Medical Matters.

ECLAMPSIA.

One of the most fatal affections connected with pregnancy, is that form of convulsions to which the above term is applied. It is believed to be connected with a deficient action of the kidneys, because the symptoms strongly resemble those of Uræmia, and there is usually a diminished quantity of urine excreted, which contains more or less albumen. A treatment which has been very successful in these cases, is the old-fashioned method of bleeding from the arm. The explanations which have been given of the effect are very various, but it is probable that the good results are dependent upon the removal of the congestion of the kidneys; because, after this measure has been adopted, not only do the convulsions become less severe or even cease altogether, but the quantity of urine as a rule, rapidly increases, and the amount of solids excreted in it becomes considerably greater. Just at present, considerable discussion is taking place in America, concerning a new method of treatment of these cases, by the injection, under the skin of the patient, of a pint or more of solution of ordinary salt. The part which is generally chosen is the breast, and it is asserted that a pint of the fluid can be injected into the loose tissue under each organ with perfect safety, and that it is rapidly absorbed. It is asserted with confidence that under this treatment a rapid recovery has been effected in many cases. The explanation which is advanced is that the absorption of the salt solution "dilutes the poison which probably circulates in the blood, and stimulates the heart by increasing the bulk of the blood." Observers in this country have not yet published similar results; but it is certain that, if the absorption of the salt solution be all that is necessary, this could be attained with equal celerity, and infinitely less discomfort to the patient, by injecting three pints of the salt solution into the rectum and large intestine, after the canal had been cleared out by an ordinary enema. Or, if a still more rapid absorption were required in some urgent case, it could be obtained by injecting the fluid direct into the abdominal cavity.

SULPHATE OF SODA.

A valuable article has recently been published by a distinguished French physician, recalling the fact that sulphate of soda was employed hundreds of years ago for the treatment of hæmorrhage and that this use of the drug is much neglected at the present day. In suitable cases, he points out that, given either in one large dose, or in smaller doses frequently repeated, Sulphate of Soda not only causes a certain amount of diarrhœa, but rapidly checks attacks of bleeding from the lungs or stomach or other internal organs. The explanation of this effect is probably very simple. The drain of serum from the veins of the intestines will render the blood less fluid and therefore more easily coagulable and prone to clot at the orifice of an opened vein or artery from which the hæmorrhage is coming. Most practitioners in this country are well aware of this use of the drug, and the chief interest of the article in question is that it produces evidence to prove once more that there is nothing new under the sun.

CHLOROFORM IN INDIA.

Valuable statistics from the larger hospital centres in India, have recently been collected concerning the administration of chloroform, and from these figures the following conclusions have been deduced. 1. That through India the mortality from chloroform does not exceed 1 in 8,000 cases, and in some of the larger institutions it is less than 1 in 20,000. 2. This safety does not appear to be due to any special constitutional condition of Indian races, and but little to their habits. 3. It is probably due entirely to the warm atmosphere, which favours the rapid action of the drug and its rapid elimination. 4. To obtain similar safety in other countries, it would be advisable to assimilate the conditions of administration. (*a*) To operate in well-ventilated rooms, in a temperature not below 70° F. (*b*) To observe the cardinal rules so long taught (but often not observed) in Edinburgh, namely, to produce anæsthesia gradually; to dilute the chloroform with plenty of air; to watch the respiration closely; to test the corneal reflex, and observe the pupils and color of the patient; to keep the respiratory channels free from all obstruction, and to keep the patient in a recumbent position; never to "pile on" chloroform in cases of struggling, but to give more fresh air.

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