

Puerperal Sepsis.—W. Ward (*Am. Jour. Obs. and Dis. Women and Children*) reviews the last 8,000 deliveries in the Sloane Maternity, New York. In these there were 39 cases of puerperal sepsis, 0.485 per cent. Of the 39 cases, 33 had no interference postpartum except simple vaginal and intrauterine douches. There were four digital examinations on four patients. In two of these that was sufficient. In the other two extension into the parametrium had taken place, requiring later posterior vaginal sections. In one of the remaining two patients delivery had been by cesarean section, and there was breaking down of both abdominal and uterine wounds. The remaining case was opening by laparotomy an intramural abscess of the uterus. There were eleven deaths, a mortality of 28.2 per cent. One of these, however, died of pulmonary embolism and another of pernicious anemia. Five deaths were due to general septic peritonitis and four to pyemia and exhaustion. The prophylactic treatment consists in extreme care, limiting antipartum, intrapartum, and postpartum examinations, also interference and instruments. The active treatment consisted in adequate uterine drainage by simple vaginal and uterine saline douches. If this proved insufficient, the uterus was explored once with the finger. Secondary foci were treated expectantly as they arose and the general condition of the patient supported.

Alimentary Toxemia.—Saundby (*B. M. J.*) does not consider that infrequent or incomplete evacuation is a cause of this condition. Nor is the danger of poisons introduced with food to be so much feared as under physiologic conditions; the natural protective agencies in the alimentary system will shield the organism if they are not present in overwhelming amount. Wholesome food in reasonable quantities may consist of animal or vegetable protein, carbohydrates and fat in due proportion. The evidence is not conclusive that animal protein is directly or indirectly the cause of the condition. Treatment consists in elimination of the poison already present, prevention of further introduction and reinforcing the natural protective agencies. If there is extensive disease of the wall of the colon, the exclusion or removal of this organ is justifiable after a reasonable trial of medical methods.

Carbuncles.—J. Reynolds and R. J. Reynolds (*The Lancet*) administer internally dilute sulphuric ac. B. P. in 20 to 30 minim doses, each dose diluted with two ounces of water, every four hours.