are more common than has been hitherto believed. The cause of the spontaneous loosening and death of the osteomas is as yet not satisfactorily settled. Suppuration is generally conceded to be one of the causes.

OBSTINATE HÆMATURIA.

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Bloody urine is common enough. As is well known, the blood may come from lesions of the urethra—lesions sometimes produced by over-cutting strictures—lesions then so painful and persistent that the last estate of the victim is much worse than the first.

The blood may have its origin in the bladder, from fragile veins or papillomata or, as in one case which I saw, from an enormously enlarged prostate, on the raw surface of which a large, rough, concave calculus sat like a crown of thorns.

The bleeding may start in the ureter or pelvis of the kidney, from the cutting of sharp gravel. Or, as in the exanthems and especially after them, it may come, tawny and thoroughly mixed with the urine from the tubules.

It is usually practicable and not very difficult to determine the origin of the hæmorrhage. The flow, often transitory, may be recurrent with intervals whose uncertain length may or may not be the result of treatment.

Every practitioner is familiar with these varieties. He knows the established medication. From the infusion of agrimony or yarrow, recommended more than a hundred years ago by the pious John Wesley, in his "Primitive Physic," to the gallic acid and ergot of modern times, the number of remedies brought forward is almost unlimited. Indeed the excessive richness of the pharmacopœia in urinary hæmostatics, instead of being satisfactory, is absolutely embarrassing—not to say suspicious.

In most of these ordinary cases recovery takes place from the healing influence of time, with or without the help, or hindrance, of drugs.

But hæmaturia is not always mild and tractable. Occasionally, but rarely, cases occur which are extremely perplexing and obstinate.

The *indicatio causalis* furnishes no aid in the treatment, for the cause often eludes the most thorough scrutiny. Attacks on the disease itself, however intelligent, unremitting and persistent, not infrequently end in utter and mortifying discomfiture.

I give the briefest outline of five cases of obstinate, chronic hæmaturia, the only ones that have come under my observation and treatment. Under the care of eminent physicians, for periods from a few weeks to three months, four of these cases

had the best treatment commended by authorities and devised by ingenuity. The treatment in each case was an entire failure. Yet under the use of the remedy to be mentioned in this paper, recovery took place within a period of nine days in four of my five cases, and in the fifth within three weeks.

Case 1.—Mrs. J., a strong, industrious house-keeper, some 40 years of age, had been annoyed with bloody urine for more than six weeks. All bodily functions were normal. She did not know the cause of the hæmaturia. She suffered no pain during nor after micturition, but she was considerably weakened by the constant loss of blood. She had derived no benefit from the numerous domestic remedies which kind friends had recommended.

In one week after commencing the use of the remedy, presently to be described, the hæmorrhage entirely ceased and never returned.

Case 2.—L. F. C., aged about 35, Supervisor of Tompkins County, of light build, but wiry, and fond of all wood, field and stream sports, had been under the care of several bright physicians of Ithaca and elsewhere for more than a month. His urine was never free from blood. The various drugs employed very faithfully never influenced, even temporarily, the amount of the hæmorrhage. After commencing the treatment, which I am purposely withholding in order to sharpen your attention, the bleeding stopped suddenly on the eighth day and never returned. Mr. C. attributed the hæmorrhage to taking cold while gunning.

He died two or three years subsequently of anthrax.

Case 3.—Rev. Dr. N., of New York, 50 years of age, had been under the care of his personal friends, the deservedly eminent Dr. Jared L., and Dr. Alonzo C. The origin of the hæmorrhage was not satisfactorily determined, but from some slight pain in the back the suspicion was entertained that the offending factor was a calculus in the pelvis of the left kidney.

It is not necessary to state that the treatment of their distinguished patient was the best that great wisdom, extensive reading, and a half-century's active practice could furnish.

But the hæmaturia was not controlled in the slightest. At last the reverend gentleman was advised to relinquish his work, travel in Europe and drink the light wines of that country. At this time he had become so weak that he could not leave his house.

But in less than one week after commencing with the remedy, which will not much longer remain unrevealed, the hæmorrhage suddenly and entirely ceased. The trip to Europe was indefinitely postponed. The arduous labors of the good pastor were soon resumed and continued for nearly twenty years. But the hæmorrhage never once returned.

