

as I have already described. The urine enters the bladder from the kidney, acid, and becomes mixed with the secretions of the inflamed membrane; if these are not very abundant, the acid re-action continues even after micturition, but on standing a short time decomposition takes place, and the re-action is alkaline. This change may take place within the bladder, as is well known in cases of paraplegia from injured spine, or where there is any mechanical obstruction to the free discharge of the urine.

Hence we may establish, as a general rule, that, when we find urine containing pus to be alkaline and to deposit ropy mucus, the bladder is the source; whereas pus in urine which has continued acid for many hours after standing, has come either from the kidneys or ureters, or from an abscess external to the urinary organs—a purulent discharge from the urethral canal being in most cases easily recognised.

The bursting of an abscess through the walls of the bladder, or into any other portion of the genito-urinary system, may be recognised by the sudden appearance of the matter in the urine, and by the history of the case.—*Boston Med. and Sur. Journal.*

GERMAN.

Stoney Concretions in the Lungs.—Professor Forget, of Strasbourg, publishes a few cases of this singular affection; some of which terminated in the patient's recovery, in so called *Phthisis Calculosa*.

The inhalation of calcareous, sandy, metallic substances, &c., producing this *Phthisis Calculosa*, has been noticed by several writers and observers; but F. alludes to an entirely different condition, which the following cases will best illustrate:—

A colleague, of a seemingly strong constitution, but spare body, and nervous temperament, had for several months suffered from a severe, dry, distressing cough—following exposure to cold. He had frequent spitings of blood, and soon became waste and emaciated. The tone of voice, dullness and mucous *râles* in the subclavicular region, hectic fever, and so forth, led F. to believe that the patient was laboring under pulmonary phthisis. The symptoms continued to become aggravated, until one day F. received a letter from his friend containing two concretions which he had a short time previously expectorated; they were osseous, of the size and form of the small bones of the ear. From that moment the cough, expectoration, and fever disappeared; strength returned, and thus continued the recovery, that after more than seven years, no trace of a chest affection can be detected in the now strong and robust colleague.

A girl of six-and-twenty, after long coughing, presented all the signs of the second stage of tubercle of the lungs. One night, after severe coughing, she expectorated a stone of an irregular form, about the size of a pea, and of the consistence of ivory. From that time the condition of the patient rapidly improved. The recovery could not be said to be complete when the person, pleased with her improvement, left the hospital.