

cancer in the public should not deter from this course; a woman can be relieved of this fear in a few hours by going to a physician for examination if she is free from malignant disease while the physician can assure her that she can be cured if he discovers an incipient cancer. He adds that surgeons have come to the limit of technical skill; the burden of the campaign against uterine cancer rests now on the shoulders of the general practitioner and the public.

114. **Hereditary Displacement of the Patella.**—In the family described by Wrede, bilateral luxation of the patella was observed in the grandfather, in the father, in his sister and one of his five brothers, and in the son and daughter.

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- 117 Pregnancy in a Dwarf. (Fall von hypoplastischem Zwergwuchs mit Gravidität nebst Bemerkungen über die Ätiologie des Zwergwuchses.) B. Aschner.
- 118 *Status Epilepticus and Pregnancy. E. Sachs.
- 119 Gas in the Uterus. (Zur Lehre von der Tympania uteri.) H. Rimmann.
- 120 Subcutaneous Symphysectomy and Suprasymphyseal Delivery. (Ueber den subcutanen Symphysenschnitt und die suprasymphyseale Entbindung.) F. Frank.
- 121 Postoperative Protection of Abdominal Cavity. H. Sellheim.
- 122 Pseudomyxoma in Peritoneum After Appendicitis. H. Crumer.
- 123 Radioactive Ferments in Treatment of Inoperable Cancer. A. Sticker and E. Falk.
- 124 Local and Spinal Anesthesia in Gynecology. G. A. Wagner.

118. **Status Epilepticus and Pregnancy.**—Sachs reviews the literature on this subject and reports the case of a woman with a tendency to epilepsy since puberty as also her two sisters. The sisters have been healthy since their marriage and have borne healthy children, but Sachs' patient found the epilepsy aggravated by her first pregnancy, so that violent seizures recurred every day. After failure of other measures, premature delivery was induced with the inflatable bag, after incision of the cervix, the uterus being emptied immediately after the cervix was sufficiently dilated. Hemorrhage was arrested by the Momburg belt constriction but the woman died without regaining consciousness. Necropsy showed none of the changes in the internal organs characteristic of eclampsia. Sachs is convinced that the measures adopted did harm rather than good; the long-continued irritation from the method of delivery and other measures kept up a constant stimulation of the cortex contrary to the general principles imperative in treatment of epilepsy. Possibly better results might have been obtained if the uterus had been emptied rapidly by vaginal Cesarean section. Only two cases are on record, he says, in which the intensity of the status epilepticus developing in pregnancy equaled that in his patient. Differentiation from eclampsia is difficult, and he thinks that some cases on record may have been mistaken for eclampsia. He has been unable to find any record of a case of status epilepticus or epilepsy in any form in which the patient was cured by interruption of the pregnancy. The aim should be to ward off everything that might irritate the central nervous system. If delivery is urgent, the shortest technic should be employed. The history, epileptic equivalents, possibly knowledge that the bromids have been abruptly suspended, may give the clue to the epilepsy, while an unusually low freezing-point of the urine and hyperleukocytosis suggest eclampsia. He emphasizes the importance of differentiating them as the treatment is diametrically opposite for the two affections. Pregnant women with a history of epilepsy should have their bodily functions supervised with exceptional care, the bromids should never be abruptly suspended, and excesses of all kinds should be avoided. Albuminuria is the rule in eclampsia to such an extent that the lack of it has caused some writers to dispute the diagnosis in otherwise apparently typical eclampsia. At the same time, repeated epileptic seizures are liable to induce albuminuria.

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- 125 *Salvarsan: Retrospect and Outlook. (Salvarsantherapie.) P. Ehrlich.
- 126 Digipuratum. R. Gottlieb and R. Tambach.
- 127 Technic for Treatment of Cleft Palate and Harelip. (Behandlung der mit Wolfsrachen komplizierten einseitigen Harnscharten.) B. Riedel.
- 128 *Siphonage of Stomach Content Through the Nose in Peritonitic Ileus. M. Kappis.

