

**Surgical Treatment of Gall Stones.**—Duncan (*Edinburgh Medical Journal*, June, 1893), after detailing several cases coming under his observation, reaches the following conclusions:

1. That when the stones lie in the gall bladder or lightly impacted in the cystic duct, cholecystotomy is a safe and easy operation.

2. That if the stone be impacted in the common duct, the gall bladder is apt to be small, and such structures as the stomach and colon are prone to be adherent in awkward positions.

3. That in such cases it is safe to incise the duct and drain from the wound.

4. That, considering the perfect health enjoyed by patients with biliary fistula, there are few cases in which it would be justifiable to form a new route for the bile into the bowel.—*The Therapeutic Gazette*.

**Reposition of Incarcerated Hernias with the Aid of Electricity.**—Dr. J. Mareley (*Wiener med. Presse*, No. 23, 1893) has employed galvanic currents of high intensity in the reposition of incarcerated hernias. The patient is placed in a position favorable for taxis and a moderate-sized positive electrode is applied to the hernia, armed with a sponge, dipped in warm salt and water, while a second, the negative, pole, is applied a few centimetres away from the hernia. The current of a battery of twenty to thirty elements is allowed to act, increasing its intensity for two to five minutes as much as the patient will be able to bear. Then remove the electrode and try taxis, which, if it fail, may be followed by a second application. In this way he has been able to reduce even old irreducible hernias. In these latter the séances were held daily, or every two to three days, and were not longer than fifteen minutes in duration. In a few weeks after the adhesions have separated or weakened the hernia may be easily replaced.—*Lancet-Clinic*.

**Chancres.**—Excision of the chancre has been tried a sufficient number of times to show that it cannot be relied upon in any way to prevent infection of the system with syphilis. A recent writer in the *New York Medical Journal* gives a resumé of the opinions of leading syphilographers and they are almost unanimously against the procedure, Neisser and

Auspitz forming the only exceptions of note. The writer referred to describes two cases in his own practice, one where he excised a chancre upon its first appearance eighteen days after exposure, and the other where he cauterized an abrasion upon the prepuce only two hours after the suspicious intercourse, but in both of these cases secondary symptoms appeared in due course of time.—*North-western Lancet*.

**Tropacocaine in Ophthalmic Practice.**—In the *British Medical Journal* for June 24th Dr. G. Ferdinands publishes the results of his clinical observations on tropacocaine in ophthalmic practice. He finds that it is more reliable in its action than cocaine, the anæsthesia it produces lasting a little longer and also being produced in inflamed tissue. There is a complete absence of that haze over the cornea that is so characteristic of cocaine anæsthesia. For general use a two-per-cent. or three-per-cent. solution is sufficient, and a five-per-cent. solution may be used with safety when anæsthesia of the deep-seated parts of the eye is required. The solutions made with distilled water keep well and retain their strength for months; and in only one case, in which a ten-per-cent. solution was used, did any disagreeable symptoms occur. It practically has no mydriatic action and it is not a hæmostatic.—*New York Medical Journal*.

**Treatment of Compound Fractures.**—Treves recommends a method of treatment for compound fractures which he has used in his wards in the London Hospital, in sixty-one cases during the past six years.

1. The limb is at once covered with lint soaked in carbolic solution, and subsequently carefully cleaned, protruding fragments of bone replaced, etc.

2. Ordinary wooden splints are employed, well padded, and held in place by fine webbing fastened by buckles, thus permitting tightening or loosening without disturbing the limb, as well as free inspection. Bandages or adhesive strips are deprecated.

3. The limb is kept throughout the treatment in the open air, the atmosphere under the bedclothes being particularly dangerous. In fact all wounds of the lower extremities are kept out of the bedclothes in the writer's wards.

4. To allow free exit to blood and serum, and,