

that on examining the urine under the microscope, there was to be seen a profuse precipitation of triple phosphates, the most extensive display I have ever seen. I sounded for stone three times, but I could not detect any. I have been treating him by washing out the bladder and administering internal remedies. Internally I have given boracic acid and salol, combined with tonics. The effect from this was not very satisfactory. I changed to the benzoates, giving first the benzoate of soda, and afterward the benzoate of ammonia combined with buchu. The effect not being satisfactory, I have been giving a preparation containing benzoic acid, buchu, uva ursae and several other drugs. The drugs I have used for washing out the bladder were, first, boracic acid, 10 grs. to the oz. The effects of that appeared to be nil. It produced no pain. I found that a very large quantity could be injected with no discomfort—as much as twenty ounces—and the bladder was not full then. It appeared to be a very large amount to pass into the bladder, especially in a boy aged 12. I next tried bichloride 1-10000; the result was beneficial in one way. The next visit, the urine was perfectly clear, and the reaction was not so intensely alkaline, but it caused him much pain: he could not sleep that night. I reduced the strength until he could bear it, but when it was diluted this much it seemed to lose its effect. I am now using permanganate of potash 1 gr. to 1 oz. But this, again, produced a great deal of pain. I next used $\frac{1}{2}$ gr. to 1 oz., but this also produced pain. Last night I used $\frac{1}{4}$ gr. to 1 oz., and while the pain was not so great as before, yet it was considerable. The 1 gr. and the $\frac{1}{2}$ gr. solutions caused a spasmodic action of the bladder. Its force was so great as to raise the fluid almost to the top of the funnel when nearly empty. A spasmodic contraction of the rectum also took place. This was so violent that I was obliged to cease the washing while the boy went to the closet. This case is interesting in a good many ways. You would expect to find stone; and yet stone in children is easily diagnosed. You generally strike the stone immediately on introducing the sound. In this case I have manipulated most carefully, and can get no indication of stone. Nothing can be felt per rectum. The liver is normal. A fair-sized catheter can be passed without difficulty. If the permanganate is not successful in curing the case, I am going to try silver nitrate. However, it is so powerful I am a little afraid to use it.

Dr. MACFARLANE (to Dr. Greig)—What did they consult you about first?

Dr. GREIG—The deposit in the urine. The boy was suffering no pain. There was no irritation, no frequency of micturition: simply a deposit of phosphates and pus.