

This result has seemed to M. Assaky to have been usually associated with too long delay on the part of the patient in applying treatment, so that the seat of the abscess has become much inflamed, and the skin hot, red, and very tense. Associated with this condition, there may be a further cause in some faulty diathetic condition of the patient.—*Gaz. Med. de Paris*, Nos. 6 and 7, 1882, and *London Med. Rec.*, June, 1882.

RULE FOR EXAMINATION OF URINE.

1. Sediment in the urine has no significance unless deposited within twenty-four hours.
2. Albumen in the urine does not indicate kidney disease unless accompanied by tube-casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.
3. Every white crystal in urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form, urine alkaline.
4. Every yellow crystal is uric acid if the urine is acid, or a urate if the urine is alkaline.
5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by the variety of epithelium.
6. The urine from females can often be differentiated from the urine of the male, by finding in it the tessellated epithelium of the vagina.
7. Hyaline casts (narrow), blood, and epithelial casts signify acute catarrhal nephritis. Much albumen.
8. Broad hyaline casts and epithelial dark granular and oil casts signify chronic catarrhal nephritis. At first, much albumen; later less.
9. Hyaline and pale granular casts and little or no albumen signify interstitial nephritis.
10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.
11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts or devour them entirely in a short time.
12. Uric acid in the urine may in Trommer's test for sugar form a protoxide of copper, thus often deceiving the examiner in the belief that he has discovered sugar. Thus when urine shows only a trace of sugar, other methods of examination besides the Trommer's must be used—preferably the lead test.
13. The microscope gives us better ideas of the exact condition of affairs in the examination of urine than the various chemical tests. Therefore the time has come when every true physician should know how to handle a microscope.—Dr. Formad, *Louisville Med. News*.

THE CAUSES AND TREATMENT OF PRURITUS VULVÆ.

In a clinical lecture on this subject (*British Medical Journal*, Vol. I, 1881, p. 327) Dr. Wiltshire mentions the animal and vegetable parasites as frequent local causes of this condition. *Ascarides*, *pediculi*, and *acari* are among the former, and certain low forms of vegetable life, as thrush fungus (*oidium albicans*), among the latter. Among other local causes we have—1. Diseases of the vulva (as vulvitis, abscess, carcinoma, oozing tumor, lupus, elephantiasis, etc.); 2. Diseases of the urinary system (urethra, bladder, and kidneys); 3. Vaginitis (gonorrhœal and other); 4. Diseases of the uterus (metritis, endometritis, senile catarrh, cancer, fibroids, polypi, acrid discharges arising from the foregoing or occurring mainly in association with menstruation); 5. Skin affections (eczema, ecthyma, herpes, urticaria, acne, etc.). As regards the latter, eczema may be associated with diabetes, producing terrible suffering, while urticaria suggests ovarian disease. Ecthymatous spots with ashen-gray bases may indicate grave cachexy (syphilitic?); while the herpetic vesicles are prone to crop out periodically in females of gouty parentage just before each menstrual period. A pustular form of acne is sometimes accompanied by troublesome itching. Venereal warts may excite itching.

Malignant disease of the uterus and upper part of the vagina may provoke itching in two ways: First, by acrid discharges; and secondly, reflexly—the latter uncommonly. The same may be said of fibroids, polypi, sarcomata, etc. Dr. Wiltshire has known pruritus to exist for a long time apparently as a consequence of pelvic effusions, e.g., hæmatocele, cellulitis, partly, perhaps, from venous obstruction and partly from implication of nervous structures. Some discharges from the womb are virulently acrid, and excite excoriation of the parts over which they flow. These are revealed by the speculum. Urethral and vesical affections—e.g., vascular growths, stone, incontinence, etc.—are sometimes complicated by vulvar itching. Careful local investigation is therefore necessary; for even when some general condition, as diabetes, is present, the local condition may give valuable information.

Among general causes we find diabetes, pregnancy, gout (or lithiasis), syphilis, and pruritus senilis. Diabetes is not an uncommon cause, and vulvar pruritus may be one of the first symptoms which lead to its detection. Pregnant women are liable to a severe form of pruritus vulvæ, accompanied usually by an abundant creamy discharge. Sometimes aphthæ or erosions are seen upon the turgid labia or cervix, or there may be vaginitis granulosa. Most of the cases which Dr. Wiltshire has seen have been accompanied by extreme venous turgescence. Gouty pruritus is apt to be brought on by indulgence at the table or any diet which increases the deposit of lithates in the urine. Char-