

In gonorrhea an injection of gr. j to 3j, four to five times a day, during the first week, or hydrarg bichlor., gr. $\frac{1}{4}$ to 3j. At end of first week increase strength of pot. perman. to grs. ii or iii to 3, and make one injection every other day. During the intervals astrigent injections, as sulphate of zinc, sugar of lead, etc., may be used with excellent results.

Permanganate of potassium grs. i to 2 to 3j as a vaginal douche twice daily, has served me well in the treatment of leucorrhea. Except in very weak solutions this drug should not be used locally oftener than once in two or three days, for if employed frequently in strong solution it is an irritant.

CONCORDIA, KANSAS.

Selections.

THE PROGNOSIS OF CASES OF ALBUMINURIA, WITH SPECIAL REFERENCE TO LIFE ASSURANCE.

We take the following from the interesting discussion which took place at the Leeds meeting of the British Medical Association, as reported in the journal of the Association:

P. H. PYE SMITH, M.D., F.R.S.

Physician, Guy's Hospital.

Dr. Pye-Smith said that he believed there was no "physiological" albumen, and that "functional" albuminuria was really pathological for the time being. Admitting that excessive exertion, temporary asphyxia, or external cold might cause temporary albuminuria in apparently healthy persons, it must be remembered that these same conditions also increased albuminuria in cases of undoubted Bright's disease. Again, casts might be absent in very many specimens of urine in cases of renal cirrhosis, and they might be present in cases of temporary renal congestion. One form of occasional "functional" albuminuria was that which was really a slight form of paroxysmal hæmoglobinuria. He would, for practical purposes of prognosis, compare albuminuria with hæmoptysis. It was always serious, though it did not always indicate organic disease. Even when there were indications of structural lesion of the kidneys our prognosis might be good, for Bright's disease, like phthisis, was a curable disease. Even when believed to be "functional" it was better to

defer the application for assurance than to attempt to determine what was often an insoluble question.

W. T. GAIRDNER, M.D.,

Professor of Physic in the University of Glasgow.

Dr. Gairdner said that for a good many years he had been accustomed to examine the urine personally in every case of a proposal for life insurance, besides having brought under his notice from day to day the results of very numerous observations made in hospital upon a great number of miscellaneous cases in which the urine was examined as a matter of routine by the assistants. The results of this inquiry he did not propose to submit in detail, nor was he, indeed, able to do so; but the result of it all, taken in connection with all that he had seen, or heard, or read upon the general subject, was that, when the ordinary or old tests of serum albumen were used, the occurrence of albumen in cases otherwise wholly unexceptionable from the view of life insurance was so far from universal as to make the term "physiological albuminuria" one in all probability misleading, and therefore undesirable to use. Dr. Pavy had alluded to the case of Weston, a man presumably healthy and well organized, who, in walking for a wager, had albumen in his urine. The just inference from that case, taken by itself, would not be that the albuminuria was physiological, but that walking for a wager after Weston's method was unphysiological. And so with the cases reported by Sir Andrew Clark, showing that a large proportion of youths cramming for the examinations of the Civil Service were at least temporarily albuminuric. It is not necessary to maintain that the albumen in these persons always indicates serious disease, but it certainly shows that cramming for examination is not physiological. The term "functional albuminuria" is not open to the same objections, regard being had always to the difficulty of distinguishing, either during life or after death, what is functional and what is structural. The result of the whole in Dr. Gairdner's mind is that, while he freely admits a functional albuminuria (subject to the qualification just alluded to), he is altogether sceptical, or more than sceptical, as to physiological albuminuria. Considering this practically in relation to life insurance, Dr. Gairdner said that he could not find a more just or accurate expression for his