

Eclampsia and Albuminuria in Pregnancy.

Lantos in *Arch. f. Gyn.*, arrives at the following conclusions:—

1. Albuminuria occurs more frequently in parturient than in pregnant women, which may be explained by the fact that during labor the uterus is subject to great contraction and tension, whereby the nerves in the uterine wall are subjected to greater irritation than usual.

2. This occurs more frequently in those who are pregnant and parturient for the first time, for, while the uterine wall itself is able to offer greater opposition to tension, this opposition acts as a nerve impulse.

3. In twin labors and labors at term, therefore, albuminuria is more common, because the increased volume of the contents of the uterus is the cause of greater tension.

4. Protracted labors cause protracted irritation, and favor the existence of albuminuria.

5. The artificial termination of labor can only be regarded as a means of nerve irritation which increases the already heightened reflex of excitability of the vaso-motor nerves of the uterus and kidneys. The percentage of cases of albuminuria among those with whom labor has thus been terminated is much larger than with others.

6. Albuminuria occurs most frequently among primipare between fifteen and twenty years old, apparently as an expression of the heightened susceptibility to irritation of this period of life. Though the largest number of sufferers from albuminuria are found in multipare between the ages of thirty and thirty-five, it is due to the fact that, relatively, the largest number of women bear children between those periods.

7. The quick disappearance of albumin from the urine is explained by the subsidence of nerve irritation.

8. The well-settled fact that in the ordinary albuminuria of pregnancy albumin is not constantly demonstrable can not be explained by the mechanical theory. According to that theory, the constant and increasing pressure of the uterus upon the veins as pregnancy advances, should have the effect not only of causing albumin to disappear at times, but altogether. On the other hand, these cases are easily accounted for if we assume that the nerve irritation disappears either on ac-

count of change in the position of the foetus or on account of habituation to the irritant.

It is therefore possible to believe that in cases in which there are no tissue changes in the kidneys, albuminuria of pregnancy and labor may be regarded as of no pathological significance, being a very common symptom arising from reflex irritation of the vaso-motor nerves of the kidneys, excited by irritation of the nerves in the uterine wall. As a diagnostic sign of pregnancy this condition may be considered as of some importance.

SURGERY.

Treatment of Aneurisms.

M. Germain-Sée highly extols the simultaneous use of iodide of potassium and antipyrine. He finds that the latter drug effectually quiets the tumultuous cardiac action, favors the formation of the clot and dissipates, to a remarkable degree, the dyspnoea and terrible pains.

Dujardin-Beaumetz, while recognizing the high value of antipyrine, finds that its continuous use brings out an eruption, and for that reason he prefers phenacetine, which is never toxic and as efficient as antipyrine.

Treatment of Ununited Fractures.

In the *Reforma Medica* of August 14th, a case is related, in which Professor Loreta successfully treated an ununited intracapsular fracture of the neck of the femur, by scraping the fractured surfaces and inserting a bundle of metallic sutures between them. On January 23rd, a robust man, aged thirty-six, was admitted into the Bologna clinic with the history of a fall on the left hip nineteen months previously, since which he had been quite unable to stand, and had suffered from constant severe pain, shooting from the left hip-joint into the gluteal region, the point of greatest intensity being over the course of the sciatic nerve. The limb was much wasted, but it was normal in position, and scarcely at all shortened. Flexion and extension of the thigh on the pelvis were almost impossible, but the patient could occasionally execute very slight movements of rotation and abduction. In rotation, he was sometimes conscious of faint crepitus in the trochanteric region. On February 15th, Professor Loreta operated with full antiseptic precautions. He made a long incision behind the great trochanter, so as to expose the