

ELECTRICITY IN THE TREATMENT OF URICACIDEMIA.—J. G. Davis reports several cases in the *New York Polyclinic* of May 15, 1897, in which great relief was experienced from the use of electricity. The constant current was employed with the positive pole over the lumbar region and the negative over the abdomen. In two cases which were regarded as Bright's disease, and in which a large quantity of albumen was being voided, the treatment caused the albumen and coexistent dropsy to disappear. He does not use this to the exclusion of other treatment, but combines it with diuretic and dietetic measures. In one of his cases the stimulating effect of the current on the kidneys seemed to be very direct.—*Medicine*.

LATENT RUPTURE OF UTERUS IN LABOR.—Backer (*Monatsschrift f. Geburtsh. u. Gynäk.*, March, 1897) relates the case of a woman in her third labor, who seemed to be doing badly, when it was found that the retardation of delivery was rupture of the uterus. This was surprising, as the symptoms were by no means acute. Five hours after rupture the uterus and appendages were removed. The patient died within eight hours after the operation. At the necropsy the cause of death was found to be hæmorrhage. The vascular and œdematous pelvic connective tissue had shrunk up, so that the ligature had slipped. It is clear, says Backer, that mass ligatures are insufficient for the hypertrophied and vascular structures around a parturient uterus. Every divided vessel must be secured. The conjugate diameter of the pelvis was $3\frac{1}{10}$ inches.—*British Medical Journal*.

THE "ASCITES OF YOUNG WOMEN."—Bouilly (*L'Abeille Méd.*, No. 26, 1897), under the name "L'Ascite des Jeunes Filles," suggested by Cruveilhier, describes an affection coming on at or soon after puberty, and having tuberculosis of the Fallopian tubes and ovaries as its most characteristic pathological feature. In some forms of extensive pelvic and abdominal tuberculosis there is no fluid effusion at all; but when the tuberculosis change is limited to the uterine annexa, the ascites is both characteristic and abundant. Its evolution is slow, and it most commonly affects women between the years of 16 and 24. There is no very great abdominal distention, and the quantity of fluid rarely exceeds 8 litres. There is amenorrhœa, and the patient is anæmic and loses flesh. It is often difficult to distinguish this form of ascites from an ovarian cyst, but variability in the amount of the fluid in the former is helpful in diagnosis. The ascites may after a long time undergo spontaneous absorption, but Bouilly recommends and practises laparotomy.—*British Medical Journal*.