

for the neurotic symptoms. She calls attention to contributory effects of nervous shock in initiating both of these nervous conditions. She defines psychic trauma as a term embracing all nervous shocks which arrest or retard mental processes, and includes under the term acute shock from fright, anger, grief, joy, fear, etc., and chronic shock from repeated disappointment and mental fatigue from uncorrected defects of vision, hearing, etc. In public schools a crowded curriculum and forcing children forward at a fast rate is a detriment to health and tends to produce mental and physical inadequacy. Both diseases mentioned above are aggravated, if not more or less indirectly caused by psychic trauma. Therefore, all obvious causes of nervous strain within control of public school authorities should be prevented. The majority of those in immediate charge of our schools are absolutely unintelligent on this vital subject of caring for the health of the child. Medical school inspection has done practically nothing to control and prevent disability from over-pressure, crowded curriculum, and nervous strain during puberty and early adolescence.

## OBSTETRICS

UNDER THE CHARGE OF

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**Imidazetylthylamin in Obstetric Practice.**—JAEGER (*Zentralbl. f. Gynäk.*, 1913, viii) reports the results of this agent in obstetric practice. It is a preparation derived from ergot and from histidin by the action of nitric acid. It is supposed to stimulate unstriated muscular fibers. It acts upon the muscular fibers of the uterus, the muscular tissue in the bronchial tubes, the iris, and the bladder. It probably has some action upon the unstriated muscle of the bowel, the arterioles, and the spleen. It does not seem to affect the heart directly. On blood pressure, it produces a differing action in different animals. In some, the blood pressure rises; and, in others, sinks. The action of the salivary glands and pancreas is increased by the hypodermic injection of this substance, while the secretion of urine is not influenced. This agent was tried in the case of a puerperal woman, in doses of 30 drops of a solution 1 to 1000, given three times daily. This agreed with the patient, and produced no disagreeable effects. It was compared with other preparations of ergot. Involution seemed to proceed more efficiently, and the after-pains were less frequent, and shorter. It was used to increase the vigor of uterine contractions in 25 cases, 13 primiparæ and 12 multiparæ. It was given by intramuscular injection in the gluteal region, or subcutaneously in the arm or upper portion of the thigh. These injections were not painful, but produced redness at the point where the needle entered. Varying doses were

tried, and the effect noticed upon the mother and the child as well. No influence could be detected upon the fetus, but in some of the mothers the head and face were flushed, the heart acted more vigorously, there was erythema, flatulence, and vomiting. In the experience of Jaeger, small doses produced the best results, and on the whole, the remedy seemed quite as efficient, and in many respects better than the usually employed preparations of ergot.

**The Complications and Variations of Eclampsia.**—HALLIDAY CROOM (*British Med. Jour.*, December 21, 1912) calls attention to what he terms *pseudo-eclampsia*. His patient was a woman seven months, in her second pregnancy, who had severe fits for two days, with marked coma. The urine was normal; there was no evidence in the eyes or limbs of any lesions of the nervous system. The patient died, and at autopsy a cholesteatoma the size of an orange was found in the brain near the anterior end of the left cerebral hemisphere opposite the superior middle and inferior frontal convolutions. In another case in which eclampsia was suspected, at autopsy meningitis was found to be the cause of the convulsions. In discussion, Fordyce described two cases treated as eclampsia in which at autopsy cerebral hemorrhage was found. The etiology of eclampsia was the subject of discussion in a joint meeting of the sections of Pathology and Obstetrics of the British Medical Association, (*British Med. Jour.*, October 26, 1912). Ballantyne believed that eclampsia was the result of pregnancy with renal and hepatic inadequacy, and possibly external and internal disturbances, which increased the strain upon the kidneys and nervous system. Unquestionably, toxemia causes eclampsia. Primary toxemia may result from disturbances in the mutual metabolism of mother and fetus, while the secondary toxemia which develops and causes the convulsions must be left to changes in the kidneys, liver, and other glands. The successful treatment addressed to toxemia supports its claim to be the cause of eclampsia. In his personal experience, his results improved greatly in proportion as he treated eclampsia for the toxemic condition present, his maternal mortality under this treatment being 9.6 per cent. Teacher reviews the literature of the subject, and describes the changes found in the kidneys and suprarenals in 21 cases. Smyly reviews the literature of the subject, and considers that Stroganoff's statistics indicate successful treatment. Kerr used medicinal treatment in cases where the cervix was obliterated and there were indications that labor was about to take place. If the birth canal is undilated, he would deliver by section.

HEINRICHSBORFF (*Zentralbl. f. Gynäk.*, 1912, iv) reports the case of a primipara who died half an hour after delivery with forceps, after moderate hemorrhage, and apparently from failure in the action of the heart. At autopsy, the liver was found enlarged, with extravasations of blood under the capsule and staining in various portions of the gland. The interesting feature of the case was the absence of convulsions, there being present hemorrhage and extensive lesions in the liver characteristic of eclampsia.

LADINSKI (*Amer. Jour. Obstet.*, July, 1912) reports eclampsia complicated by the birth of a monster, consisting of two fetal bodies joined together through the trunk and with one head.