was almost entirely separated. The cervix was torn sufficiently to cause free hemorrhage which ceased when stitches were inserted. In the second of these cases there was hemorrhage for eight days at intervals, with no evidence of nephritis. The placenta could not be reached by examination and Frommer's instrument was employed. In twenty minutes it was possible to rupture the membranes and extract the child. A laceration 3 cm. long was found upon the right side of the cervix, which gave rise to free hemorrhage. This ceased when sutures were inserted.

Acute Yellow Atrophy of the Liver Occurring during Pregnancy.—ACCONCI (*Annale de Ostetricia Ginecologia*, 1906, No. 3) contributes a paper upon this subject in which he concludes that this condition must not be considered as a separate and definite disease, but as an introduction to an autointoxication peculiar to pregnancy. The severe form is characterized by rapid development of coma, while the milder form tends to amelioration and possible recovery. The pathological findings in these cases mostly resemble those of eclampsia. The parenchyma of the liver is affected in these cases and some of the symptoms observed result from disturbance in the circulation in that organ produced by parenchymatous changes.

Autointoxication: Its Relation to Certain Cardiovascular Disorders.—BATTY SHAW (*British Medical Journal*, May 12, 1906) publishes in condensed form a lecture delivered before the Royal College of Physicians upon this subject. He has studied variations in blood pressure caused by the injection of kidney extract and also of substances derived from the liver and the brain. He concludes that kidney extract more than any other produces an increase in blood pressure. Extracts of the liver and brain show a much greater tendency to cause a fall of blood pressure of brief duration. Increased pulse tension, then, must draw our especial attention to kidney failure. These observations bear upon the diagnosis of toxæmia and threatened eclampsia. In two typical cases of the nephritis of pregnancy the writer obtained repeated tracings of blood pressure illustrating its remarkable increase. In some of the most virulent cases of toxæmia and eclampsia in proportion as the condition becomes grave blood pressure is diminished.

The Operative Treatment of Puerperal Pyæmia, with the Report of a Successful Case.—CUFF (*Journal of Obstetrics of the British Empire*, May, 1906) has collected six successful cases of puerperal pyæmia and adds the following case in his own experience. The patient had been attended by a midwife and gave birth to a large child and placenta without laceration of the perineum. Two days afterward a chill followed by profuse perspiration occurred, the temperature rising to 104.8°. The temperature not falling, the uterus was curetted and a few small shreds of placenta removed. The patient continued to have marked fever with sweating. Antistreptococcic serum was injected without benefit. A doughy lump about the size of the fist developed in the right iliac region in the upper part of the broad ligament. A mass the thickness of three fingers stretched from the uterine wall internally to the pelvic wall externally. On abdominal section the ovaries and tubes were found normal. Having packed off