

The other instances is a man with contracted kidneys and no dropsy, who from time to time becomes drowsy, and subject to fearful convulsions. In his case, too, nothing suits so well as digitalis, but when he becomes insensible, the very time he ought to take it, it cannot be given. Under such circumstances I commonly reduce a quarter of a grain extract of digitalis with water, and inject it under the skin of the arm. This, as a rule, makes the urine flow freely, and the patient gradually comes round.—*Medical Times and Gazette*.

ON RETENTION OF URINE.

By Dr. GEORGE H. B. MACLEOD, F.R.S.E., Professor of Surgery, University of Glasgow; Surgeon and Lecturer on Clinical Surgery, Royal Infirmary.

We receive a large number of these very troublesome cases. As a rule, the retention is due to organic stricture, but not a few patients present themselves in whom the retention arises from the congestion which so often follows a fit of intemperance. There are few affections in which one has more frequently to deplore incautious and rash interference than those of retention, from whatever cause arising. Very few cases come into the hospital that have not been seriously injured by the careless or ignorant employment of instruments, and, in the great majority of these cases—those of organic stricture and enlarged prostate—relief is obtained, after admission, without having recourse to instruments at all. The rule in my wards is to give these patients a warm bath, and to inject subcutaneously $\frac{1}{2}$ gr. of acetate of morphia when they are in the bath. If this fail, they get a full dose of castor oil and tincture of opium, followed by another hot bath, and if that fails I am sent for. I can easily recall the few cases, out of the large number admitted in which I have been forced to employ the catheter to relieve pressing symptoms, and in no case since I entered the hospital has it been necessary for me to puncture the bladder. Chloroform is of inestimable service in the management of such cases. Twice within six months I have been able to fulfil two objects—to relieve the bladder and cure the stricture—when compelled to use instruments in retention, and it was as bearing on that circumstances, that the foregoing remarks were made. Having failed in one case of very close organic structure, with much laceration of the canal, to introduce a catheter, I passed, with little difficulty, Holt's dilator, which, from its shape and construction, is very well fitted to pass a tight contraction, and thus I was able to split up the stricture at the same time that I relieved the bladder. This I have subsequently repeated in a similar case, with equally good effects; and, as such a use of Holt highly commended itself to me as a ready and effectual way of "killing two birds with one stone," I thought it worth while to relate it. I may add that it were well if the profession without the walls of the hospital would exercise more caution, and use less force in dealing with cases of retention.—*Glasgow Medical Journal*.

ABNORMAL BEHAVIOR OF ALBUMINOUS URINE UNDER THE USUAL TESTS.

Dr. Brown-Sequard (*Archives of Scientific and Practical Medicine*) points out a possible source of error in applying the usual tests for albumen in the urine. It is a well known fact that boiling alone is not always sufficient to cause coagulation of albumen, even when the reaction of the urine is decidedly acid. In such cases, however, the subsequent addition of nitric acid, with a renewed application of heat, will generally produce a precipitate. Dr. Brown-Sequard states that in several cases that have come under his observation, he has demonstrated the presence of albumen by adding nitric acid (and heat) after the specimen had been once boiled. There must be, therefore, a modification of albumen, which so far from being coagulated, actually loses its coagulability by boiling.

EFFECT OF CARBOLIC ACID ON THE URINE.

Mr. W. A. Patchette reports a number of observations upon a peculiar change of colour in the urine, produced by the external application of carbolic acid to a raw surface. A blackish or dark olive green discoloration occurs in from four to forty-eight hours, and the urine resembles an infusion of tea or digitalis to which a little iron has been added. The discoloration does not appear with any regularity or constancy, and may follow the internal use of carbolic acid, but unless poisonous doses have been given, the color is not so deep as that produced by the external application of the acid.—*London Lancet*, Aug. 23, 1873.

LIQUID NOURISHMENT FOR SICK STOMACHS.

An egg, well beaten up, to which add one pint of good milk, one pint of cold water, and salt to make it palatable; let it then be boiled, and when cold any quantity of it may be taken. If it turns into curds and whey it is useless.—*H. S. Halahan in Dublin Medical Journal*.

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TO OUR SUBSCRIBERS.

In our last issue we again sent accounts to those who were still indebted to us for the first volume of the *Record*. Some have responded by sending us the amount, but there are a number who still keep their