

### TONIC MUSCULAR CONTRACTION IN THE FŒTUS IN A CASE OF ECLAMPSIA.

DOERN reports (*Centralblatt für Gynäkologie*, 1895, No. 19) a very interesting case of a patient in fatal eclampsia, in whom the os and cervix were so tightly closed that artificial dilatation was impossible. Accordingly, post-mortem Cæsarean section was practised immediately after death. It was found that the fœtus had perished, and apparently in a convulsion, as the jaws were tightly closed, the arms and legs bent, and the fingers drawn strongly into the palms. The child had not recently perished. So rigid were the muscles that it was necessary to open the uterus widely in order to extract the child. This persisted for sixteen hours after the delivery of the fœtus. Post-mortem examination upon the child showed extravasation of blood beneath the dura and in the arachnoid spaces over the left cerebral hemisphere.

### POST-PARTUM HEMORRHAGE.

In the *Medical Press and Circular*, 1895, No. 19, is published a clinical lecture by SCHANTA, of Vienna, upon "Post-partum Hemorrhage." He has observed that when the uterus is found after birth in the normal position and well contracted, if hemorrhage is present, it is usually from some laceration about the urethra, vagina, or cervix. Such tears are especially dangerous at the posterior extremity of the vagina, as large vessels leading to the cervix are thus opened. Small tumors of the uterus may have become torn during labor, thus producing hemorrhage. Such cases should be treated by thorough manual examination, followed by suture, removal of a small growth, or thorough tamponing with iodoform-gauze.

In avoiding the most usual cause of post-partum hemorrhage, namely, relaxation of the uterus, Schanta waits for half an hour to three hours for the spontaneous separation of the placenta. He encourages this by gentle friction, and would finally employ firm pressure if necessary. Should post-partum hemorrhage supervene, he would rub the uterus vigorously, use a hot douche, and pack the uterus with iodoform-gauze, leaving it twenty-four hours. If the uterine vessels are atheromatous, hysterectomy may be indicated. He has found the injection of saline fluid beneath the skin of great value in these cases.

### THE TEMPERATURE AND MORTALITY-RATE IN NEWBORN CHILDREN DEPENDENT UPON UMBILICAL INFECTION.

In the *Centralblatt für Gynäkologie*, No. 1895, 17, HERMES reviews recent papers upon the subject, and describes the method of care employed in the Dantzig clinic, which is as follows: The cord is tied with fine linen-tape, soaked in a 3 per cent. carbolio acid solution, four fingers' breadth from the umbilicus. Precautions are taken to disinfect the nurse's hands before tying the cord. The stump of the cord is dressed in cotton and smeared with 4 per cent. carbolized vaseline, retained in place by a linen bandage. The dressing of the cord is changed daily after the bath, and the same dressing is placed upon the umbilicus after the cord separates until it is completely

healed. The cotton used is carefully sterilized and kept in glass jars. Hermes' observations upon 100 children show that, with strict cleanliness, the child's temperature did not rise to 38° C. In only two of his cases was this temperature observed, and in these immediately after the separation of the cord, when the umbilicus secreted more abundantly than usual. Among his cases were two in which infection of the umbilicus occurred. In most of his cases the cord separated on the fifth day after the birth.

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#### THE DIAGNOSIS OF FETAL POSITION BY EXTERNAL EXAMINATION.

BENTNER (*Correspondenz Blatt für Schweizer Aerzte*, 1895, No. 10), in practising diagnosis by external manipulation, has found of especial value a method which consists in palpating the head with the two hands of the examiner. In one manipulation both hands are turned with their backs toward the abdominal surface of the mother, and firm but gentle pressure is made to distinguish the child's neck, the hands being placed beneath the chin and occiput. By the other manipulation the hands are turned in the same way, but one hand is pressed deeply behind the pubic joint, the palmar surface turned toward the pubis, while the other hand, with its dorsum toward the abdominal wall of the mother, presses in the sulcus between the head and the trunk.

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#### A RESEARCH UPON RESPIRATION IN THE NEWBORN, AND METHODS OF RESUSCITATION.

In the *Berliner klinische Wochenschrift*, 1895, No. 17, ZUNTZ and STRASSMANN describe a series of investigations made upon respiration in the newborn with the aid of the manometer. The results of their studies are in favor of those methods of resuscitation which mechanically force air into the chest. They speak with especial stress of inflation of the lungs performed by the introduction of a soft catheter into the trachea.

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#### ECLAMPSIA AND ITS CAUSATION.

SCHREIBER contributes from the obstetrical clinic at Odessa an interesting paper upon eclampsia, with the report of four cases (*Monatsschrift für Geburtshilfe und Gynäkologie*, 1895, Band i. Heft v.). By a review of the literature of the subject, he draws attention to the fact that the causation of eclampsia must be sought in a process which attacks not only the kidneys, but other eliminative organs of the body. Of his four cases, three recovered under the use of the hot pack and inhalations of chloroform, with injections of morphine and rapid delivery. His fourth case died, and the post-mortem examination showed enlarged liver with degenerated liver-substance and cerebral anæmia as the only pathological conditions present.

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#### THE TOXIC ELEMENT IN ECLAMPTIC CASES.

A most interesting research in the pathogenesis of eclampsia has been made by LUDWIG and SAVOR, assistants in Chrobak's clinic in Vienna.