to hear of septic cases, much less of death. For the last five years he had been an antisepticist, and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he has seen many cases of septicæmia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper of New York reports 40,000 cases in Vienna with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. Trenholme said he had never had a case of septicæmia in his practice, though he never uses a tube, and believes this result due to the great care in removing the membranes and placenta entire.

Dr. Shepherd called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. Cameron, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger of carrying in the air with the douche, and for that reason he prefers the dry dressings.

Selected Articles.

EXAMINATION OF THE URINE.

BY J. MILNER FOTHERGILL, M.D., EDIN.

When I was a medical student—a good many years ago—I was taught with scrupulous care how to examine the urine for albumen and sugar; but long years of practice have taught me that it is much easier to detect the presence of either of these substances, than to make out their significance when found. The simplicity of test-tube examination possesses a certain fascination for some persons. Albumen is found, and of course Bright's disease is afoot. Sugar is found and behold the dreaded *Diabetes Mellitus* has laid its mortal grip upon the patient. This is all very well if it only happened to be true! There is where the hitch lies. For that class of mind which can only see the gravest aspect of any subject, this is all very well. Some people can never restrain themselves from exhibiting their cleverness in the shape of letting one see they know and realize the full significance of what they discover. How many medical men took to their beds to die when they found albumen in their urine, soon after Bright drew attention to albuminuria; but finding that the King of Terrors did not call for them threw off their apprehensions, left their beds, and went back to their work? A great many more than care to say much about it. What Dr. Bright did teach was that "when dropsy was found with albumen in the urine then disease of the kidney was present." But very soon the dropsy factor got left out, and albuminuria alone involved Bright's disease. This shows as Franklin Blake said in "The Moonstone;" viz., "We English are the most slovenly thinkers in the world except when making machinery." But in this case the English do not stand alone in slovenly thinking. The medical world at large simply took leave of its senses I do not for one moment wish to convey the impression that the reaction of the urine in a test tube is not to be noted; only it does not work well in practice to attach undue and disproportionate importance to one symptom, to the exclusive and comparative neglect of others. Yesterday a patient at the hospital with syphilitic cachexia brought some urine as she had been directed to do by my clinical assistant. I told him it would probably be albuminous. He examined it, and found one-fourth albumen Now what light does this clinical fact throw upon that particular case? I am bound to admit that I, at least, do not know. The darkness is unillumined by it; but my *belief* is that her cachectic state is largely due to the loss of albumen by the kidneys rather than that there is any kidney disease present.

This is an aspect of albuminuria in my opinion, too little considered. If there exist a constant drain, no matter whether of serum-albumen or peptones, the system will be imperfectly nourished. A case came under my notice two years ago in the form of a Cambridge undergraduate who was pale and weak, and feeling unfit for his work. Albumen was present in the urine in unmistakable quantities. In that case two views could have been taken up, and maintained perfectly honestly. My opinion inclined to the case being one of malnutrition in which the loss of albumen played a part. At any rate the lad got well, and the albumen disappeared from the urine. But because such cases do crop up, the systematic examination of the urine need not be flung aside like an obsolete weapon. Then again persons who have had malarial fever are very apt to pass some albumen. One well-known surgeon left India and came home believing that his health was broken and gravely impaired; but after ten years he is still hale and vigorous. We often talk the matter over, and regret that so much misapprehension exists on the subject. In any interference to the portal circulation, albumen is liable to show itself in the urine. When the interference is removed the albumen disappears.