others, by the employment of eight gramms of chloral dissolved in two tumblersful of a mixture of equal parts of brandy and water. Every evening before going to sleep, the patients are washed off with a sponge soaked with this solution, and if that does not serve to control the sweating, the shirt in which the patient sleeps is soaked with the same solution and then dried. The effect of this treatment is claimed to be especially satisfactory in cases of children, not suffering from phthisis, in whom night-sweats are present. Sometimes four rubbings with this solution are sufficient to entirely arrest the night-sweats for several weeks.

The tincture of belladonna is also highly recommended by Radakow for the suppression of the night-sweats of phthisis by external friction with a mixture of four grammes of the tincture of belladonna with thirty grammes of water, the friction to be made about two hours before the ordinary onset of the sweating. The fluid is to be poured into the palm of the hand and then rubbed over the entire body, with the exception of the head and the extremities, and the manipulation may be continued until the skin becomes quite moist. This treatment has been employed by Radakow in fifty cases, and he claims that it has not failed in a single instance, although sometimes localized sweatings appeared on the parts which had not been bathed with the tincture of belladonna.—*Boston Med. & Surg. Journal.*

JAUNDICE AND PAIN IN BILIARY COLIC.—Mr. Lawson Tait, in the *Lancet*, July, 1885, offers some suggestions as to the reason why, during the passage of gall-stones, there is frequently no jaundice. In fifteen cases of cholecystotomy there has been no history of jaundice, and Mr. Tait has found that the occurrence of jaundice, either in the skin or in the urine, during and after the passage of the gall-stone, is of extreme rarity, and not, as has been believed common. Mr. Tait believes that the explanation of this fact lies in the following anatomical conditions of the cystic and common ducts. The common duct is not so long(3 inches) as most text-books assert, and is much less rigid and more easily dilatable than the cystic duct, which is larger than is usually described, namely, one inch. Hence, we can understand how a stone, if not of very great size, will cause intolerable agony while passing through the unyeilding cystic duct, and without a trace of jaundice ensuing, the gall-bladder alone being its propellent force; but the moment it enters the common duct the extending impulse will be increased by the influence of the whole excreting force of the liver, so that its passage through the common duct is more rapid. The chief symptom then, that of pain, is due to the slow passage of the calculus through the unyeilding cystic duct, whilst its rapid passage through the easily distended and much larger common duct gives no time, in the majority of instances, for the production of jaundice, which only takes place after long-continued obstruction of this the common duct.—*Brit. Med. Journal.*

VACCINATION AFTER EXPOSURE.—According to the last quarterly report of the proceedings of the Illinois State Board of Health, 144 persons suffered from small-pox, the disease having been contracted at a negro "protracted meeting," and of this number 120 had never been vaccinated. Within from three days "to about a week," 14 of these 120 persons were vaccinated. Amongst the remaining 106 cases 38 died, being a mortality at the rate of 35.84 per cent. Of the 14 vaccinated after exposure all recovered; and amongst the 37 who had been vaccinated prior to exposure, one single person, vaccinated once twenty-five years before, died. The late Mr. Marson attached no value to vaccination if performed after an interval of four complete days from the exposure, his statement being as follows: "Suppose an unvaccinated person to inhale the germ of variola on Monday; if he be vaccinated as late as the following Wednesday the vaccination will be in time to prevent small-pox being developed; if it be put off until Thursday the small-pox will appear, but it will be modified; if the vaccination be delayed untill Friday it will be of no use—it will not have had time to reach the stage of areola, the index of safety, before the illness of small-pox begins." But the Illinois report gives prominence to the belief that vaccination has a positive therapeutic value as well as the prophylactic power to which Mr. Marson referred, and in the fifth annual report of the Board of Health it is alleged that "if a patient be vaccinated during the febrile stage and the vaccination progress normally . . . the areolar stage of vaccination will be reached before the dangerous tenth day of the variolous disease, and, as has been repeatedly witnessed, the graver disease will be aborted, jugulated, or materially modified." Hence it is inferred that it is never too late to vaccinate; we prefer, however, the alternate maxim laid down, which is that in cases where there has been possible exposure "it is never too soon to vaccinate."—*London Lancet*, Aug. 22d.

CALOMEL IN BOWEL COMPLAINTS.—The older practitioners were great advocates of the mercuric salts—particularly of calomel—in bowel complaints; and some of our recent therapeutists of the "physiological school" adhere to the old practice only with a modified dosage. The old explanation of the *modus operandi* of mercury in these complaints was that it induced a flow of bile, and the bile in turn arrested putrefactive changes in the contents of the alimentary canal. It would appear from recent experiments by Sternberg (*Med. News*, Sept. 12), that calomel does correct decom-