

in eclampsia the toxicity of the blood-serum is increased. Whatever their nature the poisons are not excreted by the kidneys fast enough. To increase the rapidity of excretion has been the rule of treatment. Formerly, venesection was employed to remove a part of the poisoned blood, while transudation from the lymph-spaces diluted that which remained. This dilution may also be obtained by the injection of saline solution. If a patient be plethoric, from twenty to forty ounces of blood should be withdrawn, and its place taken by the injected saline solution. In anæmic patients it is better to make the injunction without venesection. The salt solution is a valuable diuretic, diaphoretic, and purgative, as well as a diluent of the blood. The treatment of puerperal fever by saline injection has been tried on the supposition that, by dilution of the bacterial toxins and hastening their elimination, the condition of the patient will be improved. The successes are too few to permit an advocacy of the procedure in these cases. In fact, the treatment of this dire affection has made practically no progress for three decades.—*University Medical Magazine*.

MISSED ABORTION.—König (*Vratch*) reports a clinical case of foetal retention or missed abortion, the English term being introduced. The patient was aged thirty-three: she had gone through six normal deliveries (the last three years ago) and one miscarriage. The abnormal pregnancy continued for eleven months. During the fifth and sixth months there was discharge of blood. This returned in the course of the last three months. The general health was good. The uterus lay four fingers' breadth above the pelvis, and did not contract during exploration: the vaginal portion of the cervix remained firm. The os externum, however, was patulous, admitting the forefinger, by which a spongy mass could be detected. Ergotine and hydrastis being given, the patient on the next day discharged the ovum, which measured $4\frac{3}{10}$ ths by $2\frac{1}{4}$ inches. It exhibited numerous hæmorrhagic foci, but the original cause could not be ascertained. König also writes of a woman, aged forty two, who sustained severe mental shock at the sixth month. Uterine pains set in and the movements of the foetus ceased. Three months later it was expelled: it had lain dead in the uterus all that time without causing any disturbance. König further reports twenty-seven cases published since 1835, no fewer than ten having been observed in Russia. The majority of the patients were multiparæ aged between thirty and forty: all the primiparæ were elderly. In 29 per cent. the nine months of pregnancy were exceeded before expulsion of the ovum. In only two cases is it related that the placenta continued to grow after the death of the foetus.—*British Medical Journal*.