

and five grains respectively. She thinks a second dose might have been taken by them with advantage. 3. A single woman who journeyed from London to Cannes, after taking fifteen grains, did not feel the journey more than is going from London to York, though usually knocked up. I might say I have tried antipyrine, phenacetine, the bromides, the chloral, but have not experienced the same benefit as with sulphonal. An aperient dose the day before travelling is, I think, advantageous, while facing the engine or lying down is helpful. As to the value of sulphonal in sea-sickness I can only produce three cases in its favor. Many patients who suffer from railway sickness do not suffer from sea-sickness, or only slightly. 1. A married woman travelling from London to Guernsey, who was usually sea-sick, after taking ten grains had a good journey and was not sick. 2. A single woman travelling from London to Flushing, who was always sea-sick in the calmest weather, after taking fifteen grains slept well and was not sick, arriving fresh. 3. A married woman travelling from London to Dublin, who had always been sick and dreaded the journey, after taking ten grains slept well, was not sick, and arrived altogether fresh and well.—*Lancet*.

THE TREATMENT OF GALL-STONES WITH LARGE DOSES OF OLIVE-OIL.—(*Brit. Med. Jour.*) has reported the case of a woman, forty-eight years old, who presented herself in an attack of biliary colic. She was suffering from acute pain, situated over the hepatic region and extending to the right shoulder-blade, accompanied by severe retching and vomiting and collapse. The pain was relieved by hypodermic injections of morphine. The attack was followed by well-marked jaundice, which, however, passed off in a few days' time. There was a history of similar attacks at various intervals for upward of four years, and these were invariably followed by slight jaundice. The stools were examined for gall-stones, but none was found. Two months later the woman was again seized with a severe attack of colic, but careful search failed to detect any trace of gall-stones in the stools. These attacks continued, at intervals of from three to six weeks, for nearly five months, although the patient was constantly under treatment, and all the usual remedies were tried without avail. In no instance was a gall-stone ever found in the stools. The last attack was particularly severe and protracted, and cholecystotomy was advised. Before operating, however, resort was had to large doses of olive-oil. Accordingly, three grains of mercurial pill were given at bedtime, and followed on the next morning by three ounces of olive-oil, the patient being instructed to

lie upon the right side. The oil was given in tablespoonful-doses every three hours during the day: and in the stools six large gall-stones were found. Two measured nearly half an inch and were faceted. No pain was experienced during the passage of the stones, nor did the oil cause much nausea. The jaundice passed off in a few days, and the patient made a complete recovery, for twelve months afterward having no attacks of colic.—*Med. News*.

DRY SURGERY IN GERMANY.—The American practitioners and students of medicine who have been trained to look upon irrigation as essential to the aseptic handling of wounds in their after-treatment, are always quite astonished at the apparent disregard the German surgeon seems to have for this method of securing good results. While in Gottingen, I was present every day at the surgical polyclinic held daily by Professor Rosenbach, and I do not believe I saw a drop of water or other irrigation fluid used during the whole time. The patient is brought in, the dressing removed, the wound examined, squeezed lightly, oozing pus is wiped off, and dressings, dry or wet as may be necessary, are reapplied. Even in the treatment of deep abscesses, or where neurotic processes are going on, irrigation is never resorted to, the surgeon seeming to have all faith in his drainage tubes, without resorting to the stream of bichloride water as used by our American surgeons. They probably get just as good results here in Germany as we do in the United States, but their methods of wound-handling are certainly not so cleanly as those used in the latter country.—*M. and S. Rep.*

TREATMENT OF TUBERCULOUS DISEASES OF THE GENITALS.—Dr. Desnos (*La France Médicale*) recommends injections of five to ten per cent. solutions of zinc chloride in cases of tuberculosis epididymitis and prostatitis, especially where the tuberculous foci are circumscribed and isolated. He usually injected two drops of the solution at several places into the mass, preferably at the periphery. The injections are followed by redness, pain and swelling, which subside in the course of a week, when another injection is made. The ultimate result is induration and atrophy of the affected structures. In tuberculous disease of the prostate the author cuts down upon the prostate from the perineum, and after making the injection, keeps the wound open until the induration has subsided.—*Inter. Jour. of Surg.*

In Sweden, ten years of study is incumbent on every medical student.