lithotomy, I hope they will stick to the knife, which is the best and safest instrument; and, at the same time, give the long-beaked staff a trial. I am sure that they will gain confidence in the performance of an operation, which is often attended with some difficulty, and is always undertaken with some degree of anxiety by surgeons who have a due sense of their responsibility.

REMOVAL OF A CONSTRICTING IRON FROM THE PENIS.

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THE BRITISH MEDICAL JOURNAL of December 18th, 1880, contains editorial observations concerning the manner of removing tight rings from the fingers. I think the following rather peculiar case may, in some degree, serve to illustrate the subject, so far as it relates to the advantage to be gained by making peripheral compression, before attempting to withdraw the constricting agent.

Eighteen months ago, a man, aged 20, was admitted to the Mater Misericordiae Hospital, suffering from the pressure of an iron tube, which, on the previous day, he had removed from the handle of a plough, and had passed over his penis. It was difficult to obtain anything like a candid statement from the patient; but the account he gave amounted to this. He was "tricking" with the iron, and, having occasion to pass urine, it occurred to him to try if he could get his organ through the tube. His efforts proved successful; but then the organ, resenting the treatment to which it had been subjected, became swollen, and the youth found it impossible to rid himself of his encumbrance. In fear and distress, he sought the aid of a blacksmith, who managed, with chisel and hammer, to cut obliquely through the iron cylinder; but, on attempting to force the edges of his section apart, the upper margin of the divided iron wounded the penis, and so he was obliged to desist.

When the lad was placed under my care, I found his penis in an extraordinary and alarming condition. Close to the pubes, it was encased

by the tube figured in the annexed woodcuts. The upper edge of the divided tube seemed to be buried in the right side of the corpus cavernosum;

whilst the distal portion of the penis was enormously swollen, and, indeed, seemed to be upon the verge of becoming gangrenous.

The patient was at once brought under the influence of ether. Then, with a Syme's knife, I extensively punctured the congested and infiltrated tissues, so as to permit free drainage of blood and serum. Next, I obtained a narrow bandage of fine muslin, which I squeezed out of warm water, and applied, as tightly as was possible, from the extremity of the glans penis up to the lower border of the constricting iron. The thin damp muslin proved most useful; it allowed outward filtration of bloody serum, and, at the same time, it served to compress and empty the engorged tissues. As soon as the abnormal volume of the penis was reduced, I removed the compressing bandages; and, with considerable difficulty, succeeded in passing a flat hernia-director beneath the incurved edge of the divided iron. Two ordinary directors were also passed between the penis and the cylinder, so as to facilitate slipping forwards of the latter; then steady traction caused the iron to glide from its position, without producing any laceration of the soft parts. The young man was able to leave hospital three or four days after his admission, with an organ little the worse of having been iron-clad for thirty hours.

With regard to weight and dimensions: the tube weighed six ounces; its length was two inches and a quarter; its calibre nearly seven-eighths of an inch; and the iron was about one-sixth of an inch in thickness. Micturition was not very much interfered with during the period the penis suffered from compression.

ON THE BISMUTH TEST FOR SUGAR IN THE URINE.

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In the clinical examination of urine little difficulty attaches to testing for albumen and bile, and the reagents employed (nitric acid, and tincture of iodine) are to be had everywhere, and keep well. But, in common with others who have had occasion to use the copper test for sugar in urine, I have sometimes felt the inconvenience of not being able to rely upon a copper solution which had lain aside for some time. It is well known that the solution of cupro-potassic tartrate is apt to gradually suffer a partial reduction even in the cold, especially when exposed to light, and that, when heated alone, it may afford a precipitate of cuprous oxide. The addition of a fresh excess of liquor potassæ at the time of making the experiment does not appear to be a satisfactory mode of getting over this difficulty, and, for clinical purposes, or for private practice, it is a desideratum to have a test-solution, which, while sufficiently delicate, will be convenient to use, and above all be permanent.

From time to time I have occasionally tried Böttcher's test (1857) (*Jahrb. für Pharm.*, Bd. xxii, 29; *Jahr. für Chemie*, Bd. lxx, 432; *Journ. de Pharm. et de Chim.*, 1857, Bd. xxxii, pp. 159, 371), i.e., subnitrate of bismuth and sodic carbonate, and in 1876 I made some experiments with a solution of potassio-bismuth iodide, recommended by E. Brücke (*Fresenius' Zeitschr. für Anal. Chem.*, 1876, p. 100). This reagent may be prepared by dissolving freshly precipitated subnitrate of bismuth in a hot concentrated solution of iodide of potassium, to which a little hydrochloric acid has been added. The solution thus obtained is a deep red liquid, and has been proposed as a precipitant for the alkaloids. The method of performing the test is as follows—Acidulate the urine, or other fluid, with a little hydrochloric acid; then add an excess of the reagent, which precipitates any albuminous substance or sulphide present in the urine; filter; to the filtrate add an excess of liquor potassæ, which throws down a white precipitate of the hydrate of bismuth, and boil. If the slightest trace of sugar be present, a black precipitate will be formed.

The only precautions to be taken in performing this test are to be sure that the liquid is boiled sufficiently, since, in the presence of a small amount of sugar, the reduction takes place with some difficulty; and secondly, to avoid the presence of too large an amount of the white hydrate of bismuth before boiling, since it might obscure the detection of a small amount of the black precipitate. Brücke considers that, applied as above, the bismuth test is fully as delicate and certain as the copper test for detecting the presence of small amounts of grape-sugar in the urine. The bismuth solution is not reduced by uric acid or creatinin. A practical inconvenience connected with the use of this test is the necessity of employing two reagents (hydrochloric acid and liquor potassæ) in addition to the bismuth solution; and hence it does not fully meet the needs of the busy practitioner who wants a single reliable test-solution that can be confidently appealed to at a moment's notice.