

had convulsions for several days preceding labor. The birth of the child occurred in one of these convulsions, the child was living and the placenta expelled in twenty minutes. The patient died two days after delivery and no autopsy could be obtained. The obstetric interest of the case lay in the fact that labor was comparatively short and easy in view of the cerebral condition.

Eclampsia without Convulsions.—CHATILLON (*Correspondenz-Blatt f. Schweizer Aerzte*) reports the case of a primipara, aged forty years, who was apparently healthy during pregnancy and had a spontaneous delivery. Almost immediately after the placenta had been expelled the patient had rapid and weak pulse, grew pallid with cold extremities, and within an hour and a half died. There was no unconsciousness and no convulsions, but autopsy showed hemorrhage into the gall-bladder with extensive bleeding in the liver and minute hemorrhages in many other portions of the body. The right ureter was dilated and so was the pelvis of the right kidney; the child was in a condition of pallid asphyxia at birth and could not be revived. These cases are comparatively rare and are described by some as eclampsia without convulsions, and by others as acute fulminant toxemia. They are invariably fatal and no form of treatment at present known has the slightest effect upon them.

The Management of the Third Stage of Labor.—GIBSON (*Surgery, Gynecology and Obstetrics*) criticises the usage, which is common, of holding and massaging the uterus immediately after the delivery of the placenta. He calls attention to a physiological period of uterine inertia which immediately follows the complete emptying of the uterus, and lasts from five to fifteen minutes. He believes that the use of the Credé method before the placenta has completely separated is a very serious blunder and should be strongly discouraged. In studying the third stage of labor he finds that the placenta separates rapidly when massage is not practised, that bleeding is less, and that the fetal surface of the placenta presents much more frequently in these cases than when massage is practised. He draws attention to the fact that during separation the uterine sinuses are closing by thrombosis at the placental site and that massage must disturb essentially this important process. He follows Tarnier's advice that after labor one should watch constantly, but interfere as little as possible.

The Action of Pituitrin on the Human Uterus.—CHARTERIS (*Glasgow Medical Journal*) tested the uterus of pituitary solution to observe the action of the drug on the tissues. On investigating the non-pregnant tissue material obtained after early abortion, and the uterus removed by Cesarean section at full term, there seemed to be no difference between the action of the pituitrin on the pregnant and non-pregnant uterus. Both contracted, and a rapid response followed the use of the substance. Uterine contractions are more numerous; the individual contraction occupies less time and is followed by a more prompt relaxation, but the general tone of the uterus was markedly increased. The action of pituitrin is very prompt. Within a minute a stimulation which lasted from fifteen to thirty minutes was secured.