

PIERI, FELIX. "Decortication of the Kidney and Nephrotomy in the Treatment of Grave Forms of Eclampsia." "De la Decortication du Rein et de la Nephrotomie." *Anna. Gyn. d'Obstet.* May, 1907.

Five cases have been collected from literature and one personal experience is given. The author discusses the pathological anatomy of the eclamptic kidney and the mode of action and the decortication and nephrotomy. The technique of operation is discussed fully and the paper closes with a discussion of the indications and the conclusions which may be drawn from the study of the cases at present reported.

The following are his conclusions:—Nephritis of eclamptic origin occurs but not alone. Based on mechanical and physio-pathologic deductions one is compelled to admit that there occur in the kidney of the eclamptic associated lesions of varying degree. (a) Epithelial lesions more or less marked; these may be superficial but for an indefinite period, and are then capable of restitution ad integrum, if not permitted to increase and become definite; (b) congestive lesions of intense degree which play by far the largest role in the pathogenesis of eclamptic anuria. It is in this condition that surgical treatment is all powerful.

The mode of action of surgical procedure in eclampsia is of threefold nature; by the decongestion of the kidney which it produces, by the elimination of the epithelial debris, etc., which obstructed the canaliculi, and by the modifications in the vaso-motor innervation which it brings about, the operation favours the arrest of the inflammatory processes in the kidney and the re-establishment of the flow of urine.

He thinks that the result from successes in six cases justifies surgical intervention in these grave forms of eclampsia.

The operation should be bilateral, on one side both operations, and on the other decortication alone. In considering the different eclampsia symptoms it is principally the oliguria early and progressive, the decrease in urea and extractive matters, and the presence in the urine of kidney detritus, which indicate the necessity of surgical intervention. It is in this pre-anuric period in which the operation should be undertaken, if successful results are to be obtained.

In cases of confirmed anuria the operation is the ultimate resort but while improvement may occur, satisfactory results can scarcely be expected in view of the marked general intoxication.

BULLARD, W. N. "Obstetric Paralysis." *Am. Jour. of the Med. Sci.* July, 1907.

Obstetric paralysis was first brought to the notice of the medical profession by Duchenne in 1872.