

We do not wish to be understood as claiming infallibility for this method of reduction, for we will sometimes fail in reducing a dislocation of the hip, in spite of all our endeavors, either by traction or by manipulation; but we do claim that all reducible cases can be successfully treated by Reid's method. The question comes in here—as to when, and under what circumstances, we should attempt reduction at all—this is a matter for the surgeon to decide.—*Pacific Med. and Surg. Journal.*

CERTAIN ERRORS IN THE DIAGNOSIS AND TREATMENT OF RETENTION OF URINE.—Mr. Barnard Holt, having lately met with several cases in which serious errors have been committed, both in the diagnosis and treatment of cases of retention of urine, not dependent upon stricture of the urethra, has been induced to bring their salient points under notice of the profession. He relates five cases in which errors were committed, but as we suppose few surgeons of experience have not met with similar ones, we shall not transcribe them, but invite attention to some of his practical remarks, the import of which we would like to impress upon our readers. In all the cases related by Mr. Holt, the retention was due to paralysis of the bladder consequent on retention. "In fact," Mr. H. says, "the surgeons under whose care the cases first came were of that opinion, and attempted the introduction of catheters unsuccessfully, and then, putting the cases down as examples of 'suppression' were afterwards misled by the dribbling or overflow, which they took to be the re-secretion of the kidneys, stimulated by the measures they had adopted. The diagnosis between retention and suppression is so very easy as to render a mistake perfectly inexcusable. In retention there is the urgent desire to micturate, accompanied with violent spasms, not only of the urethra and perineum, but of the whole abdominal wall; and as time elapses, urgency increases, the patient rolling in agony, and straining violently to relieve himself. Besides, the surgeon's hand will at once detect the solid tumour above the pubes, formed by the distended bladder, which will yield a dull sound on percussion. In suppression of urine, on the contrary, there is no urgent desire to micturate, no spasm, and no agony consequent on a distended bladder; but the patient lies in a listless condition, soon passing into coma, whilst the breath and skin exhale a strong urinous smell. Moreover, the bladder will be found empty, and the fingers can be thrust into the pelvis, where the intestines yield a clear percussion sound. It must not be forgotten that a case of retention will at length pass into a typhoid condition, which might possibly be mistaken for the coma of uræmic poisoning; but the history of the case, and the presence of a distended bladder and dribbling of urine would at once point out its true nature. In all the cases I have seen, the error arises from the catheter's not having entered the bladder. Surgeons in general practice, who are not much in the habit of passing catheters usually introduce a gum-elastic catheter without a stilette, which, if it meets with even slight resistance, is very likely to bend upon itself, and thus never reach the bladder, although its whole length may have been introduced into the urethra. As I remarked in the early part of this paper, the injection of warm water at once clears up any doubt, and the fact that water cannot be injected may be considered conclusive evidence that

the catheter has not reached the bladder. I have no hesitation in saying that in all cases such as I have described, a catheter can be passed into the bladder, and I conceive it to be unjustifiable in any surgeon to be satisfied until he has withdrawn the urine, in which, if he will employ a metallic instrument of moderate size, he will in all probability succeed with ease. Time is of the greatest moment in these cases, and if therefore, the surgeon in attendance do not succeed in his attempts, he is bound to call in assistance without delay, or his patient may possibly lose his life, or at least be condemned to the misery of the use of the catheter for the rest of his days. When the greater part of the urine has been withdrawn by the catheter, one of two courses must be pursued: either the instrument must be introduced every four or six hours or a gum-elastic catheter must be tied in, directions being given to the patient to empty the bladder at those intervals, with the view of keeping it nearly empty, so that the bladder may be able to recover its muscular tone and contractile power.—*Lancet.*

GLYCERINE.—Among the many uses of glycerine already ascertained, is that of protecting the skin from the effects of severe cold. The Russians are well acquainted with this fact, and accordingly anoint their faces with it, preparatory to setting out on their sledge journeys in winter. (Owing to this property, it may be inferred that a like application would prove serviceable in tropical climates as a defence from the parching effects of heat, and very useful to firemen when pursuing their vocation amidst flames. Glycerine does not volatilize except at a very high temperature, and is with difficulty ignited.—*Smith on Glycerine.*

IODIFORM.—In its chemical relations, iodoform resembles chloroform, being a triiodide of formyle. It is prepared by the mutual action upon one another of iodine, alcohol, carbonate of soda, and water. It forms bright yellow, friable, soft scales of a slightly pungent taste, and having a smell of garlic. Its use is the same as that of iodine, which it closely resembles in many particulars.

POLYPI OF THE RECTUM IN CHILDREN.—M. Guersant, states that he meets with six or eight cases of these growths every year in his practice. That he finds them solitary and pediculated, and to arise from the posterior side of the rectum just above the sphincter. When pressed upon, they slip from under the finger like a cherry stone: the symptoms resemble those of dysentery. When the bowels are costive, the fecal matters may be noticed grooved by their pressure against the polypus. They must be treated by ligature.—*Bull de Therap.*

CHRONIC ULCERS.—Dr. Skey says, "I have treated a large number of these affections, and with success. The more chronic the ulcer, the larger its size, the more aged the subject, the more remarkable is the influence of opium in effecting its cure. Let a case be selected for experiment, of some twenty years' duration, which has exhausted the patience of various medical attendants, as well as the remedies employed by them for its cure.

"Treat such a case of chronic ulcer, of the largest size, having a pale, flat, bloody base, a high mound lymphed around it, covered by healthy integument, the sore pouring out large quantities of watery ichor, saturating every covering. Select