

### MIDWIFERY.

**Treatment of Dysmenorrhœa.**—Noll (*Centralbl. f. Gynäk.*, No. 21, 1894) does not hesitate to divide the os internum in obstinate cases. He relates five instances of the common form of dysmenorrhœa where there was distinct and severe pain when the sound passed the os internum. Hegar's dilators, chloride of zinc, tincture of iodoform, and other treatment had proved unavailing. Noll, therefore, in each case thoroughly disinfected the uterine cavity and vagina. Then he dilated the obstruction with Hegar's instrument up to No. 9. Radiating incisions were then made around the seat of stenosis, which was afterwards wiped with sterilised gauze, and then touched with a Paquelin's knife corresponding in size to the No. 9 dilator. The dilated canal and the uterine cavity were stuffed with iodoform gauze for twenty-four hours. All five cases did well; the patients were kept six days in bed. Noll believes that the good results (for the cases here described were operated upon over a year ago) were due to destruction by the cautery knife of exposed nerve filaments subject to chronic inflammation.—*British Medical Journal*.

**The Treatment of Severe Albuminuria Associated with Pregnancy.**—In a paper read before the London Obstetrical Society, Dr. Herman concluded a valuable series of observations on albuminuria associated with pregnancy and labor. Every practitioner who observes his cases must have noticed that there at least two main groups of kidney disease in this association. Albuminuria in a more or less marked degree is a very common complication of pregnancy, but in a large proportion, the majority, of the cases it does not lead to any of the graver symptoms to which pregnant albuminuric women are liable. In a certain number of such patients, however, not only is the disease acute in its onset and violent in its manifestations, but we get the dreaded eclamptic convulsions which threaten the life of mother and jeopardize that of the unborn infant. The risks dependent upon the renal disease are, then—first, the life of the mother; secondly, that of the fœtus; and lastly, the danger of the acute phase giving place to a chronic form of Bright's

disease after delivery. The main points which still call for discussion are the means of distinguishing between the cases which are likely to comport a grave sequel and the best method of obviating the danger of usual defects and renal disease as a sequel. Dr. Herman tells us that the acute form attacks mainly women who are pregnant for the first time, and he points out that when the albumin in the urine consists mostly of serum albumin the prognosis is grave. It is, therefore, necessary for the practitioner to accustom himself to testing for the presence of paraglobulin as compared with serum albumin. One of the common symptoms associated with the albuminuria of pregnant women, as in albuminuria from other causes, is failure of vision, attributable to the presence of albuminuric retinitis, and possibly sub-retinal hæmorrhages. In the graver cases this may go on to complete loss of perception of light. Although in most cases the cæcity passes off more or less when delivery has been safely accomplished, this is by no means always the case, and the preservation or protection of sight becomes one of the points to which treatment must be directed. Now, the treatment of the albuminuria of pregnant females is practically confined to the induction of premature labor. As soon as the uterus has been emptied, the symptoms usually promptly subside; indeed, the promptness of this subsidence is one of the most remarkable features of renal disease associated with pregnancy. The speakers, in the discussion that followed, accepted this conclusion, and did not hesitate to recommend that the uterus should be emptied forthwith in all really serious cases of albuminuria associated with pregnancy. The child is sacrificed, it is true, but its chances of survival in the presence of eclampsia, or even of severe albuminuria, are small indeed, so that this fact cannot and ought not to be allowed to weigh in the balance, especially as the mother is thereby rescued from one of the most terrible complications that can threaten the pregnant woman. Then, too, in the cases presenting indications of albuminuric retinitis. These are always severe cases, and most of them die if left unrelieved. Moreover, the further the case is allowed to go on the greater is the damage done to the delicate structures of the eye, and the greater are the