painful and sore. The inflammatory reaction may be sufficiently great as to cause sinusitis. If the wounded mucosa becomes infected, very serious effects may occur, even meningitis. Putting aside these possibilities, the worst results of cauterisation are the later ones. There may be adhesions between the turbinates and the septum or the floor of the nose, adhesions which further impair the function of the nose by interfering with drainage. The amount of scar tissue may be, and very often is, unusually great, and this means that areas originally covered with ciliated epithelium are replaced by areas of pavement epithelium. On these patches secretions accumulate, become dry, and form crusts, which decompose and presently cause ulceration of the parts beneath. These crusts, with the irregular and obstructing enlargements of the turbinates from cystic degeneration of their sealed-up glands, make the last state of the patient much worse than the first, for he has come to possess a nose which can never again exercise properly its function. Cauterisation is eminently unsurgical, because it is a treatment which is irrespective of causation, makes much unnecessary scar tissue, and recklessly impairs a function which could be preserved by other methods. Every case in which the cautery has been used could have been efficiently treated by discovering and eliminating the cause. If the turgescence or inflammation be due to external causes, they can be removed; if to systemic disorders, they can be treated; if to impaired nasal drainage, the cause of it can be discovered and corrected.

THE MATRONS' COUNCIL.

The quarterly meeting of the Matrons' Council is to be held at 431, Oxford Street, on Saturday, May 1st, at 4 p.m., and will be of special interest, as after the business meeting Miss Violetta Thurstan, who is a member of the Council, will speak on her work with a Field Hospital, and Flying Column, in Belgium and Russia.

Miss A. E. Hulme, Hon. Secretary of the Council, and Miss Beatrice Kent hope to leave London on May 22nd for the meeting of the International Council at San Francisco.

At a recent meeting of the electing committee of the Lyceum Club, a former Matron, now married, was elected a member of the club, on her qualification for the Public Service Section, as a member of the Matrons' Council. This recognition of the value of the Council's work for the community should be very gratifying to the members.

OUR PRIZE COMPETITION.

DESCRIBE THE CONDITION OF URINE IN CYSTITIS, BRIGHT'S DISEASE, HYDRO-NEPHROSIS, RHEUMATISM, AND DIABETES.

We have pleasure in awarding the prize this week to Miss S. Simpson, Niederwald Road, Sydenham, S.E.

PRIZE PAPER.

The condition of urine in cystitis is generally acid, with a more or less abundant deposit of pus, in which may be found pelvic and vesical epithelium, shreds of connective tissue, and débris of tubercle. With proper staining reagents tubercle bacilli have been demonstrated, and should be looked for in all suspicious cases as affording a certain means of diagnosis. Blood is often present from time to time, but not generally in large quantity. Albumen occurs in proportion to the amount of pus. Tube casts are rare. Sometimes the urine is ammoniacal and ropy, from retention and decomposition in the pelvis. Micturition becomes frequent and often painful.

The presence of albumen in the urine is the most constant sign of Bright's disease.

The urine is scanty, the quantity diminishing to ten, eight, or six ounces daily, or even less. It is acid and irritating, so that it is frequently voided in quite small quantity; its specific gravity is high, from 1025 to 1030. It is turbid, and it has a colour which is due to the presence of fresh or altered blood, and is dusky brown, deep brown, porter coloured, pink, or distinctly red, according to its quantity and condition. It deposits a sediment consisting of fresh or altered blood corpuscles or fragments of them, renal epithelial cells, granular, epithelial, or blood casts, and it may be after some time uric acid crystals. The albumen present is generally in large quantities, forming a thick curdy deposit on boiling; or the urine may become actually solid on heating, so that the test tube may be inverted without a drop running out. The urea is remarkably diminished: it may fall to half its normal quantity or less daily; and the phosphates and chlorides are also reduced.

In hydro-nephrosis there is retention of urine in one or both kidneys; the urine passed is not much altered. Its quantity may be natural. It may contain a trace of albumen or a little pus; the urea and salts are in average quantity. In cases of double hydro-nephrosis there is a tendency to uræmia from the retention of urinary constituents.

The urine in rheumatism is scanty, high-coloured, and acid; it contains only occasionally a trace of albumen.

In diabetes there is excessive secretion of

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