- 129 Four Cases of Sepsis from Friedländer Bacillus. F. Rolly.
- 130 *Recurrence of Syphilis in Nervous System After Mercurial Treatment. (Syphilitische Neurorezidive.) J. Benario.
- 131 Intrathoracic Gopher. S. Kreuzfuchs.
- 132 *Injurious Action of Pure Oxygen on the Lungs. (Zur Chloroformsaurestoffnarkose.) A. Schmidt and O. David.
- 133 *Butenko Reaction in Urine in Paralysis. P. Beisele.
- 134 Technic of Carbon Dioxide Snow Treatment of Skin Disease. (Technik der Kohlensäureschneebehandlung.) A. Strauss and H. Fründ.

125. **Retrospect and Outlook for Salvarsan Therapy.**—Ehrlich here reviews the subject to date saying that his preliminary connection with the drug is now practically closed. He regards his method of distributing the drug for extensive investigation by leading medical men as the only proper method of introducing a new drug. He states that he never claimed that the drug would cure in a single dose, and he also insists that the cases in which the drug has been applied contrary to the indications he so carefully specified should not be placed to its discredit. He compares it to chloroform; in the healthy not more than one fatality is known in 50,000 applications of chloroform, while this proportion increases to 1 in 2,070 for the average hospital material, and the proportion is far higher in heart disease. The few bladder disturbances that have been reported are probably traceable to defective vials with oxidation of the drug by contact with air, the resulting compound being much more toxic than the salvarsan. He discusses in detail the cases reported by Benario and others in which the recurring manifestations of the syphilis were in the optic or auditory nerve and he relates a number of instances in which similar recurrences in the nervous system have been observed after mercurial treatment or without any treatment. The chief argument against their being results of toxic action from the salvarsan is that they were rapidly cured by salvarsan; if the salvarsan had been responsible, another dose of the drug would have aggravated the lesion. The only case of blindness reported from it was in Finger's patient, whose case was mentioned in THE JOURNAL, Jan. 7, 1911, page 83, but this patient had within the year been given thirty injections of arsacetin in addition to other arsenical medication. Ehrlich had previously warned against giving the salvarsan to any patient who had been taking any arsenical preparation. He regards these recurrences in nerves as a sign that the spirochetes elsewhere have been practically exterminated and that this was their last refuge. The sterilization had been almost complete, and a dose of salvarsan rapidly cured seven of Benario's ten patients in whom these recurrences developed after mercurial treatment alone. In conclusion, Ehrlich says, that salvarsan has won a permanent place for the treatment of syphilitic mouth and throat affections and those of the nasal mucosa, the cutaneous syphilids of the secondary and tertiary phases, "galloping" syphilis and congenital syphilis and the cases refractory to mercury—for all these salvarsan has proved itself the most powerful weapon, uniting, he asserts, the action of mercury and iodid, while surpassing both in the reliability and rapidity of the effect.

128. **Retention Stomach Tube in Peritonitic Ileus.**—THE JOURNAL, April 9, 1910, page 1244, mentioned Westerman's method of continuous siphonage of the stomach content by a stomach tube introduced through the nose, and Kappis here relates a number of experiences with this measure which confirm its clinical value. A broad, soft stomach tube slips easily through one nostril down into the stomach and it is left there, the stomach contents being readily siphoned out. In peritonitic ileus the vomiting and hiccough stop at once and the patient can drink freely. Some of the fluid thus passing through the stomach is probably absorbed, especially an alcoholic or sugar solution, while the abdomen is left in peace and is relieved of the pressure of the filled stomach. This siphonage by the nose has been applied in ten cases of severe peritonitic ileus in his service with the best results. If it does not succeed, enterostomy is indicated without too long waiting, for fear of decubitus in the esophagus from the stomach tube. He found such at necropsy in one case in which the tube had been left in the esophagus for forty-eight hours. Since then he never leaves it more than twelve hours at a time, reintroducing it if necessary. The measure is also urgently indicated, he declares, in postoperative obstruction