

**Pernicious Nausea and Vomiting of Pregnancy.**—In the *Zeitschrift f. Geburtshilfe und Gynäkologie*, 1898, Band 39, Heft 1, KLEIN contributes a paper upon this subject, based upon a study of cases observed in the clinic at Mnoich. He believes, with other observers, that only those cases are to be considered as pernicious vomiting in which the nourishment of mother or child is profoundly influenced and in which the disorder persists. He thinks many cases are distinctly neurotic and some are hysterical. The milder cases recover under careful feeding and proper discipline. Should in any case treatment at the patient's home not be promptly effective, the physician should at once insist upon placing the patient in a hospital. In all cases the retroflexed uterus should be replaced, although he has not seen brilliant results from the use of drugs or other local treatment. When cases are severe it may be necessary to interrupt the pregnancy. It is of especial importance that these cases should not be allowed to become severe.

**Grippe as a Complication of Pregnancy and the Puerperal State.**—In *L'Obstétrique*, 1898, No. 3, BAR and BOULLÉ report their observations upon fifty women who had grippe during pregnancy or the puerperal state.

In pregnancy, grippe affected the nervous system profoundly in one case, the gastro-intestinal tract in two others, while in the majority the respiratory organs were attacked. In one of the intestinal cases, pyelitis developed, caused by infection with the colon bacillus. The majority of pregnant women in whom grippe affected the respiratory organs recovered without especial difficulty. A small number had pneumonia, which proved a serious complication. In one patient otitis and meningitis developed, both caused by the pneumococcus. The sputum of these patients showed abundant pneumococci.

So far as the influence of grippe on the continuation of pregnancy was observed but a very few cases had metrorrhagia. Labor itself was not especially influenced by grippe. In one case in which the delivery was artificial a severe hemorrhage occurred. The placenta in these cases was found to be normal.

In the puerperal condition, grippe sometimes occasioned severe complications. Mixed infection with streptococci occurred in some cases, and in one proved fatal. In several patients pulmonary infection with the pneumococcus and genital infection with the streptococcus were present in the same patient. It was observed that mixed infections were especially severe; thus, in one case of pneumonia in the puerperal state, there was phlebitis of the external jugular and cephalic veins, in another case the pulmonary lesions were accompanied by endocarditis.

**Incarcerated Ovarian Dermoid Complicating Pregnancy.**—SPENCE describes, in the *Transactions of the Obstetrical Society of London*, 1898, vol. xl., Part iii., the case of a multipara, who on admission to the hospital was found to be so about the middle of pregnancy. The cervix was high up and pushed forward by a tumor the size of the fist. The tumor lay in front of the rectum and could not be easily moved; under an anæsthetic it was possible to push it up out of the pelvis. It then lay in the left hypochondrium.

The patient was four and a half months pregnant, and accordingly it was

thought best to allow the pregnancy to go on to full term and to remove the tumor after delivery. The patient wore an abdominal binder during the rest of the pregnancy, and had no recurrence of the pain from which she suffered while the tumor was in the pelvis.

She was confined in the hospital and had a normal delivery and recovered from labor. Fifteen days after delivery the abdomen was opened and the tumor, an ovarian dermoid, was removed. Its pedicle was twisted. The patient made a good recovery and nursed her child.

## DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF  
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**Lepra of the Larynx.**—In the *Proceedings of the Laryngological Society of London*, March 9, 1898, a case of tuberculous lepra of the larynx, mouth, and nose is reported and illustrated as occurring in the practice of DR. PAUL BENGENDORF, and communicated by PROF. A. A. KANTHACK, who demonstrated a complete series of colored photographs and drawings illustrating the macroscopic and microscopic appearances of the leprous lesions and the laryngoscopic images.

The disease involved the larynx, tongue, uvula, posterior palatine folds, hard and soft palate, gums, and the nose.

**Extreme Mobility of the Tongue.**—ARSLAN (*Il Morgagni*, 1897; *Annales des Maladies de l'Oreille, du Larynx, etc.*, July, 1898) reports one of those rare instances of abnormal physiological mobility of the tongue. In the present case the subject is able to carry the point behind the palate into the rhinopharynx and introduce it into either one or other of the choanæ, whence it could be seen on examination of the nasal passage anteriorly.

**Oropharyngeal Mycosis.**—DR. R. P. LINCOLN read a paper on this subject before the Harvard Medical Society of New York, March 26, 1898, which was published in the *Medical News*, April 30, 1898. In his treatment he relies upon the electric canther and pyocetanin. If the points of disease are few and favorably located, as on the tonsil, they are to be excised and the trouble at once eradicated.

In using the pyocetanin, the pure powder is rubbed thoroughly for several minutes upon and into the lesions, the process being repeated at short intervals, daily for awhile, until the reappearance of the growth ceases.

**Resection of the Nasal Septum.**—M. ESCAT (*New York Medical Journal*, July 2, 1898, from *Gazette hebdomadaire de Médecine et de Chirurgie*, May 26th)