

childhood, at least she could not remember having had any trouble in this side. The organ was at its normal place, and, although cystic, it was only slightly increased in size, and its shape was not materially changed from the normal. The other kidney, the right one, which had been removed by operation, was about double the size of a normal one, and is now much smaller than at the time of the operation, when it was filled with blood.

Dr. Lange omitted, in making the diagnosis before the operation, to palpate for the other kidney through the rectum. The result of this examination might probably have corroborated his opinion about this organ, since it was present at its normal place, and in about normal shape and size. He had it immediately under his finger at the moment of the autopsy, and still was not able to decide about its diseased state before he had removed it.

He regrets not having tried the catheterism of the ureter. Post-mortem was allowed only with reference to the kidneys, and the bladder, therefore the ureter was not seen; so he is unable to say whether or not it was obliterated at its entrance into the bladder as it was in its uppermost part near the pelvis.

Dr. Lange thinks an exploratory lumbar incision on the left side would have been the safest way to make out the diagnosis as far as the kidney of that side was concerned. Regarding the attacks of pain in the right side, there is, he thinks, no doubt that they were caused by retention of the purulent fluid within the cysts; perhaps in consequence of obstruction of their outlets by small concretions, found post-mortem. The latter he never found in the sediment of the urine.

Gurgun Balsam in Gonorrhœa and Vaginitis.

This balsam, which is extracted from various dicotyledonous trees, is turbid and of a brown colour, bitter, smelling like copaiba but with a less unpleasant odour, whilst it is less acrid and less expensive than this drug. It is also more readily tolerated. After being in use for a long period in India, its properties were carefully examined by M. VIDAL in Paris, as well as by M. Mauriac and M. Malley. The balsam is administered in capsules or in the form of an emulsion in mucilage. In the latter form Vidal gives 4 grams a day, immediately before meals; in larger doses of 10–12 grams it produces vomiting and diarrhœa. It can be prescribed at the beginning of a gonorrhœa, which it cures in 15 to 20 days; it is better, however, to employ it when the inflammatory stage is over, but it is also very useful in gleet. In the female it is used as a local application, the vagina being first washed out with warm water, a plug of cotton-wool soaked in a liniment of equal parts of balsam and lime-water is applied by means of the speculum, and the plug is then covered with a second one of dry wool, the dressing being renewed daily. This proceeding is attended with a slight smarting which disappears after the third application.—*Practitioner*, August, 1880, from Bouchut's *Compend. Ann. de Thérap.*, June, 1880.

Retention of Urine in Gonorrhœa.

In a clinical lecture on this subject, published in *Le Progrès Médical*, April 17th, 1880, M. MAURIAC discusses the forms and the appropriate treatment of retention of urine due to gonorrhœa, the remarks being suggested by the case of a man admitted into the Hôpital du Midi, who had suffered from retention for eight days. Retention during gonorrhœa may present itself under two different forms. 1. *Instantaneous and complete retention.* In this variety the patient, after some such exciting cause as excessive drinking, sexual intercourse, or too much exercise, on trying to pass urine fails altogether to expel the smallest quantity. 2. *Progressive and incomplete retention.* The passage of urine, instead of being