for a limit must no doubt be reached in the Government expenditure in this direction, and the great body of the people can only be reached by their own native physicians. It would be well if this movement of the Hakeems were watched and fostered, and some plan originated by which the medical practitioners of India should form themselves into societies, or guilds, for the advancement of medical science and the establishment of medical schools for the granting of diplomas, as in Europe.

What has contributed most to the increase of attendance at our dispensaries in India is the success of our surgical operations, the fame of which has spread far and wide through the country. Ignorant of anatomy, the native surgeon dare not put his knife under the skin without the dread of fatal hæmorrhage; and, as late as the time of the last Serkh war, they had adopted no better mode of staying the flow of blood from an amputated limb than by thrusting it into boiling oil. There were many who believed that the Hindoo would suffer anything rather than submit to the knife. Now, however, that chloroform has been introduced, this dread has been greatly removed; and from the records of the North-West Provinces alone we find that, in 1867, 3832 capital or important operations, and 41,090 minor operations, were performed during the year. This very large number of operations must have been a means of relief from suffering that cannot but have told favourably on the people. The Medical Service, too, is itself greatly benefited by the professional experience thus gained, for through this large amount of surgical practice material help is afforded in maintaining the efficiency of army surgeons for service in the field. Politically speaking, the benefits yearly experienced by about 2,000,000 of the people of India from institutions of this benevolent character, established and supported by the English Government, must be of no small importance in retaining the good will of the people. The Medical Service, too, may be glad when it looks on this, the fruit of labours voluntarily undertaken during leisure hours, and directed to the relief of the suffering poor.

April, 1870.

CLINICAL REMARKS

ON

REDUCING FALSE POSTURES IN ACUTE HIP DISEASE.

By RICHARD BARWELL, F.R.C.S.,

SURGEON TO CHARING-CROSS HOSPITAL.

LET me again call your attention, gentlemen, to this case (E. N.—, aged eleven years). You saw me examine it on Wednesday, March 29th, 1870. She was suffering all the tortures of acute hip disease. The affected thigh (the right) was drawn up and adducted; it lay at an acute angle with the trunk across the other limb, and she could not bear it to be touched. The child was suffering such intense pain, especially at night, that the nurse had to move her every twenty minutes or half hour; and, in spite of full doses of opium, she hardly slept at all.

On Saturday, April 2nd, an anæsthetic (bichloride of methyle) was administered; the thigh was straightened on the trunk, slightly abducted, and one of my extension splints applied. Now look at her; without opium she has slept well both nights since the reduction of the malposture. She has lost all anxious expression of face. Her appetite, which was very bad two days ago, is now returning.

I do not claim this method as new or as my own. It was introduced by Bonnet, of Lyons, and has been employed by Bauer and Lewis Sayre, of New York; and I myself have largely and successfully employed it.

I cannot predict for you in all cases an effect so sudden and brilliant. The most marked advantage accrues in those patients who, after a short period of chronic malady, suffer an acute and violent access of inflammation; who lie awake flushed and anxious, and who guard you from touching the contracted limb with gestures of trembling fear. The less acute attacks also yield, but more slowly. To other cases you may be called too late to give the treatment a fair chance, and a small proportion of diseases will continue their destructive course in spite of this and every means that sur-

gery can apply; but by far the larger number of cases, taken early enough, will be by this means advanced towards recovery further than anyone who has not tried it would imagine. And this can certainly be said, that you will have put your patient into the best possible road to recovery; and when that recovery takes place, the limb will be in a proper position for walking, not drawn up or bent, and probably but very little shortened.

The case you have before you is an example: it was running its course rapidly; in the then posture of the thigh dislocation was highly probable, abscess in the joint certain. Now I can promise, unless some intercurrent disease or other unforeseen circumstance arise, recovery, and that probably with scarcely any lameness.

May 9th.—The good promise of this case has hitherto been verified.

ON A NEW TEST FOR ALBUMEN.

By CHAS. MEYMOTT TIDY, M.B.,

JOINT LECTURER ON CHEMISTRY AT THE LONDON HOSPITAL.

THE importance of detecting the presence of a minute trace of albumen in the urine must be my apology for proposing another test, which I am disposed to regard as more delicate than any I have ever tried. It may be that I have practised it more and know its peculiarities better than other tests. I do not propose it as likely to take the place of nitric acid, because it can be so easily obtained, and for all practical purposes shows a sufficiently marked reaction, especially when used in the manner proposed by Dr. Andrew Clark, of floating the urine on the acid, and noting the white layer of coagulated albumen where the two liquids join. I merely venture to propose my test as an exceedingly delicate confirmatory one, and likely, I hope, to be of some service where other tests leave a doubt as to the presence or absence of albumen. I may just say that it first occurred to me in the course of a long series of experiments I am now engaged upon respecting the action of various reagents upon the proximate principles of living matter.

The first method I adopted was a mixture of glacial acetic and carbolic acids. I still think this gives satisfactory results, but its preparation requires care. If there is too little acetic acid, the carbolic acid is not thoroughly dissolved when added to the urine, and this renders the liquid slightly opalescent, which appearance might be mistaken for a trace of albumen. If too much acetic acid is added, then the excess will redissolve the albumen. The plan I adopt is as follows: I mix equal volumes of the two acids, and then see whether, on adding this to a little water in a test tube, the liquid, after being well shaken, becomes perfectly clear. As a rule, I find this proportion is about correct; but if it does not become clear, I then add a little more acetic acid, trying it after each addition, until the desired point is reached.

The second plan I have to propose, and which has its advantages, is as follows:—Add to the liquid to be examined in a test-tube ten minims of alcohol (I employ it with a specific gravity of 0.805), shake thoroughly, but gently, so as to avoid the production of froth. Then drop in the same quantity of carbolic acid, and shake very thoroughly. Allow it to stand for a minute; and if the merest trace of albumen is present, distinct flocculi will be seen floating in the liquid. The alcohol and carbolic acid may be kept mixed, although I think it is more delicate when the experiment is made by dropping them in separately.

Respecting its delicacy, I may say that I can obtain distinct reactions with quantities of albumen that are undetectable by nitric acid, or heat and nitric acid. Distinct flocculi may be noticed with a solution of 1 part of albumen in 15,000 of water; whereas 1 in 8000 is the smallest quantity discoverable by nitric acid.

I may suggest, that if we are testing urine that contains such a small quantity as I have named, it will be necessary, in all probability, to filter it before applying the test; but of course this is not required, as a rule.

I will just add, that I have not as yet found anything in urine that will give this reaction with the test I have proposed, except albumen.

Cambridge-heath, Hackney, April, 1870.