that of Jenner. Nothing can be more candid than his conduct has been throughout. He has made no secret of his discovery; and nothing can be more modest than his constant expression:—"I wait for the verdict of the clinical students of Europe."

In conclusion, I earnestly beg to call the attention of all practitioners, and especially of those who enjoy the privilege of hospital practice, to the subject of this paper. Let these remedies be tried in every case in which they offer a chance of success, both in the treatment of disease and as prophylactics also. Whenever they meet a case of scarlatina, let them treat not only the patient, but let every individual in the family take a certain quantity daily of one of these sulphites; and let the same plan be adopted in every case apparently depending on some zymotic poison, whether fever, pyemia, septicemia, or puerperal peritonitis.

---

**Transactions of the County and City of Cork Medical and Surgical Society.**

**Session 1862-63.**

**Dr. W. C. Townsend, President.**

**Dr. Popham on Carbonate of Ammonia in the Urine.**

Dr. Popham exhibited a specimen of urine, passed by a patient in confluent small-pox, containing carbonate of ammonia in such abundance as to effervesce briskly upon the addition of the mineral acids. The patient was a woman of 45 years of age, almost idiotic. The urine presented nothing unusual until the seventh day from the appearance of the pustules, which had just commenced to sink in. On that day, perceiving the urine to be darker than ordinary, he tested it with nitric acid for albumen, and was surprised to find that the addition of a few drops was followed by a rapid effervescence. The specimen produced was brown, rather smoky-looking, turbid, with a strong ammoniacal odour; it was examined shortly after being voided. Dr. Popham observed that he tested the urine of the same patient daily, until convalescence was fully established, but without being able to detect a recurrence of the carbonate of ammonia, and was led to suppose it was critical, occurring just at the turn of the disease. Copious deposits of the phosphates also existed. In cases wherein carbonate of ammonia is present in the urine there is found an absence of urea. Some interesting observations upon this subject are found in Graves' Clinical Lectures. However, this author apparently held that the carbonate of ammonia was directly secreted by the kidney; whereas

---

*These Reports are supplied by Dr. T. W. Belcher, Secretary to the Society.*
Golding Bird and others consider that it arises from decomposition of urea, the mucous matter acting by catalysis as a ferment. In this case the alkaline salt neutralizes the acid which retains the phosphates in solution, and which are thus thrown down.

**Case of Pelvic Abscess Discharging through the Urethra.** By Dr. Cummins, V.P.

Mrs. B., aged 25, of lymphatic temperament, with hereditary predisposition to phthisis, but healthy and well-made, was confined, on the 4th of October, 1860, of her third child. The labour was severe and protracted, but terminated naturally, and convalescence progressed favourably until the morning of the 9th, when fever, with transient delirium, accompanied by pain and tenderness of left iliac region, made their appearance.

I immediately ordered cooling and aperient medicine, and had hot fomentations assiduously applied to the painful part; and by those means the local uneasiness was relieved, the pulse, which had been over 100, fell to 84, and convalescence seemed to be quite established in a few days.

October 22nd, 19th day.—Vomiting, unattended by thirst or epigastric tenderness, and most severe in the recumbent posture, commenced this morning, and continued throughout the day; bowels rather confined; pulse 84.

23rd, 20th day.—The vomiting continues, and rigors are much complained of.

26th, 23rd day.—Vomiting and rigors continue, and the urine is loaded with pus; dysuria and smarting on micturition cause much suffering. I cannot detect any tumour, either by external or internal examination.

30th, 27th day.—Smarting and rigors have ceased; vomiting continues, and there is much pus in the urine.

November 3rd, 31st day.—Sickness has ceased, and in all respects the patient seems convalescent.

Nov. 23rd, 51st day.—There has been some sickness in the mornings; rigors have occurred at irregular intervals, and about a week ago there was a slight appearance of pus from urethra. Since then, however, these symptoms have gradually subsided, and the patient seems now in perfect health, except some suffering from a horribly fetid discharge from nostrils, which commenced about the eighth month of pregnancy, and continued subsequent to parturition for several months, yielding eventually, in a rapid and decided manner, to large doses of arsenic.

This year, 1863, I attended her in an easy labour, from which she convalesced without a bad symptom.

The most remarkable point in this case is the extreme mildness of the symptoms of a disease usually so formidable as pelvic cellulitis, and the almost complete absence of the tumour which is generally characteristic