

phone consultations a Viennese physician recently brought a case into court, in which a patient who had on several occasions, even in the night-time, asked for professional advice and had refused to pay a fee for the service. The judge decided that advice must be paid for whether given in the consulting-room, by a letter or telephone, or at the bedside. It is the duty of a practitioner to decide whether the case is such that he may safely give instructions by telephone after he has seen the patient on a previous occasion. If physicians would render bills for telephone consultations at the same rate they charge for office consultations they would soon cease to be annoyed in this manner.—*Medical Age*.

Routine Urine Examinations.

M. H. Fussell, Philadelphia (*Journal A. M. A.*, July 28), insists on the value of the routine examination of the urine. Even though albumin and casts do not always mean nephritis, their presence in the urine indicates that a vital organ is at fault, and that this fault must be duly considered in the diagnosis, prognosis and treatment. There are other conditions also to be made note of, which are of the greatest importance, such as the presence of glucose, of pus, of blood and persistent or intermittent excessive amount, all of which are to be taken note of in the routine examination. He gives, as illustrating his view, his own experience for the past eighteen months, in which he has examined the urine of 763 patients, and found abnormalities in 15 per cent. He gives abstracts of the case histories of a few of these which proves, he thinks, that it is only by a routine examination that we can make more than a tentative diagnosis only when symptoms point to a genitourinary disease is to miss the diagnosis in many important cases in time to be able to give them benefit by treatment.

Earache. A. BARDES (*Medical Record*, January, 20, 1906).

The writer advises that as soon as earache begins the patient should be kept quiet, put to bed, and placed on a fluid diet, and in other ways treated as one would treat a patient with a high fever. The bowels should be kept open, and a single dose of morphine may be given to insure rest and comfort. Dry heat or else an ice-bag can be applied to the ear. The former is the more acceptable to most patients. Every three the ear should be gently irrigated with a hot solution of bichloride 1 to 5,000, after which a few drops of a 12 per cent. solution of carbo-glycerine may be instilled. Under no