

Eleven of these cases were probably sapraemic. In one case there was found in the vaginal secretion before labor an organism apparently identical with that found in the uterus after labor. This offers very slight evidence in support of the doctrine of auto-infection. In a case of abortion which was not examined internally, the temperature rose to 103.5° F. on the eighth day, and fell after brisk purgation. In this case a non-pathogenic bacillus was found resembling that of the colon. In some cases intestinal auto-intoxication was probably the cause of the fever, and the germs found had nothing to do with it.

He calls especial attention to the value of bacteriological examination in eleven cases in which no pathogenic germs could be found in the uterus. Other causes were present which accounted for the fever. It is especially valuable to be able to exclude dangerous causes in the presence of puerperal fever. In a case of quartan malarial infection also a positive diagnosis was made by this method.

Milk Fever.—HEIDEMANN (*Monatsschrift für Geburtshülfe und Gynäkologie*, Band viii., Heft 3), from his studies of milk fever, believes that it is distinctly the result of infection which usually has origin in the genital tract. He believes that the poison enters the circulation from the uterus, that it paralyzes the vasomotor nerves, and that the blood-supply of the breasts is so constituted that swelling of the breasts follows this paralysis. He calls attention to the fact that in other puerperal infections the breasts are often swollen, and notes the fact that the breasts are not usually red and that evidence of local inflammation in the skin is entirely absent. On the contrary, the symptoms of septic infection are strikingly present.

Acute Inversion of the Uterus.—In the *American Journal of Obstetrics*, August, 1898, STONE reports the case of a primipara, delicate, extremely nervous and apprehensive. Spontaneous delivery proceeded until the head reached the pelvic floor. Forceps was then applied under chloroform, and a good-sized child easily delivered. The cord was wound once about its neck. The perineum was torn and a gush of blood followed delivery, but immediately stopped. While preparing to suture the perineum, it was noticed that the patient had become pale and that the pulse became frequent. Bleeding had returned. An attempt was made to express the placenta, but the uterus could not be found through the abdominal wall. The placenta was found in the vagina, adherent to the inverted uterus, from which it was removed with considerable difficulty. The cord was of average length. The hemorrhage ceased and did not return.

The patient complained bitterly of pain and went into profound shock. Two efforts to replace the womb failed, and in half an hour the patient died.

In this case it is interesting to note the nervous condition of the patient, the complete absence of pain during the greater part of the stage of dilatation, the uterine inertia in the latter part of the second stage, difficulty in the removal of the cord from the neck of the child, and the adherent placenta. All these seem to have been factors in producing the inversion. The writer adds a table of twenty-four cases showing six deaths.