previously advised dilatation of the os internum for hyperemesis and since these two cases prove that the dilatation of the internal os does not necessarily produce abortion, he feels that this simple therapeutic measure is worthy of further trial in otherwise hopeless cases.

R. E. WOBUS.

Vinson: Oesophageal Stricture Following the Vomiting of Pregnancy. Surgery, Gynecology and Obstetrics, 1921, xxxiii, 412.

Spontaneous rupture of the esophagus following prolonged periods of vomiting are not unknown but Vinson finds no record of such accidents following the vomiting of pregnancy. He, therefore, describes six cases which presented themselves at the Mayo clinic on account of esophageal stricture which came on after protracted periods of vomiting during pregnancy. In most of the cases the dysphagia did not come on until some time after the vomiting had ceased but in several of the cases the probable injury was indicated by attacks of pain and the vomiting of blood or dark material.

R. E. WOBUS.

Hügel: Treatment of Eclampsia with Strong Solution of Sugar. Muenchener Medizinische Wochenschrift, 1921, lxviii, 916.

In his earlier experimental work the author discovered that strong solutions of sugar retarded the coagulability of blood better than other crystalloid solutions without destruction of the blood corpuscles. Employing this fact he treated several cases of eclampsia both with and without convulsions with intravenous injection of 10 per cent glucose solution, and reports very favorably on its efficacy in relieving the symptoms. He uses it in conjunction with immediate emptying of the uterus. From 500 to 1000 c.c. of the 10 per cent solution are (very slowly) injected in the median vein at 36° C.

It is suggested that by employing a sugar diet during pregnancy the threatening eclampsia may be prevented from developing.

S. B. SOLHAUG.

Davis: The Treatment of the Toxemia of Early and Late Pregnancy. Journal American Medical Association, 1921, lxxvi, 1811.

Davis differentiates between the toxemia of early and late pregnancy. In early pregnancy, he assumes, chorionic and syncytial cells are freely discharged into the blood stream of the mother and her immunizing powers overwhelmed by this process while after the formation of the placenta, the pathologic process responsible for the toxemia, is located in the placenta itself. The nervous phenomena, he thinks, are due directly to a disturbance of digestion and assimilation.

In early pregnancy, he advises rest, both mental and physical, stomach lavage with warm sodium bicarbonate solution one to three times daily until vomiting ceases; bowel lavage with the same solution; warm sponge baths; woolen blankets; 5 per cent sodium bicarbonate and 5 per cent glucose are given, 4 to 6 oz. every 4 or 6 hours. The patient is allowed, however, to drink as much water—plain, saline or carbonated—as she desires. Retroversion, if present, is corrected,—if necessary, under ether narcosis. As the condition improves, food is allowed very gradually.

In the late cases, he begins with venesection and transfusion. He then irrigates the stomach, leaving from 1 to 2½ grs. calomel. The bowels are irrigated with hot sodium bicarbonate solution. He advocates dry heat to induce perspiration but deplors wet packs. Morphine and atropine are used only if absolutely

necessary. Unless the woman is already in labor, he does not believe in emptying the uterus, as a rule. If, in multiparae, the cervix is partially dilated, he ruptures the membranes to expedite delivery, while in primigravidae threatened with convulsions, he frequently performs cesarean section.

In all cases, blood pressure, pulse rate and the chemical examination of urine and blood should be a guide to treatment and in all serious cases consultation should be sought.

R. E. WOBUS.

Hirst, John C.: The Intravenous Use of Corpus Luteum Extract in Nausea of Pregnancy. *Journal of American Medical Association*, 1920, lxxv, No. 12, p. 772.

Hirst believes that the intravenous injection of corpus luteum is the ideal method of administration in the treatment of the nausea of pregnancy. He has used this method in many hundred cases for the last two years. The following reasons are advanced for the use of this method:—(1) Rapidity of absorption. (2) Possible and advisable to use a considerable larger dose than is possible with the intramuscular injection in which more than 1 c.c. causes considerable local reaction. (3) Each ampule contains only 0.2 gm. of the extract and in this way the necessary total quantity can be introduced more easily and quickly. (4) There is no local reaction or discomfort of any kind after the injection. (5) The vomiting is often promptly controlled in cases in which the intramuscular use has failed. The dosage will vary depending upon the type of case under treatment. One patient aborted within 24 hours after the injection was given and this was the only one in whom abortion seemed to have resulted from the treatment. Hirst believes, however, that anaphylactic reactions need not be feared. The presence of goiter in early pregnancy absolutely contraindicates the administration of corpus luteum either intravenously or intramuscularly for the control of nausea. In his experience every such patient has been made much worse by this treatment.

C. O. MALAND.

Cheinisse: Corpus Luteum Extract in Hyperemesis Gravidarum. *La Presse Medicale*, April 16, 1921, p. 306.

The author points out that it is about fifteen years since M. G. Stella proposed the treatment of pernicious vomiting of pregnancy with ovarian extract. He says that in the last few years ovarian therapy has been taken up in the United States and France by more precise methods, namely, the injection of extract of corpus luteum. The intramuscular and intravenous use of the extract has given favorable results. It is usually productive of no harm but should not be used in cases having a goitre.

F. L. ADAIR.