Autopsy in a Case of Pernicious Nausea of Pregnancy.—DE RIBES (*Comptes Rendus de la Société d'Obstétrique de Paris*, vol. iii., 1901) had the opportunity to make an autopsy upon a woman dying from pernicious nausea of pregnancy. The patient was aged thirty-one years, pregnant for the fourth time at about six months and much emaciated from constant vomiting. Examination was negative; her pulse was 100. She was admitted to the hospital and various means were tried to control the nausea. This failed, and she was finally delivered spontaneously of the foetus. After the delivery the patient steadily grew worse, presenting a typhoid appearance, with sordes upon the teeth and a red tongue. She did not vomit after the uterus was emptied, but her urine was highly albuminous. Intermittent delirium supervened, followed by coma, and death in convulsions.

Upon autopsy an active secondary nephritis was found in both kidneys. The brain, the heart, and lungs presented no lesion, but the liver was greatly altered. It presented a blanché appearance, with small areas of yellow. A large infarct was found upon the lower portion, which had replaced necrotic parenchymatous tissue. The lesions were those of an active toxæmia of hepatic origin, with multiple hemorrhages. The lesions greatly resembled those often seen in eclampsia.

Retroplacental Hemorrhage following Traumatism in the Abdominal Region.—DE RIBES (*Comptes Rendus de la Société d'Obstétrique de Paris*, 1901, vol. iii., p. 171) reports the case of a patient in her second pregnancy at the seventh month, who struck the abdomen violently against the corner of a table. The patient fell unconscious, but speedily revived. She had severe pain at the region of the blow and could not perceive foetal movements, and lost neither blood nor amniotic liquid. She was admitted to the hospital, and on examination the pulse was frequent and weak, the axillary temperature normal. The urine was not albuminous, and over the region of the blow there was an ecchymosis and brownish discoloration. The region was painful on palpation. Auscultation was negative, palpation also. On examination the cervix was permeable to the internal os, which was closed. The lower uterine segment was higher and distended, and the lower extremity of the foetal ovoid could be indistinctly felt. There was no hemorrhage from the genital organs. The patient's pains continued regularly, and labor finally came on. When the membranes ruptured a large mass of blood-clot was expelled and immediately afterward the foetal head. The child had recently died, and an autopsy upon its body was negative. The placenta was expelled, but the membranes were adherent. On exploring the uterus the membranes and some old clots were found and removed. The uterus was thoroughly douched with an antiseptic solution. On examining the placenta it was found that blood had accumulated between the placenta and the wall of the uterus throughout a considerable portion of the attachment of the placenta.

A similar case is reported by LE PAGE (*Comptes Rendus de la Société d'Obstétrique de Paris*, 1901, vol. iii., p. 113). This patient was a primipara, who struck the abdomen violently against the corner of a piece of furniture, causing violent pain, which disappeared after a short time. On the following day the patient resumed her usual occupation, and while her appetite

was not good, and she felt uncomfortable, she had no hemorrhage and did not seem ill. On the following morning she was taken with violent pains, and lost a large quantity of blood. On admission to the hospital no heart sounds could be heard, the patient's pulse was 80, and her temperature abnormal. She had ceased to bleed. The expulsion of the fetus continued, and a dead but not macerated child was spontaneously expelled. The placenta and a mass of blood-clots immediately followed. The patient continued to bleed for some time after labor, but finally made a good recovery.

Retroversion of a Fibroid Uterus Simulating Pregnancy.—RUDAUX reports in the *Comptes Rendus de la Société de Paris*, October, 1901, the case of a woman, aged thirty-four years, married six months, whose menstruation had been irregular since its first establishment. A few days before entering the hospital she had pain in the lumbar region, with an abundant discharge of blood, for which a midwife gave her several hypodermic injections of ergotin. On the following day, during a bowel movement, the patient expelled a considerable quantity of clot. A physician who saw her diagnosed an abortion at two months. After this the patient's condition became alarming; she had difficult micturition and severe and persistent abdominal pain, for which she was brought to a hospital. On examination the uterus was found retroverted, the posterior cul-de-sac filled by a mass the size of a large orange. A diagnosis was made of retroversion of the uterus, gravid between two and three months. The patient had a foul discharge and fever, and curetting of the uterus, with its replacement, was decided upon. When this was done it was found that the patient was not pregnant, but that upon the posterior wall of the uterus there was a sessile soft fibroid which had become infected. As the patient's condition continued to grow worse, hysterectomy was practised, followed by a fatal issue.

This case calls attention to a familiar error, the diagnosing of abortion because a patient whose menstruation has been irregular is taken with pain and hemorrhage. A positive diagnosis of abortion cannot be made, unless some portion of the embryo or its appendages is clearly identified.

Torsion of the Pedicle in Hydrosalpinx Complicating Pregnancy.—In the *Comptes Rendus de la Société de Paris*, October, 1901, PINARD and PAQUY report the case of a woman, aged twenty-six years, in her second pregnancy, who suffered from severe pain in the right side, which recurred at irregular intervals. The patient vomited bile and had a chill. The examination and history pointed to a cystic tumor with twisted pedicle. Upon abdominal section the tumor was found to consist of an enlarged ovary, with hydrosalpinx, whose pedicle had become twisted. The patient made a good recovery from the operation.

Atony of the Uterus Causing External Hemorrhage during Gestation.—OLIVER (*Edinburgh Medical Journal*, December, 1901) draws attention to the frequency of hemorrhage from the uterus at about the sixth week of gestation. The vessels over a localized area and the mucous lining of the uterus increase in size, forming sinuses. The wall of the womb itself grows thin and distensible. But when the maternal vessels receive the pressure of