

and, withal, tactful essay on "The Treatment of Puerperal Eclampsia." Bearing in mind the edict of the Holy See, that it is unlawful to save the mother at the expense of the child, or, what amounts to the same thing, that it is unlawful to destroy the foetus in utero, that the mother may live, where there is a possibility of both being saved, it is easy to understand Dr. DeCotret when he says, in reference to evacuating the uterus for the convulsions: "Why, for a benefit, which is at most problematical, should we be guilty of foeticide, and expose the mother to the danger of death by inducing an abortion, a thing always dangerous of itself? Are we justified in exposing her to a real danger to save her from a theoretical one?"

With reference to his treatment, he gives reports of cases where (1) bleeding had been resorted to with good results, but in some cases protracted convalescence, due to the anaemia; (2) where the internal bleeders so-called, *veratrum viridi* and *pilocarpine*, had been used. Of *veratrum viridi*, he speaks favorably, quoting Jewett, and Percy, and Reamy (of Cincinnati); of *pilocarpine*, he exonerates it from the charge that it evacuates the uterus, saying that it only regulates and emphasizes uterine contraction when once commenced; (3) the anti-spasmodics, *chloral* and *chloroform*; (4) inhalations of oxygen; (5) compression of the carotids (to replace bleeding); (6) subcutaneous injections of normal saline solutions in cases where the urine was scanty and high-colored; (7) narcotics, opium and morphine. In his conclusions, he advocates bleeding (8 to 10 oz.) first, if patient can stand it; if not, the remedies in the order mentioned above.

On the whole Dr. DeCotret's paper is very readable, and presented in an agreeable manner. We may not agree with all his conclusions, neither may we find anything startling or new; but it certainly presents his subject in a well-condensed form, and Laval did well to choose him.

Of the other papers, much as we should like to quote extracts, it is sufficient to say that they all give evidence of careful reading and painstaking preparation.

Dr. Montpetit, in "Puerperal Septicaemia," regrets that he has no cases to report on the use of the anti-streptococcic serum (*Marmorek*) in this condition. Had the Doctor's paper been delayed a month, he might have had the advantage of a case in the Women's Hospital (in connection with Bishop's College here) successfully treated with 10 c.c. injections of *Marmorek's* original serum, and which we hope to have reported by Drs. Reddy and Richer at an early date. In speaking of the clinical features of septicaemia, the Doctor says: "—The lochia dark and foetid" It is to be regretted that he did not also add a note anent those cases where there was total absence of any odor, but of none the less virulent type. Dr. Ouimet gives a readable paper on the treatment of haemorrhage in *placenta praevia*, where