disease twice, six three times and the remaining four had been so frequently affected that they could not recall, with any degree of accuracy, the number of times they had been "diseased." Three of the primary cases required five applications of the acidi boraci, as did four of the six cases which had been three times affected. The majority required but four sittings. In no case did the discharge continue longer than fifteen days, the shortest period required being nine days. Treatment was adopted in all instances in from four to twenty-four hours after the appearance of the flow.—Dr. Haines, in *Cin. Lan. Clin.*

THE PROPER STATUS OF EXPERT MEDICAL TESTIMONY.—Nowhere in English-speaking lands is the status of medical expert testimony in a satisfactory state. Even in the highest circles of Scottish medical learning, eminent judges have commended the propriety of doing away with medical testimony altogether. If such unfavorable criticism can be incurred in one of the greatest centres of medical learning in the world, how much more do we risk it with our short terms of study and hasty methods! A change of the whole system of giving medical expert evidence seems to be a pre-requisite to placing it on a satisfactory basis. In our land every physician assumes to be an expert, and in the eye of the law one is as much so as another. If a lawyer needs medical opinions of a certain character in one of his cases, he starts out and searches till he finds, if possible, some physician who holds the views he desires. Counsel on the opposite side does the same. The result is that in nearly every case there is a conflict which brings medical testimony into disrepute. The only way out of it that I can see, is, for a corps of thoroughly qualified experts in various departments of medicine to be selected by some competent examining board to enlighten the courts on questions of legal medicine. These ought to act in each jurisdiction as a board with opportunities to confer together, as judges of the higher courts of law now do, and by mutual suggestions be enabled to present a mature opinion. If the judges of the highest courts in the land were compelled to give a decision, one by one, by compulsory answers on the witness stand, they would be necessarily brought into disrespect among the people.—Dr. Smith, in *Am. Pract. and News.*

OLIVE OIL IN HEPATIC COLIC.—At a recent meeting of the Société Médicale des Hôpitaux, M. Chauffard stated that he had tried the olive oil treatment for hepatic colic with the following results. Four hundred grammes of pure oil were given in two doses, at an interval of a quarter of an hour. The patient then remained lying on his right side for three hours. M. Chauffard treated in this way several arthritic, obese women from 45 to 60 years of age, suffering from gall-stones. The symptoms improved, and in about seven or eight hours numerous half-solid, greenish concretions were evacuated. The size of these varied from a pin's head to a hazel nut. They were not, however, biliary calculi. Chemical analysis showed that they contained only a small quantity of cholesterin, and that they were principally composed of neutral fat and fatty acids. A cholesterin calculus does not undergo any modification by being immersed in olive oil. The oil absorbed cannot, therefore, dissolve the calculi in the bile ducts. During their experiments on animals, MM. Chauffard and Dupré observed that the oil introduced into the stomach never ascended above Vater's ampulla in the bile duct, and could not therefore soften and expel the calculi as had been supposed. When olive oil is introduced into the duodenum of the dead subject, between two ligatures, it never ascends into the bile ducts, even when the gall-bladder is half filled. Dr. Touatre's hypothesis that the oil ascends into the bile ducts as in the wick if a lamp is therefore erroneous. The remedy is, nevertheless, an efficient one. The dose of 400 grammes is absorbed without further inconvenience than nausea, and a slightly purgative effect. Observations reported by MM. Hayem and Bucquoy, show that this remedy may be employed with advantage in cases of biliary lithiasis accompanied by chronic icterus.—*Br. Med. Jour.*

SURGERY OF ABSCESS OF THE LUNG AND EMPYEMA.—In an address on the surgical treatment of abscess of the lung and empyema, delivered before the British Medical Association, at its meeting in Glasgow last August, M. T. Pridgin Teale spoke of the following points as gradually becoming clear in the surgery of the chest.

1. We are losing our fear of exposing the pleura and the lung, just as we have learned step by step how to deal boldly and safely with the peritoneum.

2. The evil of admission of air into the pleural cavity is not the mere exposure of the pleural surface to the air, is not that the lung collapses by the mere admission of the air, but that where there is a fairly healthy lung and pleura, the inrush of air reduces to a serious extent the mechanical power of the thoracic wall over the function of inspiration.

3. That in cases in which this mechanical difficulty threatens the life or impedes the recovery of the patient, surgery must decide upon the best method of closing the wound to the inrush of air, whilst allowing adequate drainage of any pus cavity to be carried on.

4. That the region of the diaphragm is a situation in which abscess amenable to surgical treatment frequently occurs, such abscesses often commencing below the diaphragm, and tending to discharge through the diaphragm and through the lung.