tant, while when the quantity of this ingredient was reduced to 10 minims the desired soothing effect was obtained. This example will show the scrupulous care which may be needful in directing the treatment of obstinately relapsing examples of acne, a care which needs to be exercised not only with regard to prescribed remedies, but also with regard to local régime.

There is more need for emphasising this principle of subduing irritation at the present day when so much attention is rivetted upon the microbic origin of dermatoses (including acne), for the effect of such views is to exaggerate the importance of bactericidal medication, which too often means the employment of irritating substances. The practical impossibility of sterilising large tracts of skin, especially when its sebaceous glands are distended with deep-lying cultures, ought to warn us that treatment having such an object has but a slender scientific basis to rest upon. More trust should be reposed in the resisting power of normal uninfamed skin to render bacteria impotent.

I have at present under my care a skin case which forcibly illustrates the practical value of the indication to subdue inflammation. A young woman has an inflamed patch occupying a considerable area on and around the leg, which is the seat of constantly recurring, large, deep, painful, phlyzaceous pustulation. The difficulty of dealing with this case will be understood when it is stated that in spite of confinement to bed extending over months, and in spite of the most diverse treatment in which I have had the advantage of the views of my colleagues, the disease remained unbenefited and unsubdued until repeated leeching and high elevation of the limb gradually reduced the chronic inflammation of the derma. Then pustules diminished and ceased to appear. It is not that pus-forming cocci ceased to be present in the glands, follicles, and lymph spaces of the skin, but that they are comparatively impotent for mischief when this approximates the normal; while their power is great in the presence of stasis. The attempt to antisepticise the skin by the application of even such a mild antiseptic as a boric acid fomentation aggravated the condition when congestion was present, while directly the congestion was relieved by mechanical means alone the skin asserted its power to deal with the mischief unassisted by any such agent as would comply with the view that it was necessary to employ chemical agents for the destruction of pathogenic cocci.

The method which I find of value in securing the necessary calmative action in the type of acne referred to is as follows: First and foremost no soap is to be used, no matter of what kind, how "pure," or how highly recommended by the medical profession for the complexion. It does not matter that soap appears to be indicated by the greasy appearance of the skin often present in cases of acne; the greasiness is better dealt with by other means. Soap is a skin stimulant or irritant, and its use is entirely out of harmony with a sedative treatment. The use or omission of soap will often determine bad or good results in the treatment of acutely erupting or inflamed acne. The "vigorous scrubbing with soap and flannel," the "frequent and energetic washing with soft soap and flannel" recommended by some writers on acne, if necessary at all, which I very much doubt, are entirely out of place in dealing with anything but the most indolent examples of the disease.

The second item in my method of locally dealing with such cases is entirely to discard lotions, ointments, and pastes and to substitute a dusting powder. The temptation here is not small to depart somewhat from the immediate subject of the paper to point out arguments defending the common use of face powders in a climate like ours, and to ridicule much of what is written in reprobation of the practice, but this parenthetic reference to the matter must suffice.

With regard to the composition of the dusting powder, any of the usual formulæ may be employed. Recently I have used Southall's dimatos as a basis. This earth is a *Kieselguhr*, consisting of almost pure silica, and is extraordinarily absorbent. Unless much diluted with starch it is, however, better gently rubbed into the skin than dusted on, for owing to its flocculent character it adheres better to the surface when smoothly rubbed on. Equal parts of pusol and dimatos form a powder of considerable curative value in the kind of acne cases under consideration, and for most cases is the

proper strength to use, although occasionally a case is met with in which the skin is so delicate and sensitive that less pusol must be used. The use of powders has the advantage that treatment may be continued through the day as well as by night; for a little powder, the excess of which has been lightly brushed off, is practically invisible. This particular formula effectively removes greasiness from the skin, and improves its general sheen and appearance, while the influence exerted by it on relapsing acne is distinct. In a week or two the disease will be sufficiently quiescent to justify more stimulative therapeutic measures. Here any of the usual sulphur ointments may be employed, but the application should be at first cautious and at intervals only. In most cases a nightly rubbing with a strong sulphur ointment is undesirable, twice a week is better. I now use almost exclusively an ointment containing pusol ʒjss, paraf. mol. ʒj. This is rubbed in at night, while the face is dressed with the above-mentioned powder in the day time. Together these two prescriptions constitute a cleanly way of treating relapsing acne, and unless the treatment ordered is agreeable to use we may be sure that it will not be continued by the patient with that persistence which is essential to success in dealing with a chronic affection like acne.

SOME EXPERIMENTS ON THE SOLUBILITY OF GALL STONES IN OILS.

