

drug will gradually reappear and the patient will die in consequence of cerebral œdema, or of urea, which cannot be eliminated owing to the inability of the organs of elimination in the kidneys. In addition to the use of this drug, articles of food tending to diminish the irritation of the kidneys and which prevent a tendency to the formation of fat in the vascular structure of the brain, heart, and kidneys, should be given. If the patient can be induced to eat raw beef it would be a good plan of treatment; if not, an exclusive milk diet becomes very useful.—*Detroit Emergency Hospital Reports.*

PUERPERAL CONVULSIONS.—Goldberg (*Centralbl. f. Gynäk.*, No. 26, 1892) read a paper on eighty-one cases of eclampsia, at a recent meeting of the Dresden Gynecological Society. The cases occurred in the course of 10,718 labours which took place within eight years at a lying-in hospital. The proportion of cases with fits was, it will be seen, only three-quarters per cent. No fewer than seven-eighths of the cases of eclampsia occurred in primiparæ. In all the eighty-one except two, the head presented. The proportion of twins was large. In forty-four cases, it was evident that the advancing head did not press on the ureters. In some of the remaining thirty-seven, that accident might have occurred, but it could only be demonstrated in a very few. The amount of albumen in the urine was greater, and the occurrence of albuminuria far more constant, in the fatal cases than in those that recovered. Anasarca occurred in about half, but was not specially marked in the worst cases. The usual prodromata were headache for several days, vertigo, nausea, nervous irritability, rapid irregular pulse, persistent cyanosis, dyspnoea, and mental confusion. In seventeen cases which died purely from eclampsia, acute chronic renal disease was present in sixteen. Cerebral lesions were found in fourteen of these cases, namely, hæmorrhage in four, nervous hyperæmia in one, œdema in eight, generally associated with anæmia, but in one with hyperæmia. The total mortality was 24.7 per cent. In the primiparæ it was 21.43 per cent.; in the multiparæ, 45.45 per cent. Though the latter class made up only one-sixth of the total they suffered worse when attacked. The mildest cases were those in which the symptoms began at

or during delivery or in the puerperium. The earlier before term the fits occurred, the more aggravated were the symptoms. The death of the child in *in utero* did not benefit the patient in any way, as some obstetricians have endeavoured to show. In the very great majority of cases, where instrumental or other active interference was employed, the fits were thereby cut short. The right treatment, in fact, is speedy delivery. Chloroform inhalations, morphine injections, hydrate of chloral, warm baths, and isolation in a quiet dark room, are the best agents for treatment of puerperal eclampsia.—*British Medical Journal.*

STRICTURE OF THE INTESTINE DUE TO TUBERCULOSIS (Die stricturirende Tuberculose des Darmes und ihre Behandlung. *Deutsche Zeitschr. für Chirurgie.* By Professor F. König).—König reports five cases of stricture of the intestine due to cicatricial contraction of tuberculous ulceration, all treated by laparotomy and resection of the gut with circular suture. Two died; one from exhaustion, the other from the giving way of a suture and peritonitis. He considers this condition more frequent and more easily recognized than has hitherto been thought. The diagnosis is to be made by the peculiar chronic history of frequent attacks of severe colic, with constipation, distention of the abdomen, visible peristalsis, and peculiar splashing and musical sounds, ending with a sound which resembles that of fluid driven forcibly from a syringe. There are usually no symptoms before those of stenosis appear. The disease is more frequently found in persons between twenty and thirty years of age, and especially in those suffering from other tuberculous lesions. It causes great emaciation and anæmia. In spite of the feebleness of the patients, König thinks surgical interference advisable, especially as the ulceration is probably still progressing in front of the cicatricial contraction, and often the tuberculous disease elsewhere is not yet far advanced. It seems to the reviewer that the operation is rather formidable to be undertaken in such feeble subjects, and that a lateral anastomosis would answer the purpose quite as well and with much less risk, while if the general health improved to such an extent as to warrant it, the resection could be performed later.—*International Medical Magazine.*