

tipyrin and one drop of tincture of aconite every hour, applied turpentine stupes to the body, and in seven hours found my patient relieved from all her unpleasant symptoms, and quite cheerful. She passed a good night, had refreshing sleep, and next morning I fancied the attack had been what in Yorkshire is called a "weid,"—a passing febrile wave which in a few hours leaves the patient as well as before. On the 25th, felt quite comfortable, on the 26th the same; on the 27th I noticed a marked change; countenance pinched and anxious, pulse 130; tongue parched, veins of left arm swollen painful; womb tender, full; veins of thighs and legs hard, very painful; temperature 98.2° ; discharge nearly ceased, but nothing offensive. I telegraphed at once for Mr. Scattergood, of Leeds; we did all we could, all we knew, but she sank in twenty-four hours, after the appearance of phlebitis. The lowness of the temperature in conjunction with the severity of the symptoms was the worse feature in the case; now the question comes, did this lady's blood, after having got rid of the original attack of measles, ten days before her confinement, become a second time poisoned by the child in utero whilst suffering from the same disease.—A. S. Myrtle. M. D. *Brit. Med., Jour.*

ALBUMINURIA AND ECLAMPSIA OF PREGNANCY.—Dr. E. P. Hurd (*Thera. Gaz.*) concludes as follows: The treatment of puerperal eclampsia includes the prophylactic treatment and the treatment of the convulsive seizures. Many pregnant women have albuminuria and nephritis, and go to their full term without convulsions. In other cases there are early warnings that there is danger ahead. Among the symptoms of renal insufficiency are headache, drowsiness, tinnitus aurium, perhaps more or less dimness of vision, or blindness of one or both eyes, dizziness, dyspnoea, especially on exertion, nausea and vomiting; the urine is scanty and loaded with albumen, while the percentage of urea is not more than one-half or one-fourth the normal. Here the duty is plain. The patient must refrain from work, be put on a diet of milk, with or without Vichy water, and fruits, with a minimum of animal food. Saline diuretics, as cream of tartar or acetate of potassium, may be prescribed, and tincture of chloride of iron in full doses three times a day. Also a full dose of Glauber's salts in the morning to promote free elimination by the bowels. It may be expedient to give at bedtime a full dose of fluid extract of jaborandi, to produce profuse sweating, or to administer hypodermically one-eighth of a grain of pilocarpine, or even resort to the wet-pack or hot-bath. If, in spite of these efforts to relieve engorged kidneys and protect the irritated nerve centres, the patient becomes worse, and convulsions seem imminent, premature labor should be induced. When called

to treat a woman already in convulsions, if labor has not already commenced, it must be expedited by artificial means under chloroform. If labor is advanced, and the os is dilated or dilatable, the patient must be immediately delivered by the forceps or by version. A ten-grain calomel powder may be placed on the patient's tongue, and, if the vascular tension seems high, sixteen ounces of blood may be taken from the arm. It will seldom be desirable to repeat this venesection. Chloroform should be administered to complete anaesthesia, and the patient should be kept under its influence as long as convulsions threaten. As adjuvant to the chloroform, a full dose of chloral may be given by mouth or by rectum. Possibly, in obstinate cases a hypodermic of morphine may be advisable.—*Med. Recorder.*

WOOD AS A SOURCE OF HUMAN FOOD.—In an address at Heidelberg by Victor Meyer, it is announced "that we may reasonably hope that chemistry will teach us to make the fibre of wood a source of human food." What an enormous stock of food, then, will be found, if this becomes possible, in the wood of our forests or even in grass and straw! The fibre of wood consists essentially of cellulose, $C_6H_{10}O_5$. Can this be made to change into starch? Starch has exactly the same percentage composition, but as everyone knows, it differs very much in its properties, and the nature of its molecule is probably much more complex. Cellulose is one of little or no dietetic value, and it is not altered, like starch, in boiling water. It readily gives glucose when treated with strong sulphuric acid, as is easily shown when cotton-wool, which is practically pure cellulose, is merely immersed in it. Starch gives the same product when boiled with weak acid. The author further quotes the researches of Hellreigel, which go to show beyond dispute that certain plants transform atmospheric nitrogen into albumin, and that this process can be improved by suitable treatment. The production, therefore, of starch from cellulose, together with the enforced increase of albumin, in plants, would, he adds, in reality signify the abolition of the bread question. It must be borne in mind, however, that theory, fascinating and promising though it may be, is not always capable of being followed up by practical result.—*The Lancet.*

LACTATION DURING MENSTRUATION.—Ever since the days of Hippocrates and Galen, the belief has obtained that perfect lactation was inconsistent with the return of the menses. In a paper recently read before the Royal Medical Society of Vienna, by Dr. Schligher, the result of this belief is seriously called in question, and there seems good reason to conclude that the effect of menstruation on the milk is not necessarily detri-