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