

on the length of time during which the congestion is kept up may be gradually diminished. Ill effects from the pressure of the elastic bandage are prevented by frequently altering its position and by applying an ordinary bandage between the skin and the rubber.

Of course the necessary splints for securing rest and protection of the affected joints are used the same as when these measures of treatment are not employed. It is claimed that by these conservative methods of treatment, operative procedures are much less frequently required and are much less extensive than formerly, and the treatment has established itself more and more firmly in favor as time has gone on. (One of the most useful ways of using iodoform in tubercular abscesses is to make a small opening into the abscess, allowing its contents to drain out, and then after closing the aperture with sutures to inject the abscess cavity from another point.)

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**The Risks of Infection in Railway Cars.**—The *Phila. Med. Jour.* thinks that an illustration of the dangers to which people are exposed who are compelled to use public conveyances, as well as of the necessity of adopting suitable precautionary and corrective measures, is furnished by a recent investigation conducted by Dr. Petri, of the Imperial Sanitary Bureau of Berlin, who found that of ninety-one animals inoculated with material, principally expectoration, obtained from the interior of railway carriages, nearly one-third died as a result, while of the remainder several on being killed were found to have become tuberculous. In those that died in consequence of the inoculation, staphylococci and streptococci were the organisms principally found. Tubercle-bacilli had previously been found by another observer in the dust from railway carriages. Indiscriminate expectoration should be rigorously forbidden, particularly in public places and in public conveyances, and infraction of this rule should be adequately punished, at least by fine. While we may not hope entirely to eradicate transmissible diseases, the observance of a few sensible regulations will go far to diminish their prevalence and restrain their spread. To this end let us make and keep ourselves and our surroundings, together with the air we breathe and the water we drink, as clean, as aseptic as possible.

**Orchitis as the First Symptom of Urinary Infection following Stricture.**—M. Carlier (*Gazette hebdomadaire de médecine et de chirurgie*, January 26th) reported recently to the French Association of Urology two cases of old-standing blennorrhagia in which no troubles of micturition existed, or at least none such as to lead the patients to consult a physician, but in whom an attack of painful and swollen testicle with fever compelled them to do so. This appeared to be the first noticeable symptom of stricture. Internal urethrotomy promptly put matters right.