

serum. This injection was given in the afternoon, and by the next morning the temperature had fallen two degrees, the pulse become slower by thirty beats. The aspect of the patient was much better. The vaginal discharge had decreased in amount, had lost its foul smell, and was much cleaner.

Alex. J. Anderson cites a case of puerperal septicemia which had run for one week, and, the patient being in a very low condition, they gave injections of antistreptococcus serum. The first injection was given on a falling temperature. In one hour and a half it was down to 99.4° but three hours later went up to 102° . The second injection was given the next morning, and the temperature, which was 101.8° , went up to 103.8° , but got down below normal by 10 next morning. The next day another injection was given when the temperature was going up, and had the effect of keeping it down to 101.4° . The following day the temperature was 99.4° . An injection was given and the temperature fell below normal and remained there three days. He used ten cubic centimetres of the serum at a time.

S. J. Barker reports a case successfully treated by serum.

Sergueu reports a case of acute sepsis in which injections of Marmorek's serum were apparently followed by success. The patient was a primipara, 21 years old, who at the end of gestation suddenly became septic. No discoverable cause. The emptying of the uterus brought no relief, and subcutaneous saline infusions produced no improvement. As a last resort 20 cubic centimetres of Marmorek's antistreptococcic serum were injected, and, whether *post hoc* or *propter hoc*, from that time improvement began.—*Journal Obstet.*

AIR EMBOLISM IN PLACENTA PREVIA.

Hubl publishes two cases from Braun's clinic. The first was a woman 40 years old with a rachitic pelvis. The patient collapsed while version was performed. Postmortem showed the right side of the heart filled with air. The upper margin of the placenta was detached, and a blood vessel the size of a crow's quill was wide open and probably formed the entrance gate of the air. In the second case death occurred about nine hours post partum, also after version. Death was preceded by several attacks of collapse. No postmortem in this case. The author discusses the differential diagnosis of chloroform collapse and air em-