

in these cases is not nearly so great as in tubal ruptures, and being more slowly poured out forms a localized hematocele around the abdominal ostium (peritubal hematocele). This is the condition so commonly found upon opening the abdomen in suspected cases. The denouement is not dramatic in all cases, as in tubal rupture, but may occur so gradually as to give very few symptoms. The condition then is only diagnosed after several days or weeks when adhesions have formed, and the hematocele begins to cause pain by pressure and traction, accompanied, as a rule, by prolonged uterine bleeding. In other cases partial separation of the mole from its attachment causes hemorrhage which may at once find its way into the tube lumen, and so to the peritoneum, or may track along the muscle layers until it reaches the peritoneum. In this way again a peritubal hematocele may be formed if the blood issues from the abdominal ostium, or a paratubal hematocele if the blood tracks along and perforates the peritoneal coat. It is possible that an embryo may not be wholly separated from its attachments by these accidents, and as a result may be just sufficiently nourished to go on growing. In this case further hemorrhage may occur at a later date, or the embryo, by extending its area of attachment may even go on to an advanced period of pregnancy.—*Buffalo Medical Journal*.

The Pathogenesis of Eclampsia and its Relation with Normal Pregnancy, with Dropsy, and with the Kidney of Pregnancy. (Die Pathogenesis der Eklampsie, und ihre Beziehungen zur normalen Schwangerschaft, zum Hydrops und zur Schwangerschaftsmire.) A. Dienst, *Archiv. für Gynäkologie*, last indexed volume.

In an extensive monograph, Dienst analyzes critically the origin of eclampsia. His investigations concerned themselves essentially with (a) The molecular concentration of the blood, (b) The white blood-cells of the blood, (c) The ratios between serum-albumin, serum-globulin, and fibrinogen.

In regard to the molecular concentration of the blood, he found that the freezing points of eclamptic blood and blood of normal pregnant women were practically the same. From this he infers that whatever substances are retained in the blood of eclamptics, *must be* of large molecular composition, i.e., colloidal in nature. After studying the white blood-cells in numerous patients, he presents the *well-known* fact, that a *moderate* leukocytosis exists during pregnancy; often a *marked one*