The Injection of the Serum of Pregnancy in the Toxemia of Gestation.—RÜBSAMEN (*Zentralb. f. Gyn.*, No. 21, 1911) has endeavored to modify acute toxemia of pregnancy by injections of the serum of a pregnant patient. No results followed the treatment.

Tuberculosis in Pregnancy.—SCHAUTA (*Monatss. f. Geb. u. Gyn.*, 1911, Band xxxiii, Heft 3, S. 265) discusses the question as to whether tuberculosis advances more rapidly during pregnancy and what should be done regarding the cases. The majority of clinicians believe that the disease progresses actively in pregnancy, 73 per cent. become worse, and 45 per cent. of tuberculous pregnant women die. Old cases relapse in 68 per cent. The change is most apparent some weeks or months after confinement, although such patients may, apparently, have been better during pregnancy. As regards the treatment of these cases, the German sanatoria find that only one-fourth of those treated after four years time have been able to earn anything at work; probably not 25 per cent. recover. Many sanatoria exclude pregnant cases, because of the unfavorable prognosis. The results of Norwegian observers show a mortality of 50 per cent. in cases treated in sanatoria. Among patients having every care, 29 per cent. grow worse during pregnancy. Children born of such mothers rarely live to be twenty. As regards the induction of labor in the first stage of tuberculosis, it is beneficial in 89 per cent.; in the second stage, in 83 per cent.; and in the third stage, in 25 per cent. Where pregnancy was interrupted in the first month, 91 per cent. improved. It is the duty of the physician then to interrupt pregnancy as early as possible. In addition it seems best to sterilize these patients, as tuberculous women conceive easily, and this had best be done by removing the Fallopian tubes.

The Treatment of Abortion Complicated by Fever.—TRAUGOTT (*Zeit. f. Geb. u. Gyn.*, 1911, Band lxxviii, Heft 2) has observed 147 cases of puerperal patients having fever, of whom 58 had labor at term. Of these, 10 died, a mortality of 17.2 per cent. Of the remaining 89, 79 had abortion in the first half of pregnancy, usually from the first to the fifth month. Of these there died 13, 16.4 per cent. To investigate the mortality of these cases further, a study was made by bacteriological examination of the blood and uterine contents. Several groups of bacteria were found in the uterus, growing as saprophytes in the decomposing connective tissue and invading the living tissues. These germs produced simply a bacteriotoxic endometritis. The severity of the clinical symptoms depend upon the quantity of bacteria produced and whether or not the discharge has free exit from the uterus. Among these germs were colon and paracolon bacillus, yellow and white, staphylococci which do not produce liquefaction, *Proteus vulgaris*, sudodiphtheritic bacillus, and other bacilli. These bacteria are capable, either alone or in combination, of producing toxins whose absorption may cause severe symptoms. These bacteria, under favorable circumstances can be recognized in the blood, from which they often disappear without causing metastases. The most favorable time to recognize them is while the patient is having a chill, and they are also found in material removed from the uterus by curetting. When they have been diagnosed by examination, the treatment consists in emptying