

factors favor distension, and when once over-distension has occurred the expulsive power of the bladder is diminished; the expulsive power of the abdominal muscles also is lessened for a time by the stretching they have undergone. In view of all these facts, it is not surprising that over-distension of the bladder should frequently occur in the earlier part of the puerperium, and I believe it occurs much more frequently than is usually supposed. Do not be content with nurse's or patient's report that the urine has been passed. You may find on further enquiry that it is being passed "every hour or two," which of course means retention with overflow; or you may find that 8 or 10 ozs. have been passed at a time, but that twice as much more may be drawn off by catheter immediately afterwards. This "residual urine" soon becomes offensive in odour, and much pain and discomfort or even cystitis result. Examine the abdomen at each visit after labor. If you find the uterus high up and pushed over to one side, push it gently in to the middle line, sink your fingers behind the fundus and hold it forward against the abdominal wall. Then palpate with the other hand from fundus to symphysis. If the bladder be empty you can feel the uterus all the way down, but if it be distended you feel a body like a more or less distended water bag. If it is not too tightly distended you can feel the contracted uterus behind by "dipping" sharply into it with the fingers. In addition to pain and discomfort this distension of the bladder may give rise to fever.

Train your nurse to watch the abdomen and pass the catheter when distension occurs, no matter how soon after labor or how frequently, if the bladder can not be emptied by natural methods. When distension has occurred and the urine is offensive in odour a useful prescription is

Urotropin
Lithiæ Citratis, āā grs. x
Infusui Buchu ad ȳ ȳȳ.

Signa.—To be given in a glassful of water night and morning.

Emotional Fever.—The usual form is transitory. Any excitement may produce it. A visit from an irate parent; a disagreement with a nurse; fears about the infant, etc., etc. One of my patients had a rise of temperature to 104 degrees soon after hearing of a murder which had been committed in her neighborhood. Many cases of this kind have been recorded by various observers. Such a sudden rise may occur in a patient who had previously been doing quite well. This distinguishes it from sepsis, for sepsis never comes as a "bolt from the blue." There are always premonitory symptoms. It is less generally known that if the worry or fear or other cause remain the fever may be kept up for some time.