

micro-organisms, although germ-life as a general rule was abundant enough in blood, urine, etc. He adds nothing new to the treatment, and concludes by stating that the mortality from eclampsia is still fearful, but that each new series of reported cases may add something to our knowledge of and ability to control the disease, even though the contributor himself may not understand the value of this work.

The Decadence of Anti-Streptococcic Serum.

It now seems quite settled that Marmorek's serum, the anti-streptococcic serum that we had all hoped would give direct control of the germs of puerperal sepsis, is a failure. Before the Société Obstétricale de France, Macé reported in April adversely to its use, and stated that its employment was rapidly being abandoned.

His views were endorsed by others present. The dissatisfaction of the Institute Pasteur was likewise mentioned, which, in itself, is the most deadly blow the remedy (?) has received. The report of the committee of the American Gynecological Society at its recent meeting was distinctly adverse.

A large majority of cases of puerperal sepsis are of mixed infection, and it was scarcely to be expected that a serum whose potentiality was limited (in theory) to the destruction of but one germ, the streptococcus, would prove successful.

Denise, of Tourain, allows for at least fifteen varieties of bacteria in the production of puerperal sepsis. He has prepared a serum with which sufficiently good results have been obtained to lead to further experimentation.

Because of the failure of Marmorek's serum, we need not fear that serum therapy in this disease is unavailable. A successful serum will yet surely be discovered.—Extract from Editorial in *Obstetrics*.

Surgical Treatment of Uterine Fibromyomata.

At the recent meeting of the International Congress of Gynecology and Obstetrics, E. Doyen, of Paris, in a paper on this subject, reaches the following conclusions:

1. The surgical treatment of fibromyomata should consist in their ablation.
2. The bilateral extirpation of the annexa by laparotomy has been generally abandoned, and is indicated only as a complement to ovariectomy when uterine fibromata exist without causing serious symptoms.
3. Fibromata should be ablated by the vagina when operation by that route is easy.
4. Laparotomy is preferable when the vaginal operation seems to present real difficulties.