The other symptoms, such as the burning sensation all over the body and severe pain in the bladder and hepatic region, diminished a little and the tongue, palate and conjunctivæ became clear.

On the 11th July the temperature came down to normal, the size of the spleen was reduced and all other symptoms also disappeared; but the patient showed signs of suppression of urine. A soft rubber catheter No. 6 was passed at 2 p.m. but no urine was found. I gave an injection of caffeine-sodium benzoate (gr. v.) subcutaneously and urotropine gr. viii orally every 4 hours. The patient passed about 12 ozs. of healthy urine at 3 p.m. and began to pass urine freely.

On the 12th July I gave an injection of quinine bihydrochloride gr. 7½. The patient from that day immediately began to recover. During treatment he was given green cocoa-nut water, soda water and fruit juices. On the 4th day he was given a rice diet and is now enjoying sound health.

A CASE OF HÆMATURIA WITH PREGNANCY IN A RETROVERTED UTERUS.

By JAMAL-UD-DIN, M.B.,

MAJOR, I.M.S.,

Dalhousie.

PATIENT X, aged 31, female, multipara, was admitted to hospital complaining of hæmaturia of 10 days' duration. The onset was sudden; no history of pain or frequency of micturition could be obtained. Previous confinements were stated to have been normal.

Family history had no bearing on the case.

On Examination.

The patient had to be supported in by two attendants: she was pale and very debilitated with very prominent hollows about the cheeks.

The various systems were examined systematically and but for the swelling noted below, no sign of note was detected that could account for the hæmaturia.

The abdomen showed an oval swelling the size of a big orange just above the symphysis pubis, fixed, dull on percussion and with just a suspicion of fluctuation: on the whole the swelling appeared to be situated a little too deeply for the bladder.

Catheterisation of the bladder was resorted to and one noticed:—

1. Access to the bladder was rather difficult and the urethra appeared to be elongated.

2. Almost pure red blood poured out from the catheter first. This was followed by almost pure urine.

Bimanual and recto-vaginal examinations were next carried out. The anterior wall of the vagina was very much elongated and the external os uteri was felt high up and with great difficulty. The posterior wall was however bulging forward, was short and the posterior fornix was obliterated. The fundus uteri was not palpable anteriorly. Rectal examination confirmed the existence of a swelling in the pouch of Douglas.

A provisional diagnosis of retroflexed gravid uterus was arrived at and the nature of the malady was explained to the patient and her husband. The patient however was dubious but when closely questioned admitted she had felt as if she was pregnant about a couple of months previously but she said that evidently she was mistaken.

Efforts to replace the uterus on the following day having proved unsuccessful, it was decided to bring on an abortion after consultation with the patient and her husband. A sterilised speculum was introduced into the vagina after it had been douched with Chlorogen lotion. The most prominent portion of the swelling was painted over with tincture of iodine and an ordinary hydrocele trocar introduced into the swelling and about 2 ozs. of clear fluid drawn off. The patient was then returned to bed. The patient felt very much relieved almost immediately afterwards. She aborted 36 hours later and all signs of "hæmaturia" disappeared immediately afterwards.

The patient's suspicion of having been pregnant, was of considerable value in clinching the diagnosis.

INTESTINAL HÆMORRHAGE IN A NEWLY BORN INFANT.

By BHAGWAN SINGH, L.S.M.,

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A SHORT time ago I had occasion to treat a case of intestinal hæmorrhage in a newly born infant, an account of which case may be of interest. A European lady gave birth to a female child on 27th July of this year, and I had the opportunity of attending her during labour. Although it was her first labour the child was born easily with a head presentation, and was well developed. The child's weight on the 6th day after birth was six and three-quarter pounds, and she was quite healthy. About 36 hours after birth, on the morning of the 28th July, I was called in to attend the

child, and she was reported to have passed stools containing blood since midnight. On arrival I found that she was pale in appearance and slightly cold to the touch, in addition to which her pulse was weak and quick. Then her night napkins were examined and they were observed to be stained with dark-green motions. On steeping the napkins in water, the stain changed to red, as well as the water itself.

