leagues, when the surgeon straightways sent up the janitor to see if they had taken tickets for the course. So that although, as is stated, much good work in all branches of medicine and surgery can be done in Berlin, it is regretfully added that not only is the work scattered, but that it is "quite expensive."

In regard to London, the following is the summing up of his experience: "Of course, in the short space of nine days one can hardly begin to form a fair conception of the quality of work done in a large city like London. But of one thing I am certain, and that is that there is less pure aseptic surgery done in London than in Berlin, Paris, or New York. . . . I have seen the nurse in charge of sponges during an abdominal hysterectomy push tables, hand over basins, and otherwise subject herself to infection, without washing her hands a single time. I have seen operators of surpassing skill wipe the nose, scratch the forehead, twirl the moustache, or adjust eyeglasses, and proceed with the same hand in their work (sometimes in the abdominal cavity) without dipping it even in water."

THE TUBERCULIN TEST.

SOME experiments which have lately been made at the instance of the Technical Instruction Committee of the Cheshire County Council, with the object of determining certain points in regard to the use of tuberculin as a test for tuberculosis in cattle, have led to a result which, although by no means surprising to a bacteriologist, is of considerable importance in reference to the dependence which is in some quarters placed upon this method of diagnosis. Nine cows were isolated and submitted to repeated injections of tuberculin at certain intervals, and were afterwards slaughtered and examined, and from the results obtained the conclusion was arrived at that "continuous injections of tuberculin at short periods of time will cause reaction to cease in an animal that has previously been shown to be tuberculous." It is easy to see then that if tuberculin were to come into general use commercially as a test in the cattle market, or if the custom were to extend among milk dealers of demanding a guarantee that the milk supplied is derived from tuberculin-tested cows, an easy means of fraud would be in the hands of anyone who chose, by repeated injections, to render his diseased cows immune to the test.

THE SALINE TREATMENT OF DYSENTERY.

SOME time ago Major W. J. Buchanan, I.M.S., gave details of a series of 102 consecutive cases of dysentery treated by the administration of a saturated solution of sulphate of magnesium, with only one death. He now¹ returns to the subject and gives an account of 453 more cases of the same disease with only five deaths, which makes a total of 555 cases of dysentery treated by salines with only six deaths, or a percentage case mortality of only 1.08. The cases were of all types and forms, and are taken just as they came in from day to day. The average time in hospital was ten days for each case. On an average a relapse took place once in every 6.5 cases, and of the 453 cases 384 had only one attack each—a fact which of itself speaks for the efficiency of this line of treatment. In the first series of cases sulphate of magnesium was used, but in the last sulphate of sodium was the saline employed, one drachm in

half an ounce of aqua fœniculi being given three or four times a day. The effect of this treatment is to produce a free but gentle purgation, and when bright yellow stools without a trace of blood or mucus are passed then the drug should be stopped, but resumed at once if blood or mucus should reappear in the stools. It is usually found that after five or six stools all blood and mucus have disappeared. In many cases they reappear in a day or so, and in such cases the drug must be given again. For chronic and relapsing cases the sulphate of sodium may be given for one or at most two doses, and then bismuth and soda, or other intestinal antiseptic, may be employed with diet; but for every exacerbation—that is, for every return of blood and mucus—a dose of sodium sulphate is given; or, if scybala are passed, a dose of castor oil and laudanum. Major Buchanan considers that, except in the limited doses mentioned above, salines are harmful where there is ulceration of the great intestine.

¹ Brit. Med. Jour., Feb. 10.

MALARIA.

PROFESSOR CELLI has lately laid it down that the examination of the blood of a person suffering from malaria enables the physician not only to verify the diagnosis, but to determine the clinical variety of the disease and the stage of the febrile period, *i.e.*, to say whether the paroxysm is about to begin or is at an end. A case which occurred not long ago in Dr. Manson's practice at the Albert Docks Hospital, and has been reported by Dr. Rees,¹ serves well to illustrate the advantage which is gained by microscopic examination in such cases. The patient, a ship's master, aged 60, said to be suffering from malaria, was brought in in a state of partial unconsciousness, and only a very imperfect account could be obtained of the course of his illness. It was gathered, however, that two months before he had been for a period of five days at Dakar, in West Africa. It seemed that he had always enjoyed good health, and had left Dakar well, but that some days after leaving this port, while on his voyage from there to Hull, he became ill. On reaching Hull he was suffering from fever, and he came home to London, where he became worse, and was treated for malaria. While at home, however, he had no rigors, or vomiting, or hæmoglobinuria, but he had severe headache, was feverish, and on one occasion delirious. His mental condition was not satisfactory, and he hardly ever spoke. On admission examination of the blood showed an extreme degree of malarial infection, the parasites being very numerous, and of a malignant type. Multiply-infected corpuscles were the rule, many corpuscles containing four parasites, and a few five. The patient died the day after his admission to hospital. In regard to this case it is noteworthy that the patient was only five days in a malarious country. The date, however, when he was at Durban was about the end of the rainy season a time when ponds suitable for the breeding of the *Anopheles* would exist, and when consequently the season would be unhealthy. The importance of blood examination is also to be noted. In this case the patient was not sensible; no reliable history of the illness was forthcoming; he had practically no pyrexia, no rigors, and no sweating; and without a blood examination a diagnosis of malaria would hardly have been justifiable.

¹ Brit. Med. Jour., Feb. 10.