

## NON-GRAVID HYDRORRHOEA.

SIR.—The interest awakened in non-gravid hydrorrhoea by the communications of Dr. J. Oliver and Dr. Cummins, and the desire to contribute in some small degree to the elucidation of the various factors upon which its phenomena depend, induce me to offer some particulars of a case which I have attended very frequently for nearly five years.

Its first occurrence in my patient took place after an abortion, induced by an accident at an early stage of gestation; hæmorrhage had persisted to an undue extent, and for this I gave a medium dose of ergot to the action of which I subsequently found my patient extremely susceptible. This completely arrested the sanguineous discharge, which gave place to a colourless fluid, and as convalescence occurred, and the continuous discharge ceased, occasional gushes of clear fluid associated themselves in a remarkable manner with nervous phenomena, which may be traced in a more or less evident association through the subsequent history of the case.

This nervous connection was first seen in a suddenly occurring attack of severe gastralgia with collapse, for which I had her placed in a hot bath; this induced a gush of fluid from the vagina, with immediate relief to the gastralgia. These attacks recurred several times, and were rapidly relieved by a hot vaginal injection, which induced a gush of fluid in the same manner as the bath had done. These sudden gushes occurred frequently, without any associated pain, and from various exciting causes which I shall name in due course.

When the severe attacks of gastralgia had quite ceased, my patient began to suffer very frequently from symptoms of angina pectoris, which I classify as pseudo-angina. These seizures presented the usual symptoms of true angina, but were very often associated with general abdominal distension and loud borborygmi; the distension was so marked, that the fastening of some of her clothes, at other times loose, produced on these occasions a deep constriction around her. The attacks of angina occurred at least once a month, sometimes once a week, occasionally oftener, and were sometimes alarming from the tendency to collapse. The seizures associated with marked abdominal distension were most frequently relieved on the occurrence of this gush of fluid from the vagina, but did not yield readily to anything else; the attacks, however, which presented no indications of a tendency to hydrorrhoea, were quickly relieved by nitrite of amyl, nitro-glycerine, or on some occasions, inhalation of ether.

Although the hydrorrhoea and angina were less frequently associated than not, the same exciting causes produced sometimes one, sometimes the other, sometimes both in conjunction.

The chief exciting causes were overexertion, cold, any mental worry, sudden shock, anger, fatigue, etc.

In the course of her pregnancies, the hydrorrhoea occurred in the early and late stages, but during gestation she was free from angina; she complained sometimes, after some exciting cause, of a sensation as if "her heart stopped beating," which sensation seemed to replace the angina.

After one confinement the gushes of fluid were so excessive that they caused such a tendency to collapse, as on one occasion to necessitate immediate stimulation with undiluted brandy; and I may here add that on all occasions the discharge was followed by coldness of the surface and pinched features, with a sensation of "sinking through bed or sofa."

The attacks continued to occur for some years, becoming less frequent as she became stronger, and now, though not absolutely free from them, she has not lately had a severe attack.

On the occurrence of the sudden enlargement of the abdomen, I have never been able to make out an enlargement of the uterus, and the hydrorrhoea was never accompanied by expulsive pains, even when pregnant; but I must now draw attention to an apparent vicarious relationship between the hydrorrhoea and hysterical urine. After her health had become much better, the general abdominal enlargement which indicated the probability of hydrorrhoea subsided gradually on some occasions, on the emission of a quantity of "hysterical urine."

I shall not express a definite opinion as to the origin of the hydrorrhoea, but this case points to a predominating neurosis, I believe, as a chief factor in its production.

My patient, who is temperate, is neurotic, a member of a neurotic and gouty family, and not herself free from indications of gout. Another member of her family also suffered from non-gravid hydrorrhoea, and became subsequently insane.

The one medicine which produced markedly good effects was arsenic.—I am, sir, yours truly,  
WM. J. MACKIE.  
Richmond House, Turvey.

## PHYSICIANS.

SIR.—Until I read Mr. J. F. Hartley's note in the BRITISH MEDICAL JOURNAL, I thought it was never doubted that Licentiates (in common with Members and Fellows) of a College of Physicians were *bond fide* physicians.