Case 4.—Mrs. W., of Rochester, a lovely woman of 35 years, and good constitution, had an attack of hæmaturia in the spring of 1885. Her physicians, Dr. E. and his partner, both enthusiastic and determined, and eminent among the many distinguished medical men of that charming city, after three months of faithful treatment, advised her to go to New York to consult the great and good Dr. F., and the distinguished gynecologist, Dr. E. They provided her with a letter in which they stated that they had employed every astringent in the whole pharmacopœia without the slightest effect either good or bad. They had washed out the bladder with styptics and all other ancient and modern applications, but the blood had always appeared in the usual quantity at the very first urination after the irrigations. There was no diminution in the amount of blood during or after the administration of any and every remedy employed. An exclusive milk diet produced no effect. Confinement to the house, and even to a horizontal position, never lessened the amount of the hæmorrhage. Neither did free indulgence in all kinds of food and in all the exercise of which in her debilitated state she was capable increase the amount of blood voided. Only at the monthly period—which was free from pain—was the hæmorrhage from the bladder increased.

At the solicitation of friends, and with the hopeless assent of the patient, I visited her at her summer home in 'Sconset. I found her exsanguined. I made as thorough an examination as was practicable. The amount of urine was normal, but it was thoroughly mixed with dark blood, some of which after a time settled in a diffuse, soft clot to the bottom of the vessel. The history of the case and the discovery of tenderness on careful manipulation led to the conclusion that the hæmorrhage arose, in part at least, from the right ureter and pelvis. Examination of the epithelia some weeks afterward seemed to verify this diagnosis.

I related my limited experience and offered to prescribe, but made no promises. The patient, more from politeness than from faith, consented to permit one more attempt in her behalf. Treatment was commenced as soon as medicines could be procured. The remedies were taken faithfully but, as in the other cases, no improvement took place for a week. Indeed, as this was the menstrual period, the amount of blood in the urine actually increased.

The husband now appeared on the scene. I had gone home from my vacation. After consulting with the excellent local physician, Mr. W. decided to go at once to New York, whither he ought to have gone at first. On the eighth day after beginning with the new remedies, the still extremely pale, but somewhat stronger, invalid went by rail and steamer a day's journey to the metropolis, arriving too late in the evening to consult the eminent practitioners. She was much

fatigued, but she noticed an improved condition of the urine. The next morning, for the first time in four months, the urine was entirely free from bloody stain. The New York physicians were not consulted. A return of the hæmorrhage occurred the next summer, but it was soon controlled by the new treatment. Since then there has been no recurrence.

Case 5.—The last case was M., aged 30, laborer, Syracuse. Summer of 1887. No pain, no tenderness, hæmorrhage abundant. Bladder had been washed out and he had taken, under the care of Prof. H., a graduate of Syracuse College of Medicine, moderate doses of the remedy I am anxious to divulge. But the treatment was changed after a little and a cure was not effected. After several weeks of non success, the case came under my observation and was subjected to considerably larger doses of the remedy than I had found necessary in any former case. And even under this management, the hæmorrhage lasted nearly three weeks, with occasional intermissions; when it ceased entirely and has not again returned.

The treatment consists in the administration of 60 grains of alum in the course of twenty-four hours.

In most of the cases this was given in three 20-grain doses dissolved in a goblet of water.

In Mrs. W.'s case the alum was administered every three hours in 8-grain doses, dissolved in half a glass of water. In her case also, on account of the extreme anæmia, 8 minims each of tincture of chloride of iron, dialysed iron and dilute phosphoric acid were given in water after each meal.

In M.'s case the dose of alum was increased to 10 grains every three hours.

Unlike most astringents, alum, in these large doses, does not constipate the bowels. This is doubtless owing to the fact that being largely diluted with water it passes readily into the blood and through the urinary passages. This dilution is very important and should not be neglected. Nausea has not been produced in any case.

I am aware of the ready criticisms which the learned and cautious physicians present will naturally make, and I admit their full force. *Post hoc* is not necessarily *propter hoc*. One swallow does not make a summer, nor satisfy a summer thirst. But *post* may be—and often is—*propter*. And then a whole flock of swallows may be regarded as a pretty safe harbinger of a warm season.

I admit that my aviary of *post hoc* birds is still too limited to be very significant. But these are all I have. I have been many years capturing them. They have a family resemblance. And, somehow, do they not really seem to have a very *propter* kind of look?

A NEW YORK JURY recommends that druggists shall not be allowed to sell rat poison except upon the prescription of a physician.