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It would seem advisable to place on record the following experiments respecting the solvent power of various oils on gall stones. Beakers containing from 20 to 50 c.cm. of oil, the quantity varying according to the size of the stone used in the experiment, were kept in a warm chamber at 98.4° F. The stones were immersed in the oils, removed from time to time, gently dried with filter paper, and weighed. The oils employed were pure olive oil, pure almond oil, and the odourless and tasteless purified petroleum oil known as paroline.

The stones used in the first experiment were passed by a patient in whom the olive-oil treatment had been tried with some success. They were about the size of a dried green pea, faceted, friable, and dark greenish-brown in colour. As they dissolved they showed a thin outer brownish layer of pigment, a thick middle layer light yellow in colour, consisting largely of cholesterine, and a small dark nucleus of pigment. They dissolved with about equal readiness in the different oils, losing approximately one quarter of their weight in twelve hours, one-half in twenty-four hours, and three-quarters in forty-eight hours. After thirty-six hours' immersion little was left but the nucleus.

EXPERIMENT I.

Time of Immersion in Oil.	Olive Oil. Weight of Stone, 0.855 g.			Almond Oil. Weight of Stone, 0.08 g.			Paroline. Weight of Stone, 0.072 g.		
	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.
1½ hours	0.0850	0.0005	0.58	0.078	0.002	2.5	0.071	0.001	1.5
3½ "	0.0810	0.0045	5.26	0.074	0.006	7.5	0.068	0.004	5.5
6½ "	0.0759	0.0105	12.20	0.068	0.012	15.0	0.063	0.009	12.5
12 "	0.0633	0.0220	25.90	0.056	0.024	24.0	0.054	0.018	24.9
24 "	0.0460	0.0395	53.70	0.037	0.043	53.7	0.038	0.034	47.2
36 "	0.0310	0.0540	67.50	0.026	0.054	67.5	0.025	0.047	65.2
48 "	0.0230	0.0625	75.00	0.020	0.060	75.0	0.019	0.053	73.6

The stones used in Experiment II were removed from the gall bladder by operation. They were considerably greater in bulk than those of the previous experiment being somewhat larger than cherry stones. They were hard in substance, and appeared to dissolve uniformly, maintaining their original brownish-yellow colour. As they went into solution they showed no well-defined layers such as were

traceable in Experiment I. They seemed to contain a larger proportion of pigment and salts, and lost a much smaller percentage of their weight during corresponding periods of immersion in the oils.

EXPERIMENT II.

Time of Immersion in Oil.	Olive Oil. Weight of Stone, 0.252 g.			Almond Oil. Weight of Stone, 0.251 g.			Paroleine. Weight of Stone, 0.256 g.		
	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.
2 hours	0.2475	0.0022	1.7	0.2515	0.0045	1.7	0.251	0.0055	2.1
12 "	0.2190	0.025	10.1	0.2300	0.0211	8.3	0.241	0.0150	5.9
24 "	0.2040	0.048	19.0	0.2100	0.0410	16.3	0.230	0.0260	10.3
36 "	0.1970	0.055	21.8	0.2020	0.0490	19.7	0.225	0.0310	12.3
48 "	0.1730	0.079	31.3	0.1810	0.0700	28.6	0.212	0.0440	17.3
3 days	0.1450	0.107	42.4	0.1540	0.0970	38.8	0.193	0.0630	24.8
4 "	0.1200	0.131	52.1	0.1260	0.1250	50.0	0.176	0.0804	31.4

The gall stones of the last experiment were obtained from the same case as those of Experiment II, and presented similar characters. They were of enormous size, being as large as filberts. Although they commenced to dissolve within one hour, the loss of weight per cent. as time went on was not nearly so great as the previous cases. Their size was probably sufficient to account for this. It was noticeable that the paroleine was not so successful as with the smaller stones.

EXPERIMENT III.

Time of Immersion in Oil.	Olive Oil. Weight of Stone, 3.592 g.			Paroleine. Weight of Stone, 3.366 g.		
	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.	Weight of Stone in g.	Loss of Weight in g.	Loss of Weight per cent.
1 hour	3.587	0.005	0.13	3.358	0.008	0.23
3 hours	3.558	0.034	0.94	3.356	0.010	0.30
24 hours	3.355	0.237	6.50	3.220	0.146	4.30
48 hours	3.131	0.461	12.80	3.100	0.246	7.39
3 days	2.898	0.694	19.30	2.933	0.433	12.80
5 days	2.285	1.307	36.30	2.600	0.766	22.70
7 days	2.079	1.513	42.10	2.585	0.781	23.20
15 days	1.667	1.925	53.50	2.419	0.947	28.10

These experiments show that gall stones are freely soluble in olive, almond, and purified petroleum oils at the temperature of the body, the rate of solubility being inversely proportional to the size of the stone, that is, the large stones take much longer to dissolve, in proportion to their size, than small stones.

