ever, that a careful analysis of statistics of large series does not show an actual preponderance of male children, but that this appears in some series merely as the percentage variation found when an insufficient number of cases are considered.

MARGARET SCHULZE.

Vignes, Henry: Signs of Death in Utero. *Le Progrès Médical*, January 8, 1921, p. 17.

Vignes finds that in the early months of pregnancy the cessation followed by a sudden return of nausea and vomiting is very suggestive of fetal death. Likewise are the appearance of a true lacteal secretion, the failure of a progressive enlargement of the uterus, or a uterus which is not in accord with its estimated size, suggestive of the same misfortune.

He finds that hydramnion, syphilis, high acute fevers or nephritis, when complicating a pregnancy, are often the etiological factors of fetal death and, when present, the case should be regarded with this possibility in mind. The more definite signs during the later months are cessation of fetal movements and cessation of the fetal heart. However, too much stress must not be placed on either of these findings unless obtained at several subsequent examinations. Another important sign is crepitation of the bones of the fetal head upon either abdominal or vaginal examination.

So long as no infection is present Vignes advocates letting the patient go into labor and expel the products of conception spontaneously. However, when other pathology is present, it may become necessary to resort to more drastic measures.

THEODORE W. ADAMS.

Liegner: Intrauterine Rigor Mortis. *Zeitschrift für Geburtshilfe und Gynäkologie*, 1921, lxxxiii, 401.

Intrauterine rigor mortis was first described by Ehrmann in 1842. It has been recorded only rarely; the author was able to find 32 cases in the literature. He believes, however, that for many reasons it is frequently overlooked, since Wolff in 6 years encountered 4 cases, and he personally observed 3 cases in one year. It develops and disappears more rapidly in the fetus than in the adult, in one case born 11 hours after intrauterine death, the height of the condition had already been passed. Fever, eclampsia, and chloroform narcosis are factors which may accelerate the development of the condition. It is of considerable clinical importance, since the loss in flexibility of the fetal body may delay the mechanism of normal labor and increase the difficulties of operative intervention.

MARGARET SCHULZE.

Blumenfeld: Congenital Abdominal Ascites with other Abnormalities. *New York Medical Journal*, 1921, exiv, 417.

The author reports a case of dystocia in a multipara due to marked abdominal ascites of the fetus, associated with a number of other congenital anomalies.

MARGARET SCHULZE.

Tennent, Robert: Exomphalos, or Hernia into the Umbilical Cord. *British Medical Journal*, February 19, 1921, No. 3138, p. 263.

This condition may be so extreme that the greater part of the abdominal organs are contained in a sac at the umbilical attachment of the cord. It is more commonly a globular swelling about the size of a tangerine orange. Extreme cases are not susceptible of treatment. Those of more moderate degree are suitable for operation. Ballantyne has definitely defined exomphalos as true