

## INDIA.

*Bombay, Bai Motlibai Hospital.*—M. Strip.

## PRIVATE TUITION.

N. M. Adamson, E. K. Angell, E. Archer, F. M. Atherton, E. J. Barnes, F. A. Burbers, F. J. Davies, A. M. M. Evans, E. Evans, A. E. Harmon, A. Howse, E. Knott, E. M. Le Fevre, E. C. McMartin, F. E. Maxon, C. L. Mead, A. A. Page, L. R. Pitcher, R. F. Robellaz, A. M. Sanders, M. J. Thomas, C. Twist, E. Varney, C. Willsher.

## PRIVATE TUITION AND INSTITUTIONS.

*Brighton Hospital for Women.*—M. F. Ronchetti.

*General Lying-in Hospital.*—G. Stubbs.

*Liverpool Maternity Hospital.*—A. Perrins.

*Salvation Army Mothers' Hospital.*—E. J. Wolfe.

*Wolverhampton Union Infirmary.*—E. E. Haynes.

## TOXAEMIAS OF PREGNANCY.

The *British Medical Journal* quotes Dr. A. J. Rongy, who, in a foreign contemporary, discussing the treatment of toxæmias of pregnancy, says that formerly these conditions were attributed to changes in the kidney, liver, brain, &c., but at present they are coming to be considered secondary to the effects produced by foreign substances in the blood of pregnant women. Abderhalden's observations are referred to, and Wolff-Eisner has shown that foreign protein substances thrown into the circulation of the pregnant woman under certain conditions bring about a state of eclampsia. Normally these are neutralized by antibodies, but if the woman is unable to furnish these, or the production of the foreign body is excessive, the equilibrium of the maternal metabolism is disturbed, and we have a toxæmia. Clinically we recognise two varieties of this: (a) Those occurring in the early months of pregnancy, characterised by nausea, morning sickness, and, in severe cases, by the pernicious vomiting of pregnancy; and (b) those occurring in the last three months of pregnancy, characterised by headache, dimness of vision, slight epigastric pain, rise in blood pressure, and albumin in urine. This last variety, unless promptly attended to, terminates in eclampsia. Prophylaxis is the keynote to the successful treatment of these toxæmias. No one can tell when the symptoms appear, how soon they may become severe and be uncontrollable, and when the patient does not promptly respond to treatment, Rongy holds that the pregnancy should be terminated. Experience has taught us that these toxæmias do not recur, and we do not now consider a former eclampsia as contra-indicating future pregnancies. In the course of his experiments with fetal serum to bring on labour, Rongy's attention was first directed to the possibility that the toxæmias are due to some foreign proteins originating in the product of conception, and his success with the serum treatment of the later toxæmias led him also to employ it in pernicious vomiting. We are justified, he says, in presuming that all women who pass through pregnancy and labour normally

must necessarily produce certain elements neutralising the toxic substances. Hence the injection of serum from a normal, healthy, pregnant woman will not only add these but also stimulate the circulation into their increased formation. This treatment should be begun early, before the maternal system is saturated with the poisons, and if it fails to cause improvement in from thirty-six to forty-eight hours it should be discontinued. His experience with the use of placenta serum consists of that gained in four cases of pernicious vomiting and three of threatened eclampsia, which are reported. In eclampsia the fatality depends on the degree of toxicity and not on the number of convulsions. The signs indicating the degree of toxicity are the quantity of urine excreted, absence of lucid intervals between convulsions, and high pulse-rate. The presence of one or more of these symptoms is of grave import, but if the urine excretion is not greatly diminished, the pulse-rate less than 120, and the mind clear between attacks, the prognosis is correspondingly more favourable. The experience in these classes of cases in the Jewish Maternity and Lebanon Hospitals is briefly given, both the operative and medical. The point specially made by him is that the toxæmias of pregnancy cannot be treated by any uniform method, and, while he believes that the uterus should be emptied in all cases of eclampsia, each case must be individualised. There is a definite pre-eclamptic stage and premonitory symptoms of pernicious vomiting. With this generally recognised the morbidity and mortality would be greatly reduced.

## PRACTICAL POINT.

## To Relieve Weight of Cot Covering.

Increased comfort may be secured to a very ill baby, by relieving it of the weight of cot coverings. To arrange this, make a frame of close wire netting, cut to project a couple of inches beyond the edge of the cot, lined and bound with thick flannel or blanket. Over this the necessary coverings may be laid, hanging well over the end and sides of the cot. The upper ends of the frame may be tied to the cot by tapes. This arrangement enables the nurse to refill hot-water bottles, &c., without disturbing the baby.

## MOTHCRAFT.

We have received from the National League for Physical Education and Improvement, 4, Tavistock Square, London, W.C., a copy of "Mothercraft," which is a collection of lectures delivered under its auspices at the Royal Society of Medicine and the Charing Cross Hospital Medical School, from October to December, 1914. The Introduction is contributed by the Right Hon. Arthur H. D. Acland, and the lecturers include a number of medical practitioners of note, and others, experts in their particular subjects.

[previous page](#)

[next page](#)