

elimination of nitrogen in the urine and feces; if a patient's retention of nitrogen is increased, the most important element of the tissues is conserved, and nutrition is correspondingly improved. Furthermore, the facts that petroleum passes through the intestines in its original form, and that it is a solvent of many remedies administered for their antiseptic and astringent influence upon the intestines, indicate a useful field for petroleum as a vehicle. Robinson states (*ibid.*): "I have extensively given from five to ten grains of salol in two drams of this oil, four times a day, and reclaimed the oil from the feces and found it to contain some salol and its components, phenol and salicylic acid. This proves the carrying of a chemical antiseptic and antiferment through the entire canal." This work has been corroborated by numerous other observers. The speaker stated in conclusion that the bulk of experimental and clinical evidence tends to show that petroleum is entitled to a wider field of application in medicine.

Hematuria Following the Use of Urotropin.

Goldsmid (*Australasian Med. Gaz.*, Sept. 20th, 1901) reports two cases of hematuria following the use of urotropin. The first was a man 53 years of age, who, after taking viiss grs. *t.i.d.* of this drug for four days, noticed a sense of discomfort in the urinary tract. At the same time his urine became bloody. Urotropin was then withdrawn for a few days until these symptoms passed away, being resumed in v-gr. doses *t.i.d.* without further trouble. The second case suffered in the same way from ix-gr. doses *t.i.d.* He was a man 41 years of age and had been taking smaller doses of the drug for some time.—*International Medical Magazine.*

Blood in Surgical Diagnosis.

After an extended study of conditions of the blood, Cabot, Blake and Hubbard (*Annals of Surgery*, September, 1901) conclude that at the end of complete anesthesia there is commonly a slight leucocytosis; that at the end of an operation there is much leucocytosis in one-half the cases, and almost always a distinct increase over the number of leucocytes found at the end of complete anesthesia; that the blood at the end of operations for malignant growths is not necessarily much impoverished, in favorable cases usually recuperating rapidly; that hourly variations in the white-cell count may happen in conditions other than in the preperforative stage of typhoid fever, and may be present in health also; and that violent physical exertion produces conditions in the blood that pass the normal and may be identical with those found in a state of disease.—*Therapeutic Gazette.*