On my next visit at 4-30 p.m. the same day I found the child still paler and colder, very drowsy, and the pulse still weak and quick. I was informed that she took the breast in the morning, but in the afternoon she showed no inclination to feed. Her napkins were examined again and were seen to be stained with venous blood. In the meantime she continued to pass blood-stained motions frequently, i.e., 8 times in an hour. There was no history of hæmophilia in the parents.

Diagnosis.—From the diagnosis point of view I had to take the following diseases into account.

(1). Hæmorrhage sucked from the mother's cracked nipple; but her breasts were quite normal. Moreover there were no lesions of the child's mouth or nose.

(2). Gastric or duodenal hæmorrhage; but the child did not vomit blood, nor did she show any other symptoms of these diseases.

(3). Invagination of the gut; but neither pain nor tenesmus was evidenced by the child. Moreover she slept well.

(4). External lesions of the anus; there were no lesions.

(5). Vaginal hæmorrhage; this was excluded on examination of the part.

(6). A lesion of the rectum. Finally I washed out the rectum with tepid water containing a little soap, and immediately after expulsion of the water there was another flow of blood. On repetition of this treatment blood again issued, from which I concluded that the hæmorrhage was due to a lesion in the rectum.

Treatment.—At my first visit in the morning I gave Hazeline in two minim doses to the parents, asking them to administer these doses internally to the child at frequent intervals; but until 3 p.m. there was no improvement whatever.

On my next visit, about 4-30 p.m., the infant's condition being worse and hæmorrhage profuse, I plugged the rectum with gauze soaked in a solution of adrenalin (1 : 1000) and ergotin was injected hypodermically in the gluteal region.

On the following morning (29th July) I saw the child again, and was told that she had been able to take nourishment and had also slept well throughout the night. I found that her facial expression was fairly good, no paleness, the pulse much improved, and respiration quite normal. Then her napkins were examined. The first soiled one contained a little blood together with the stool, but the remainder were free from any trace of blood. Since then the child has progressed favourably. She is still being fed at the mother's breast at regular intervals, and between these periods when she wakes she is given boiled water to drink from a feeding bottle. The child was weighed on the 4th September 1926 and her weight was 8½ lbs.

The case I have cited seems to me to be of special interest as the ætiology of intestinal hæmorrhage in so young a child appears to be most obscure, and it would be helpful if readers of this journal could shed more light on this subject.

A CASE OF HÆMATURIA RELIEVED AFTER REMOVAL OF A CYSTIC TUMOUR OF THE GREAT OMENTUM.

By B. SHANKAR RAU, L.M.S.,

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THE following case appears to be worth recording on account of its rarity and the unusual symptoms that accompanied the disease.

Krishnamurti, a peon in a government office at Chicacole, aged about 24 years, consulted me in March 1926 regarding a tumour in the abdomen. He noticed it first in October 1925. It was then about the size of a marble, felt in the left hypochondriac region, painless, and freely movable in the abdomen. The rapid growth of the tumour caused him some anxiety. It had now grown to the size of an orange and was at first mistaken by me for a movable spleen.

Since February 1926 he had been suffering from hæmaturia. He attributed this to his having worked in the Agency Tracts—a very malarious place where blackwater fever is fairly common—where he suffered from an attack of ague. He was treated there with quinine and the fever stopped, but after his return to the plains he got this attack of hæmaturia. He gave no history of any previous attack of hæmaturia, though he had been working off and on in the Agency Tracts, and had very often had attacks of ague.

The blood when examined by me did not show malarial parasites on two separate occasions. The urine was almost pure blood. He had also a mitral systolic bruit in his heart.

I gave him a mixture containing calcium chloride, belladonna, and diuretics. The blood disappeared from the urine after about a