but gave as a rule, no douche during puerpery. No advantage had been gained by using iodoform suppositories in addition to intra-uterine irrigation, nor did he think they were efficient substitutes for irrigation. He recommended absorbent cotton in place of napkins, and preferred it to wood-wool. He advocated the use of strong antiseptics in all cases, because weaker solutions were not so certain in preventing sepsis when the tissues were bruised or otherwise weak.—*Lancet.*

PYROSIS OR WATERBRASH.

Few symptomatic conditions are of more common occurrence than *pyrosis* or waterbrash, and yet there is little or no agreement amongst authorities as to its nature and the circumstances of its occurrence. Several cases having come under my notice, I purpose to enquire whether it is not possible to obtain rather a clearer notion of what the condition really is, and what is its probable explanation. As I regard it, pyrosis is a paroxysmal condition rarely occurring before puberty, generally beginning with pain in the epigastrium of variable severity, which is increased by movement, especially in the erect posture, but often relieved temporarily by complete rest, and relaxation of the abdominal wall. This is followed after an uncertain interval by the discharge of fluid from the mouth, by an act which is quite distinct from true vomiting. There is no nausea, and no effort. At most, the fluid is merely regurgitated from the throat, and often quite passively ejected. It may, and often does, lead on to actual vomiting; but when this happens, the transition is always obvious, if it is looked for, both as regards the manner of discharge and the character of the fluid. The fluid in true waterbrash is thin and watery, clear or nearly so, mawkish in taste, alkaline in reaction, varying in amount from a spoonful to a pint or more, and (so far as I have seen) it contains no formed elements beyond a few granular cells and some squamous epithelium. When supplemented by true gastric eructations or vomiting, there is generally some mucous and grumous deposit, of whatever the stomach may happen to contain at the time; so that in order to get a specimen for examination it should always be collected in the early part of a paroxysm. The fluid generally darkens on the addition of a few drops of ferric perchloride, and (in the cases which I have tested) there has always been some trace of an amylolytic action, sometimes very marked. These are obviously the characters of ordinary saliva. I think that cases may be conveniently arranged in three groups.

In the *first*, there is no obvious indication of gastric disorder, nor are the attacks clearly related to any particular article of food. The sufferers in this group are generally women of highly nervous temperament; and as a rule the symptom is either associated with pregnancy, or pelvic disorder. It may be added that initial gastric pain is sometimes absent in waterbrash of this type. The *second* group comprises cases in which stomach disorder may or may not be present, in which the attacks are clearly due to some offending article of food, such as oatmeal, rye-bread, smoked fish, and so forth. A medical practitioner told me that he always suffered from pyrosis badly whenever he went to Scotland; although he was perfectly free from anything of the kind when at home, at work. Thinking it might be due to the porridge, which he always took regularly when away, he tried it at home, and immediately pyrosis recurred. Similar cases are alluded to by Cullen. In the *third* group of cases, there are always clear indications of gastric disease, often of a serious nature; and while in these cases pyrosis is sometimes worse after particular kinds of food, it often occurs indiscriminately after all ordinary food. Chronic gastric catarrh is the most frequent concurrent disorder. In quite a large proportion of cases, the stomach is relaxed and dilated, sufficiently to admit of splashing sounds being heard on succussion, and in some there is organic stricture of the pylorus.

The following case, taken almost at random from my hospital case-book, belongs to the third group, and affords a typical, illustration of pyrosis. J. B., male, 38, iron-worker, Oct. 19, 1888, complaining of vomiting, obstinate constipation, and pain in the stomach. No history of intemperance or serious previous disease. Present illness began with "bloated feelings" in the stomach after meals. He appears to have been a large eater, and to have eaten hurriedly. The trouble increased, and often obliged him to give up work for two or three weeks at a time. Has lost weight rapidly of late. *On admission;* general unhealthy and emaciated appearance. Tongue moist, thick fur on dorsum, red tip and edges. General uneasiness in stomach after food, and subject to paroxysms of burning pain, particularly towards evening, followed by vomiting. Flatulent; bowels costive. The large bowels can be traced on palpation above the umbilicus, and down into left iliac region: no abdominal tumor apart from this. The stomach is distended and obviously dilated. Nothing of importance detected elsewhere. After free enemata the fæcal tumor disappeared; but the uneasiness after food, together with occasional attacks of pain followed by vomiting, continued. Put on an alkalinized milk diet, which agreed better than any other food. The paroxysms of pain develop quickly, and occur for the most part towards evening or at night. Soon after the pain begins, there is a gush of clear, tasteless fluid from his mouth. If he lies on his back, he involuntarily