Medical Matters.

ECLAMPSIA.

An excellent article on this important subject recently appeared in the *Medical Times*. We are still groping in the dark as to the etiology of the symptoms which are grouped together under this title. It is comparatively easy to summarise our present knowledge of eclampsia. It is of course, clearly recognised as associated with the pregnant state and with a disordered condition of the renal functions, and that the convulsions somewhat closely resemble those of uræmia. But what is then, the connection between the renal and the uterine condition? The most recent theory is that suggested by Lange's observation that there is almost invariably some enlargement of the thyroid gland in pregnant women and female animals. In pregnant cats, removal of the thyroid is followed by tetanic spasms, and death; removal of part of the gland is followed by disease of the kidneys, which sometimes disappears when the pregnancy is ended, but may be followed by convulsions and coma. So the theory is that eclampsia is due to some toxin circulating in the blood, and that uterine metabolism is a factor of importance in the production of this toxin. Out of 133 pregnant women examined by Lange, all but 25 had an enlargement of the thyroid at some period of pregnancy. Iu the cases where the gland was not enlarged, "pregnancy-kidney" and albuminuria were demonstrated. In six of these cases, eclampsia occurred and in four others of this small series there was severe headache. In two cases where nephritis was present before pregnancy the gland enlarged as usual. It is assumed, then, that a product which results from uterine metabolism during pregnancy, enters the blood and exerts on the thyroid gland some influence which results in hyperplasia, constituting what has been called "pregnancy-goitre"; and further that the glandular secretion is increased in quantity and that this secretion is antidotal to the toxin elaborated in consequence of uterine metabolism during pregnancy. There would be a neutralization of the toxin in physiological pregnancy, an absence of many of the serious disorders incident to the woman's condition. But if there is no thyroid hyperplasia and the quantity of secretion is insufficient to neutralize the toxin in the blood, the usual symptoms of toxæmia occur, ending in eclampsia. It would be obviously useful to test this theory in practice, and whenever albuminuria shows itself in pregnancy to give thyroids. Or to go a step further and assume the interdependent connection which the theory supposes between the functions of the kidney and of the thyroid, it should be worth while to administer thyroids in kidney disease. And, on the other hand, it might be well to give a dietary of kidneys to the patient suffering from goitre.

INFLAMMATION OF THE BREAST.

Attention has recently been directed to the common-sense treatment of inflammation of the breast, provided there is no sign of an abscess formation. Nursing, friction, pumping, fomentations, in fact all measures except such as are calculated to secure rest, are interdicted. The affected gland is wrapped in absorbent cotton and supported by a roller bandage. At the end of twenty-four hours, the bandage is removed, and, if all is doing well, is again applied, a little tighter than before. By this method about 90 per cent. of cures are obtained. If there is a abscess, it is freely incised and then the cavity packed with iodoform gauze.

FÆCAL IMPACTION IN PREGNANCY.

A French contemporary recently reported a useful practical case. A woman, aged 37, three and a half months' pregnant, suffered from retention of urine. This was found to be due to an enormous distention of the rectum and colon. The patient stated that the bowels were regularly opened, and she did not consider herself constipated, but this great fæcal accumulation had taken place. It was relieved by enemata; the catheter was required owing to the loss of power in the bladder. The case is very important, because there is no doubt that, in a less exaggerated degree, the condition is very common in pregnancy. The blocking of the large intestine is gradual, and, of course, causes a diminution in the amount of fluids absorbed by the bowel, and, therefore, of the urine excreted. Then renal trouble follows, with its protean symptoms, while the abdominal pressure disturbs the heart's action and delays digestion. Once more, then, the clue is given by the measurement of the urine passed each day by the patient.

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