or rag, being neater and less troublesome, getting the remedy more evenly and uniformly applied over the surface, and usually giving more speedy relief.—*Jour. of Cut. and Ven. Dis.*

THE TREATMENT OF PUERPERAL ECLAMPSIA.—M. Chambert, in his Thése pour le Doctorat en Médicine, Paris, 1884, (*Medical Chronicle*), gives an account of eight women attacked with puerperal convulsions, one of whom died. The treatment pursued was uniform, and the same as recommended at the conclusion of his thesis. The value of his thesis consists in a concise statement of the treatment which is at present generally accepted in Paris as the best, although violently opposed by Professor Pajot and other eminent obstetricians.

M. Chambert's conclusions are :

1. A woman presenting the following symptoms, albuminous urine, œdema of the lower limbs, headache, troubles of vision, etc., shonld be placed on an "absolute milk diet."

2. After convulsions have occurred the bowels should be cleared out, and then an injection should immediately be given containing six or eight grammes (90 to 120 grains) of chloral, according to the intensity of the convulsions. If the temperature rises this should be repeated after two hours, and if the convulsions still persist, the patient should inhale chloroform. The usual formula for the injection is—new milk ℥ iij, yolk of one egg, chloral hydrate grs. 90.

In a plethoric patient, with symptoms of congestion, it is permissible to bleed to an amount not exceeding 16 ounces.

3. In every case the termination of labor should be hastened, provided dilatation of the os is complete, the forceps being applied or version employed if there is the least delay in the expulsive stage of labor.

The milk regimen should be continued till albuminuria has completely disappeared, and if, after labor is over, convulsions threaten or actually occur, a draught of 90 to 120 grains of chloral may be expected to arrest the attacks. Milk regimen, chloral and chloroform are the most powerful means of modifying the unknown cause, which produces puerperal eclampsia.—*Am. Med. Digest.*

THE TREATMENT OF GANGRENOUS INTESTINE IN STRANGULATED HERNIA.—In a paper having the above title, W. Mitchell Banks, F.R.C.S., (*London Medical Times*), sums up the following conclusions:

1. That when gangrenous gut is discovered in a hernial sac, no attempt whatever should be made to divide the stricture.

2. That practical experience is required to determine the expediency of drawing down into the hernial opening a fresh piece of bowel.

3. That the cases appropriate for resection of the gut must be very few, requiring, as it does, that the patient should be young and vigorous, with abundant reparative power; that the hernial sac should not be full of putrid pus or evacuations from a perforated bowel; and that the operation should be done in daylight, and with competent assistance and antiseptic precautions. So far the statistics of resection of gangrenous bowel show a mortality of 52 per cent., whereas by making an artificial anus all the patient's immediately dangerous symptoms are relieved, while he has a chance of subsequent cure (*a*) by spontaneous closure of the aperture; (*b*) by the use of the enterotome or the rubber tube; and (*c*) by the employment of resection at a later stage, the statistics of which show a mortality of only 38 per cent.

4. That in resecting a bowel it is not necessary to have an apparatus to distend it, and that while the fingers of an able assistant will generally serve to control the divided ends, it may be necessary to to use some simple clamping instrument having parallel blades and covered with rubber.—*Md. Med. Jour.*

SCHULTZ'S METHOD OF RESUSCITATING THE NEW BORN CHILD.—At the last annual meeting of the Medical and Chirurgical Faculty of Maryland, Dr. Neale (*Med. Record*), illustrated Schultz's method of resuscitating the new born child in case of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator, and its anterior surface to the front; it is then swung upwards so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then in a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Sylvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.

NEVER OVERLOOK AN OVER-DISTENDED BLADDER.—A writer reproduces the histories of several cases of retention of urine, in which the over-distended bladder was mistaken for abdominal tumor. In the comments following, a case is related in which the writer was called in consultation to examine a woman recently confined, in whom incontinence of urine had led to the suspicion of vesico-vaginal fistula. The withdrawal of three quarts of offensive urine cleared up the diagnosis.

The case last related recalls very vividly an incident in the lying-in ward of the Charity Hospital, which occurred some years ago, in the days of Prof. Frank Hawthorn. A two-hundred-pound negro woman recently confined, was "passing her water in bed" to the satisfaction of the nurse and