

Mixture for Pyrosis :

R.—Bismuth carb. 3 ij.
 Magnesii carb. levis 3 j.
 Pulv. tragac. ver. gr. xx.
 Aq. flor. aurantii,
 Syr. flor. aurantii āā 5 ij.
 Aquam ad. 5 vj.

M.—F. mist.

Sig.—Three or four teaspoonfuls three times daily, after meals. (Squire.)

Habitual Constipation :

R.—Aloina,
 Ext. nucis vom.,
 Ferri sulph.,
 Pulv. ipecac.,
 Pulv. myrrha,
 Saponis āā gr. ½.

M.—F. pil.

Sig.—One pill to be taken half an hour before last meal of the day. (Sir A. Clark.)

Or,

R.—Ext. cascarræ S. Liq. 5 ij.
 Tr. nucis vom. 5 ij.
 Glycerini 5 j.
 Aquam ad. 5 iv.

M.—F. mist.

Sig.—3j. as required.

Carlsbad Salt (substitute for) :

R.—Sodii sulph. 3 j.
 Sodii chloridi,
 Sodii bicarb. āā 3 ss.

M.—F. Pulv.

Sig.—Take in half a tumblerful of tepid water.

ALBUMINURIA OF PREGNANCY AND PUERPERAL ECLAMPSIA.—Dr. Lantos, of Buda-Pesth, has recently made a series of observations on albuminuria of pregnancy in the wards of Professor von Kézsmásky. In over 18 per cent. of 70 pregnant women he found albumen in the urine, whilst in nearly 60 per cent. of 600 newly delivered women the urine was albuminous. Albuminuria was detected in over 70 per cent. of 268 primiparæ, and over 50 per cent. of 332 multiparæ. The percentage was distinctly lower in premature labour, and 50 per cent. lower in abortion cases. Out of ten cases where albumen was abundant so that Dr. Lantos used the microscope, he found pus in 3 and casts in 5, but no foreign elements in the remainder. He examined the kidney in 39 cases where the patient had neither died from eclampsia nor from nephritis. In 15 of these cases the kidneys were very anæmic, in 21 pale, and only in 3 full of blood. Amongst the local changes in other cases he found acute parenchymatous nephritis in 2 cases, acute hæmorrhagic nephritis in 1 case, parenchymatous degeneration in 9 case, and in 4 albuminous degeneration.

Dr. Lantos therefore concludes that, putting aside all evident and probable cases of nephritis in pregnant women, albuminuria is not rare in pregnancy, and very common after parturition. He refers the phenomenon to reflex irritation of the vasomotor nerves of the renal vessels; it has no pathological significance, and, in conjunction with other symptoms, is a valuable diagnosis sign of pregnancy. Out of 14,815 labours observed in the course of fifteen years, he noted 53 cases (0.36 per cent.) of puerperal eclampsia, a ratio of 278 to 1. Over 78 per cent. out of 42 eclamptic cases occurred in primiparæ, over 21 per cent. in multiparæ; 15 out of the entire 53 died.

Dr. Lantos thinks that the rate of mortality is increased when instruments are used, and as the convulsions often do not cease after delivery, he thinks that the forceps should not be used unless there be strong indications. Convalescence is much prolonged after eclampsia. In 23 of the eclampsia cases the urine was examined; in 21 it was albuminous, casts being found in 4. At the necropsies of fatal cases of convulsion, Dr. Lantos found constant changes in the brain, but only once acute, though frequently chronic, renal changes. Like Osthoff, he traces puerperal eclampsia to violent reflex vasomotor disturbance, and classes it as acute peripheral epilepsy.—*Br. Med. Jour.*

IRRITABLE BLADDER AND FREQUENT MICTURITION IN FEMALES, Alexander Duke—This distressing complaint is commonly met with among female patients suffering from internal disease, and the diagnosis of the cause is sometimes by no means easy. In some cases where, after careful examination, we are able to exclude the urine itself as a source of irritation, and find that the uterine symptoms complained of would not be sufficient by reflex action to account for the continual annoyance, we are obliged to seek for some other cause, and I have remarked in a great number of these cases an unnatural appearance of the meatus urinarius, the opening being much smaller and rounder, reminding one somewhat of the pin-hole as seen in conjunction with conical cervix uteri. This I find is comparatively easily cured by forcible dilatation of the meatus or urethral canal, but I have noticed a rather curious phenomenon to occur during the process, that is, the escape of a considerable quantity of urine when the blades of dilator are freely opened (and this after the bladder had been but a few moments before fully emptied to all appearance by the catheter), the amount of urine escaping being fully equal in some cases to that previously removed. It has always been a puzzle to me where this urine came from, as the diagnosis of cystocele is a comparatively easy one, and a sacculated condition of the bladder could not possibly exist in all the cases in which I have noticed this peculiarity. We all know that when there is a