

MIDWIFERY AND GYNÆCOLOGY.

Fortnightly Hemorrhage during Pregnancy.—

Dr. S. Haynes read the following case of this before the Worcester Med. Soc. H. H., æt. 36, states that in all her pregnancies there has been a hemorrhagic uterine discharge, more profuse than her menses (which are of usual quantity and quality), but of exactly the same nature, every fortnight up to the sixth month, whence, until labor, there has been no loss. Each flux is preceded by a few days' very severe headache, and is accompanied by much dorsal pain and very bad bearing-down sensations. She never has any leucorrhœa. When not pregnant, she has regular monthly catamenia; an abundant discharge every fortnight is therefore her test of pregnancy; this recurs fortnightly for four or five months after each labour; the menses then become natural. She has had seven children: all carried to full time, and born alive and perfect. When she was pregnant with her first, the hemorrhage was so copious that her medical attendant told her the pregnancy could not go on. It was not more abundant than it has always been since. Treatment, position, and rest, had no influence; so she now takes no extra precautions during her pregnancies. She does not lose much after her confinements, and there are no ordinary indications of hemorrhagic diathesis. She is a stout plethoric woman, who says she "makes blood" very quickly, and that her mother used to be often bled with benefit, and died from apoplexy. I attended her in her last confinement, when I did not find anything unnatural. She objects to any local examination.—*Brit. Med. Journ.*, Nov. 29, 1873.

NOTE ON THE TREATMENT OF CHRONIC CYSTITIS. BY H. S. PURDON, M.D.; PHYSICIAN TO THE GENERAL AND SKIN HOSPITALS AT BELFAST.

The following note of a case of chronic cystitis occurring in a female, may not be uninteresting:—

Mrs. M——, aged about forty, a healthy-looking country woman, residing in the County Down, was admitted into the Belfast General Hospital, under my care, in February last, suffering from chronic cystitis. She is the mother of several children, and attributed her present disease to exposure to cold after last confinement. There was constant desire to make water, and pain over the region of the bladder. The former much worse at night; indeed, she was up nearly every hour, at least, to urinate, and her health was beginning to suffer. Her urine was scanty, ammoniacal, contained a little mucus, and frequently, when the last few drops were being voided, some blood appeared. No tenesmus; bowels regular; appetite pretty good; no thirst. My colleague, Dr. Murney, kindly sounded the bladder for stone; the result was negative. The usual routine treatment was tried in her case, such as uva ursi, pareira brava, buchu, &c. Iodoform vaginal suppositories gave temporary relief, as did also washing the bladder with tepid water and tincture of opium; after some time we tried dilute nitric acid and water, then a mixture containing copaiba; and, lastly, prussic

acid—about eight drops to the ounce of water—was tried. These remedies all gave slight relief, but only temporary, and soon lost their effect. About this time, April, I saw a notice of a paper by Dr. Clemens, of Frankfort, on the Treatment of Chronic Diseases of the Bladder by the Injection of Tepid Normal Urine, and I determined to try this method (after taking my then house pupil, Mr. L., into confidence, and who supplied the necessary normal urine). The urine was injected into the bladder—after being first washed out—night and morning, a few minutes after being made, and whilst quite warm, with the most beneficial results—my patient being discharged, seemingly cured, in some three weeks. She was to return and report, but as she has never done so, I take it for granted that she has remained well. No one in the ward knew of the treatment; otherwise they would have rebelled against it, especially my patient. Dr. Clemens offers the following remarks on the injection of the bladder with normal urine, and which may be interesting to reproduce. His paper first appeared in the *Deutsche Klinik*, No. 7. He says that:—"About four years since, in a very bad case of the disease of the bladder, in which this organ had been for months in contact only with decomposed and stinking urine, the idea occurred that advantage might accrue from introducing into the bladder urine with its normal proportion of uric acid. The experiment succeeded so well in this and some other cases that I became convinced that the urine in question formed a better material than the most esteemed injections. The bladder having been completely emptied by the catheter, from six to eight ounces of luke-warm distilled water was thrown in, and retained for about five minutes. After this had been removed, some tepid water is again slowly injected and retained for some minutes. A young and healthy individual now passes water into the syringe, which has been previously raised in warm water to a temperature of 25° R, and this is then immediately injected into the bladder, and left in for a longer or shorter time. The impression made by this normal blood-warm urine of a young and strong man—the temperature of which is generally higher than that which has issued from the diseased bladder—is sometimes in the highest degree favourable, so that in one case a single injection has been nearly curative." Whether this plan of treatment will prove successful in every case remains to be proved; however, it was useful in the one recorded. Probably chloral, or what has been called meta-chloral, might be tried instead, for, according to Dr. Dujardin-Baumetz, of Paris, chloral possesses the property of preventing decomposition of the urine; and Dr. Baumetz thinks that in certain diseases of the bladder it may be usefully injected into that viscus.—*Dublin Medical Press*.

TO DISGUISE CASTOR OIL.

Rub up two drops oil of cinnamon with an ounce of glycerine, and add an ounce of castor oil. Children will take it and ask for more.—*Druggists' Circular*.