Mr. H. G. Swan has well shown that the Licentiates of the Dublin College are physicians, and recognised as such in their diplomas. The word "physician" is not inserted in the diploma of the Edinburgh College, but the licentiate is recognised as physician in By-law No. 3: "Any Fellow, Member, or Licentiate who, in the opinion of the College, shall have been found guilty of conduct unbecoming the character of a physician, may be deprived of all the rights, privileges, which as Fellow, Member, or Licentiate, he does or may enjoy."

The present Licentiates of the London College are the successors of the original Licentiates who for centuries have occupied the rank of physicians to our great London hospitals, and therefore must be as truly physicians as their predecessors.—Yours truly,  
JAS. G. PARSONS, M.D., L.R.C.P. Edin.  
Crofton House, Bristol.

## PAIN IN THE HEELS.

SIR.—I shall be glad of advice about the following case. A healthy stable-boy, aged 16, has, for half a year, suffered from a burning aching pain in the centre of his heels when standing, so severe as to unfit him for work. He does not suffer from sweating feet nor flat feet; in fact, the arch of his foot is higher than ordinary. There is no tenderness on pressure.

He has been treated with local applications of sulphurous acid, belladonna, iodine, nitrate of silver, and salt and water. At a provincial hospital he was supplied with specially made arch-supporting boots, and was made to go about the wards bare-foot. For six months he continued well, but latterly he has become as bad as before, and pursuing the same plan of treatment does no good. What is the pathology of such cases, and what is the best treatment?—Yours truly,  
P.S. There are no corns nor anything abnormal about his heels.

QUERRENS.

## LIFE ASSURANCE OFFICES AND MEDICAL FEES.

SIR.—Your correspondent, "perplexed," raises a point which is worth attention, especially after the comment by Dr. Sieveking. Like many others, I have repeatedly, and for different assurance companies, filled up such a form as "perplexed" declines to fill up. My impression is that most insurance societies require a special form of certificate of death from the medical attendant of the deceased, and that this is part of the bond entered into between the company and the insured. My practice has been to charge a fee (usually half a guinea) for such a special certificate; the item has then been included in the account sent in to the executors, and has hitherto been paid without demur. It is, however, easy to understand how, under some circumstances, it might be difficult to find an owner for the half-guinea debt.

If I understand Dr. Sieveking aright, an assurance company has no claim to any certificate of death, except such as can be furnished by a registrar; and that, if an office nevertheless requires a special certificate from the doctor who has been in attendance, the office (not the heir of the deceased) is bound to pay the fee for such certificate. If this be so, my practice, as above-stated, is all wrong, and as I find, on enquiry, that others pursue the same course, it would be well if the point could be authoritatively settled.—I am, yours faithfully,  
DEBITO.

## POSTAL ESSAY CLUB.

SIR.—Some time ago a few medical friends established a Postal Essay Club. We are anxious to increase the number of our members, and would deem it a favour if the request appeared in the BRITISH MEDICAL JOURNAL.

I shall be most happy to supply particulars, rules, etc., upon application.—Yours truly,  
C. CLARK BURMAN, L.R.C.P.S.  
Belford, Northumberland.

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## BOOKS, etc., RECEIVED.

Army Medical Department; Report for the Year, 1882. Vol. XXIV. London: Eyre and Spottiswoode. 1884.  
What to Do in Cases of Poisoning. By W. Murrell, M.D., F.R.C.P. Fourth Edition. London: H. K. Lewis. 1884.  
Laws Concerning Public Health. Edited by W. R. Smith, M.D. Assisted by H. Smith, M.D. London: Sampson Low, and Co. 1884.  
The Principles of Ventilation, Heating. By J. S. Billings, M.D. London: Trübner and Co. 1884.  
A Treatise on the Purification of Coal-Gas, and the Advantages of Cooper's Coal-Lining Process. By R. P. Spice, M.Inst.C.E. London: E. and F. N. Spon, 16, Charing Cross.  
Tumours of the Bladder. By Sir H. Thompson, F.R.C.S. London: J. and A. Churchill. 1884.

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