condition is determined more or less by the degree of involvement of the myocardium. Another factor leading to cardiac failure is an abnormal rhythm of the heart. In acute carditis the ventricular rhythm is usually regular, as tested by the apex beat, pulse or tracing from the radial artery, whereas in the majority of cases abnormal rhythm is developed in the auricles and not in the ventricles. Sutherland mentions two cases in which an abnormal rhythm of the auricles was recognized only on taking a venous tracing in the neck. The auricular rate was greatly accelerated while the ventricle did not share in the acceleration. In other words, a number of auricular contractions failed to be followed by ventricular contractions. In both cases the auricular and ventricular rates were perfectly regular. The author explained the condition as probably due to ventricular inability to follow the auricle on account of the rapidity of the auricular beat, and not as due to heart block. If further investigation shows a disordered rhythm frequently present in acute carditis the treatment will be more hopeful, as a disordered rhythm of this nature responds more readily to digitalis than will a ventricle weakened by acute inflammation or toxemia.

OBSTETRICS

UNDER THE CHARGE OF

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Vicarious Menstruation Ceasing during Pregnancy.—HIRSCHBERG (*Zentralblatt f. Gyn.*, No. 26, 1914) reports the case of a Hungarian coming to live in Berlin, who menstruated not only in the usual manner but also through the breasts. When menstruation was established the vicarious discharge was at first watery in character. After the seventeenth year it became bloody, was attended by pain, began one or two days before the usual discharge and lasted one or two days longer. The discharge of blood was greater from the right than from the left breast. It could be increased by pressure, but escaped spontaneously. The patient had had two abortions, one at five and one at four months. During these pregnancies all menstruation ceased. After the last pregnancy the discharge from the breasts suddenly ceased without known cause and without disturbance.

The Danger of the Tampon in Placenta Previa.—REINHARDT (*Zentralblatt f. Gyn.*, No. 26, 1914) reported before the Gynecological Society of Dresden, 276 cases of placenta previa treated in the Dresden Clinic. He had observed the relative condition of those patients treated by the tampon and those without the tampon. Among those not treated by the tampon the morbidity during the puerperal period was 34 per cent., and the mortality from puerperal septic infection

0.7 per cent. Among those treated by the use of the tampon the morbidity was 53 per cent., the mortality from sepsis 4.3 per cent. From this and other experience he would abandon the use of the tampon even as a temporary measure to control hemorrhage until a patient could be brought into hospital. He would prefer to lessen bleeding by giving a full dose of morphia hypodermically. In discussion, Peters declared that the practising physician was not able to apply a tampon in a skilful and aseptic manner. He believed that the use of the bag in good hands, to temporarily control hemorrhage, was safer than a tampon. Richter had never seen the bag or tampon efficient in controlling hemorrhage. He believes that morphia first, and as soon as possible the emptying of the uterus, are the best means. Kehrer did not believe the aseptic use of the tampon possible outside of hospital.

Pernicious Nausea in Pregnancy.—BONDY (*Monatschrift f. Geb. u. Gyn.*, Band 39, Heft 6, 1914) describes the case of a married primipara, aged twenty-eight years, who suffered from pernicious nausea and vomiting in the early months of pregnancy. It seemed possible that some disease of the stomach was present and the patient was referred to the Medical Clinic in the Breslau Hospital, where the urine and blood were examined, the stomach irrigated, the patient fed by rectal injection and given oxalate of cerium and tincture of iodine by mouth. There was no improvement and the patient steadily lost weight. She was then returned to the obstetric clinic where 10 c.c. normal serum of pregnancy was injected into the muscles. Improvement immediately followed, and 15 c.c. of pregnancy serum was injected in the gluteal region. The patient's improvement was maintained, she was able to take solid food, recovered and was subsequently confined in the Clinic in normal labor with living child. Freunds has collected 8 cases of pernicious nausea treated by pregnancy serum, 6 of whom recovered. It is curious to observe that some of these recoveries followed the use of serum taken from the horse, and others the injection of Ringer's solution only. It seems difficult to believe that the introduction of the small quantity of alkaline substance in Ringer's solution could materially influence so serious a condition. Bondy also reports the case of a patient evidently toxemic with pernicious nausea, who died in spite of treatment including the interruption of pregnancy. The autopsy showed characteristic changes in liver and kidneys. As regards the frequency of genuine pernicious nausea, in the Breslau Clinic in 10,000 cases of labor, 21 of pernicious nausea have been observed. In the Munich Clinic Baisch found 20 cases in 20,000 pregnancies. In von Herff's Clinic, in 17,000 pregnancies, 30 cases of pernicious nausea. Contrary to usual opinion, the majority were married and multiparæ. The case of a multipara is reported who had once been treated for pernicious nausea by interrupting pregnancy. She returned and again pregnancy was interrupted by dilating with solid dilator, curetting with blunt curette and irrigation with alcohol. This was followed by collapse with slow recovery in coma. Two hours after profuse hemorrhage occurred partly controlled by the tampon. The patient slowly improved and left the Clinic against advice on the ninth day. On the day follow-