It is difficult to explain the action of oil in the elimination of gall stones, whether dependent on solvent power or on a purely mechanical effect on the digestive tract.

In cases in which the oil treatment seems worthy of a trial one of the purified, odourless, and tasteless petroleum oils can with advantage be used when the olive oil proves nauseating for internal administration.

TWO CASES OF STRANGULATED HERNIA WITH CONTINUANCE OF SYMPTOMS AFTER APPARENT REDUCTION BY TAXIS: HERNIOTOMY: CURE.

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THE following two cases of strangulated hernia were lately admitted under my care at the General Hospital, Birmingham, within a few days of one another. Each patient was suffering from symptoms of acute intestinal obstruction unrelieved by

apparent reduction of a strangulated hernia. In the one case it was found that a small knuckle of intestine (too small to be felt through the abdominal parietes) remained still unreduced. The other was a typical example of the somewhat rare accident of reduction *en masse*. As they illustrate well two of the commonest causes of this complication after the apparent reduction of a strangulated hernia I have ventured to publish them together.

CASE I. Strangulated Right Inguinal Hernia: Taxis and Apparent Reduction: Continuance of Symptoms: Herniotomy: Cure.—J. B., aged 28, a cooper, was admitted into the General Hospital on June 18th suffering from acute intestinal obstruction. His history was as follows: For five years he has had a rupture in the right groin, which when unsupported filled the "purse" on that side. As a rule he wears a truss; but occasionally leaves it off for a day or two. Three days before admission in the early morning, whilst lifting a heavy cask, the rupture suddenly descended, and he had violent pain across the navel. He went to bed at once, and a medical man applied taxis to the hernia, and was apparently successful in reducing it. The pain became much less, but never entirely disappeared. During the next two days the pain continued as before, with vomiting and complete constipation. On the day before admission he had a frequent desire to pass water, but was unable to do so. The bowels were opened before he went to work on the morning of his seizure, but have not been opened since.

On admission, the patient complained of much epigastric pain, coming on in paroxysms, which completely prostrated him. He had much irritability of the bladder but total inability to pass any urine. The face was pinched, the tongue furred and becoming dry. A careful examination of both groins failed to detect any hernia. There was much tenderness along the right inguinal canal, and the external abdominal ring on that side was larger than on the left. The vomiting continued after admission, and there was no action of the bowels in spite of repeated purgative enemata.

On the following day, as he was decidedly worse, he was anaesthetised, and the inguinal canal explored on the right side. An oblique incision was made along the whole length of the canal, and the external oblique aponeurosis divided. After careful dissection the sac of a congenital inguinal hernia was exposed. This was opened, and gave vent to several drachms of bloody fluid. No intestine could be seen in the sac, which was apparently empty; but on passing the finger up towards the internal abdominal ring, a small knuckle of intestine was discovered tightly nipped at the internal ring. After some little difficulty this was exposed, the ring divided, and the intestine reduced. The upper part of the sac was then dissected up from the other constituents of the cord and ligatured at the inner ring. The fundus of the sac was stitched round the testicle and the intervening portion excised. The external oblique was sutured by a running suture and the external wound closed.

He made a rapid recovery. The vesical irritability ceased at once. The bowels were opened after an enema on June 24th. Primary union of the wound took place, and he left the hospital wearing a light truss on July 12th.

CASE II. Strangulated Left Inguinal Hernia: Reduction en masse of the Strangulated Hernia: Herniotomy: Cure.—W. M., aged 49, a mechanic, was admitted into the General Hospital on June 21st with symptoms of acute intestinal obstruction of four days' duration. Seven years ago the patient had a strangulated right femoral hernia, for which herniotomy was performed by Mr. Heaton. Since then he has worn a truss at times, with a femoral pad on the right side and an inguinal one on the left. A fortnight ago this truss broke, and since then he has been at work without one. Four days ago, whilst at work, the inguinal rupture on the left side came suddenly down into the scrotum. He vomited immediately, and has continued to vomit since up to admission. The next day he and his son attempted to push the rupture back. They continued their efforts for six hours, when suddenly the rupture entirely disappeared. The vomiting and acute colicky abdominal pains still continued, however, and constipation has been absolute since the beginning of the illness.

On admission, the patient was extremely weak and ill. Abdominal facies well marked. There was a reducible femoral hernia on the right side, with the scar of the old