

second, where the hypertrophied gland is lobulated and channels are left between the masses, along which urine flows without interruption. He proposes to bring this condition about artificially early in cases presenting signs of commencing obstruction. With this view he has "adopted a mode of treatment with specially adapted bougies. The instruments are gum-elastic, two to four inches longer in the stem than usual, with an expanded portion an inch from the tip, which is made to enter the bladder. In this way the prostatic urethra is subjected to pressure on the insertion and withdrawal of the instrument. As a rule, if dilatation be not too rapidly proceeded with, no irritation is aroused. On the contrary greater toleration of urine follows, owing to the ease and completeness with which the bladder is then emptied."

#### ANTI-CANCEROUS DIET.

Professor Beneke of Marburg, setting out with the notion that a well nourished organism, rich in quaternary principles and phosphates, constitutes a favourable soil for the growth of cancer, suggests the following diet for cancerous patients, or those who inherit a hereditary predisposition thereto:—

*Breakfast*: Black tea, with cream and sugar; a little bread, plenty of butter; baked potatoes with butter (cocoa may be substituted for the tea); fruit, fresh or cooked; biscuits.

*Dinner*: Soup of fruit, wine, tapioca or peas, or potatoes; not more than two ounces of meat (weighed before cooking), potatoes, vegetable roots, cooked fruits; apples and prunes with rice, rice with rum, salads, fruit ices; Moselle, Rhine wine, Champagne; very little beer (because it contains much alkaline phosphates).

*Tea*: Black tea, with sugar and cream, a little bread and butter, or fresh fruit and biscuits.

*Supper*: Soup as at dinner, rice and fruit, baked potatoes and butter, potato salad, sardines, anchovies, herrings; corn flour gruel with wine and sugar; light wine.—*Birmingham Medical Review*.

The first German Medical Congress was held at Wiesbaden, April 20th to 22nd.

#### Midwifery.

#### TREATMENT OF THE IRRITABLE BLADDER IN WOMEN.

BY J. H. ETHERIDGE, M.D.

The cause of irritable bladder determines its treatment. When it is unknown, treatment becomes guesswork. Consequently the physician's first problem of treatment is the determining of the cause in each individual case of vesical hyperæsthesia.

Causes of irritable bladder may be divided into *intrinsic* and *extrinsic* causes.

The *intrinsic* causes include abnormalities of the urine, consisting of, first, too *limpid urine*. Second, too *concentrated urine*. Third, an excess of *uric acid*, as shown by gravel, calculi, and amorphous urates. Fourth, *triple* and *amorphous phosphates*, shown in decomposition of the urine. Fifth, *oxaluria*, and sixth, *sugar* and *albumen*.

Among intrinsic causes may be included abnormal substances not of urinary origin, which may be enumerated as follows:

Seventh, *pus* and *blood* from renal or cystic diseases. Eighth, *feculent matter*, gall stones, joints of tape-worms and round-worms. Ninth, *hair*, *fat*, *teeth*, and *bones* from a fistulous communication with a dermoid cyst.

Other intrinsic causes include—

Tenth, *cystitis*, *acute* or *chronic*. Eleventh, *malignant disease* of the bladder, primary or secondary. Twelfth, *polypi*. Thirteenth, *cysts* and *tubercles*. Fourteenth, *hypertrophy*, *centric* or *eccentric*.

Intrinsic causes may include disorders of the urethra as well as of the bladder, and are thus indicated:

Fifteenth, *urethritis*, *acute* and *chronic*. Sixteenth, *neoplasm*. Seventeenth, *dilatation of the urethra*, including that of the upper third and of the whole canal. Eighteenth, *dislocation of the urethra*. Nineteenth, *prolapsus of the urethral mucous membrane*. Twentieth, *stricture*; and, twenty-first, *incomplete fistula*.

The extrinsic causes of irritable bladder are numerous, often difficult to define, and are much more common than intrinsic causes. Fully two-thirds of the cases of this disorder arise