) reports 7 cases of Cesarean section, making his total number 27. One of these was a repeated section, the first operation having been performed about two years before the second. The uterus was found adherent to the anterior abdominal wall, and as the adhesions were not extensive the uterus was liberated. The incision was made in the median line, high up, and to the right of the old scar; convalescence proceeded smoothly, mother and child making a good recovery. Another of the operations reported was a twin pregnancy complicated by toxemia. As dietetic treatment produced no improvement the pregnancy was terminated by section. Considerable shock followed, the stomach becoming distended with gas. This was relieved by gastric lavage. Both mother and children made a good recovery. Among the total number of cases delivered were 6 of repeated Cesarean section. In one patient the operation was repeated three times; in 2 cases extensive adhesions were found, which necessitated in one case a longitudinal fundal incision, and in another a transverse fundal incision. The essentials of operation the author considers to be a careful selection of cases, a study of the fetal heart sounds before operating, and accurate closure of the uterine incision.

Perforation of the Uterus and Laceration of the Small Intestine.—WIENER (*American Journal of Obstetrics*, March, 1911) reports the

case of a multipara, who was several months pregnant, who slipped and fell in the street, striking on the buttocks. This was followed at once by abdominal pain and vaginal bleeding. The vagina was immediately packed with gauze, and the next day, as the pain and bleeding persisted, an attempt was made to empty the uterus. After the removal of a considerable mass of tissue with placental forceps, the operator observed that he had pulled a loop of intestine into the vagina. This was replaced and the uterus firmly packed. When the original packing was removed and the cervix dilated, the uterine cavity was found empty, but posteriorly on the left side close to the fundus, was a large perforation opening into the peritoneal cavity. On opening the abdomen about one quart of blood escaped. A mutilated fundus of about three months was found among the intestines. There was a ragged tear at the left cornu of the uterus, the edges of which were trimmed, and the tear closed with catgut. A loop of small intestine, 11 cm. long, was found to have been torn from its mesentery. There were two perforations into the gut. This was resected, an end-to-end anastomosis made, using a Murphy button. The abdomen was closed with a large Mikulicz drain of plain gauze in Douglas' cul-de-sac. The patient gradually recovered and left the hospital before the passage of the button. Three months after operation the patient was in good condition, and a skiagraph of the abdomen showed that the button had been passed.

Fatal Mercurial Poisoning from Bichloride Tablets used to Produce Abortion.—SCHILDECKER (*American Journal of Obstetrics*, March, 1911) reports the case of a young woman who introduced into the vagina to produce abortion six bichloride tablets, each containing 7.3 grains. This immediately produced severe and burning pain and such muscular spasm that the patient could not remove them. A physician was promptly summoned, who gave vaginal douches of warm water and morphine hypodermically. The patient speedily developed intense symptoms of mercurial poisoning, and died four days later. At autopsy an intense necrotic exfoliative enterocolitis was present, most severe in the rectum. The process was distinct as high as the duodenum. There was also necrosis of the muscular walls of the vagina and vaginal portions of the cervix. The broad ligaments, Fallopian tubes, and ovaries were necrotic, but above the internal os the lining of the uterus was normal. There was no evidence of peritonitis. Posteriorly the pelvic peritoneum was separated from the pelvic wall and distended with serum. The left kidney was cystic, containing serum, and both kidneys showed fatty degeneration. There was myocardial fatty degeneration, and apparent chematous degeneration of the liver and spleen. In a second similar case the patient was taken to the hospital and treated by continuous enteroclysis. She survived two weeks, then died in collapse. The autopsy revealed changes similar to those in the first case, with perforation in the lower third of the descending colon and general peritonitis. In a third case the patient was treated by intravaginal douches of hot water and hot milk. This patient died at the end of a week with tremors and paralysis. Autopsy showed passive hemorrhage in the peritoneal cavity and bloody serous exudate beneath the cerebral meninges.