at first find the rarified atmosphere of the mountains trying to chest or heart, and many also complain of loss of appetite and loss of sleep; but if the man is sound in limb and lung, and if he does not over-do it or over-exert himself at the very beginning, but does take regular exercise, in ten days or so all life seems to awaken within him; he may not sleep so long or so heavily, for he has probably camped at an altitude of eight or nine thousand feet (excellent camping-places are sometimes found at a height of ten thousand feet or over), and he does not need as much sleep as if he were at sea-level He may puff and blow like a grampus as he faces a moderate hill; for he has scarcely realized yet that the atmosphere is so rare that he must boil his potatoes (if he is lucky enough to have any) for at least two hours, and he will do better if he boil them all the morning, and that he cannot by twenty-four hours' boiling make beans soft enough to feed to his horse. But he is growing younger, not older. The world of cark and care seems very far away, walled out by the heavy mists that roll up from the plains. What a fool he was to bother his soul as he did with a thousand useless things.—W. S. Rainsford, D.D., in *Scribner's Magazine*.

THIERSCH'S METHOD OF SKIN-GRAFTING.—Dr. Mynter reports this method, as proposed by Thiersch, of Leipzig, and as he has used it in the Buffalo (N.Y.) General Hospital, as follows:

The granulations are removed by the aid of a sharp spoon down to the underlying firmer tissues, and the rather copious bleeding stopped by pressure with compresses dipped in a solution of chloride of sodium, 0.6 per cent. The bleeding stops generally in the course of five to ten minutes, The flaps are now cut with a sharp razor, generally from the outer surface of the humerus, and then transferred directly on the shining surface of the wound, deprived of its granulations. The flaps are five to ten centimetres long, one or two centimetres broad, and contain, even if microscopically thin, the whole papillary layer and a part of the underlying stroma.

The flaps are completely unravelled by aid of two probes, and then firmly pressed against the surface by aid of a soft sponge dipped in the same solution of chloride of sodium. The transplanted wound is covered with a piece of protective dipped in the salt solution and an antiseptic bandage applied over it, which is not disturbed for eight days; the superficial wounds produced by the razor healing in eight days under iodoform bandages. If the wound be completely covered with flaps it will be healed in about eight days; but in very large ulcerations especially after severe burns, it is almost impossible to get skin enough from the patient himself, and one will then after eight days have the opportunity of seeing not only the growth of the flaps themselves, but also the stimulating effect on the border of the wound, which is quite wonderful to observe. It is astonishing to see how quickly the citcatrization progresses in those large ulcerations from the border and the numerous island formed by the new flaps.—*Buffalo Med. Press.*

HYDROCELE IN THE FEMALE.—The *New York Medical Journal* has recently published a report of three cases of this rare condition, read before the New York Clinical Society by Dr. Wright. He notes that hydrocele in women has been ignored by most surgical writers till within the last few years; not forty cases have been reported. It is liable to be mistaken for irreducible hernia, and, when inflamed, for strangulated hernia. In doubtful cases the diagnosis may easily be settled by the hypodermic needle. In the first case there was a fluctuating tumor, the size of a pigeon's egg, just above the inner half of Poupart's ligament, on the left side; it had existed for several years; there was no impulse and it was irreducible. It was aspirated twice, straw-colored serum being withdrawn. On the second occasion, the inside of the sac was scarified with the point of the the needle; the sac inflamed and was completely obliterated six months later. The patient had borne four children. In the second case there was a soft fluctuating tumor the size of a pigeon's egg in the right inguinal region, just above the middle of Poupart's ligament; it seemed to consist of a large superficial and a smaller and deeper sac. There was no impulse, and the tumor was reported as irreducible, but the patient had noticed it present occasionally ever since the birth of her first child, and she used to push it back with her hand. Three weeks before examination, while lifting a child, the tumor described by Dr. Wright appeared and she could not reduce it. Colic, flatulence and constipation came on, and the tumor was tender. On November 15th, 1883, after ice had been applied to the swelling, it was aspirated. The two cysts required a separate application of the needle, clear yellow serum was withdrawn and the small sac had to be aspirated again three days later. The tumors had never refilled when the patient was seen three years later. The third case was in the practice of Dr. Quimby; the patient was a single woman, aged forty-two. A fluctuating tumor, about as large as the last joint of the thumb, was found just above and parallel to Poupart's ligament on the right side. Six or eight years before the patient had, it appeared, been operated upon for hernia of the same side. The tumor had existed "for some time," and caused a dragging pain. The patient used to reduce it herself. It was aspirated seven times in nine days and then ceased to fill any more.—*British Med. Journal.*