

"Those inside the dungeon were being choked. The Englishman broke the panes of a small window with the idea of freeing himself and his companions. The sentry, seeing him leaning out of the window, gave him a tremendous thrust in the chest. The wounded man fell like lead. A small but revolting struggle then took place. The prisoners attempted to get out, and the German soldier reddened his bayonet again and again with the blood of the men shut up, who saw with horror that the fire was increasing."

So say the Spanish sailors. An English prisoner of war, who tells the same story, adds that after the bayoneting of Genower "a rush forward was made to break the place open, but we were driven off by other armed Germans who had arrived on the scene." Another eye-witness says that when he and other prisoners attempted to go to the rescue "they placed a condon of German soldier at a distance of sixty yards around the cells, with rifles loaded and fixed bayonets, so that we could not get near."

The German Government, while admitting the death of Genower from fire, denies the other allegations. The German Government's word on any subject is worth nothing unless uncontradicted. In this case it is contradicted by the testimony of eye-witnesses; of the eight Spanish sailors taken from the Grävina, and of two prisoners of war. It will be assumed by everybody that the eight Spaniards and the two prisoners of war are telling the truth, especially as their stories all agree, and that the German Government is telling as much truth as it did when it officially assured the President of the United States that its submarine did not sink the Sussex.—*N. Y. Times.*

ARTIFICIAL PNEUMOTHORAX.

Kendall and Alexander, of Gravenhurst, Ontario, report on 131 cases treated by artificial pneumothorax in the April number of the *American Review of Tuberculosis*. They give as reasons for attempting the treatment the lessening of the toxemia, and thereby the distressing symptoms, the splinting of the lung impeding the spread of infection through the blood and lymph stream, the control of hemorrhage when present and the psychological effect. As reasons for not attempting the treatment they give an outlook of good results by ordinary measures, the possibility of remote complications such as pleural effusions and complicating factors such as tuberculous involvement of bowel and kidney, diabetes, serious heart lesions or arterio sclerosis. They consider the treatment indicated in progressive and stationary cases or in hemorrhage cases, either as curative or palliative measure. Seventy-one per cent. of the cases had bilateral involvement, some cases showing a lessen-