ped to 102·2°. This was at 4 p.m. At 10 o'clock the temperature was a 102·8° ; pulse 116 ; respiration 36. The tube was again passed ; a good deal of flatus and a small amount of dark fluid again coming away through it. The patient passed a better though still restless night. On the following morning there was some return of the abdominal distension and the restlessness, though neither was so marked as before ; the tube was again passed with the like result, a large quantity of flatus came away, followed by nearly a pint of dark fluid fæces with sloughy shreds scattered through it. For several days the tube was passed three times a day ; by this means the distension was kept down, the bowel was relieved of its offensive contents, and the patient was freed from the most pressing danger. Coincidently with the relief thus afforded there took place an improvement in his general condition. The pulse, temperature and respiration all fell after the tube was used for the first time, and never again rose to the same point ; hiccough ceased entirely, and the patient retained all his nourishment. On the twenty-ninth day of the fever there was a marked fall of the temperature and a little all-round improvement ; the abdomen was less full ; the expression was improved ; the tongue was moist all over. On the thirtieth day the improvement was maintained, and on the morning of the thirty-first day the temperature reached the normal. From this time progress was uninterrupted.

Case 2—Miss L—, aged 20, had a severe attack of typhoid, with all the symptoms well marked. In the fifth week of the disease the abdominal distension, which had been a sufficiently noticeable feature for some time became rapidly very great, and the patient was extremely distressed and apparrently sinking. When I saw her there was great distension of the abdomen, the skin of which was quite tense ; the patient was prostrate and wandering, restless, and breathing in a distressed and irregular manner, about 44 per minute ; the pulse was 128, feeble ; the temperature 103 9°. She was evidently suffering from pressure on the diaphragm. There was no long tube at hand, and matters were urgent, so I cut the valvular extremity off from the tube of a Higginson's syringe, and introduced the tube into the bowel as far as the ball. There passed away a great quantity of flatus with about a pint of dark liquid fæces with a number of sloughy-looking shreds floating about in it. The patient was at once much relieved ; she became less restless, the respiration dropped to 36, and became more regular, the pulse improved, and the temperature fell to 102°, a fall of nearly two degress, within an hour after the passage of the tube. A proper tube was obtained, and passed several times daily for nearly a week. The patient slowly improved, and made, after a long time, a perfect recovery.

Case 3—A young man, aged twenty-three, had much abdominal distension in the third week of attack of typhoid. On the twenty-first day there was extreme distension and great prostration, with muttering delirium, dry tongue, feeble pulse, and a temperature of 104·1°. The abdominal distension had rapidly increased, and its increase was accompanied by a corresponding prominence in the urgent symptoms. He was restless, muttering, very prostrate, and rejected all nourishment. A long tube was passed into the bowel. There at once came away a large quantity of flatus and dark-colored fluid fæces, with here and there shreds of sloughy-looking matter scattered through it. All the urgent symptoms were distinctly relieved, the temperature in half an hour fell to 103·2°, nourishment was again retained, and he slowly gained ground, though the tube had again to be used on several occasions. The abdominal distension never became again a source of anxiety ; but the case continued in rather a severe form till the patient died of perforation on the twenty-ninth day of disease.

In the first and second cases I believe that the timely passage of the tube saved the patients lives, for in neither could the pressure on the diaphragm have gone on for many hours longer without causing death. Many cases there are of course, in which the passage of the tube, though it relieves the urgent symptom for the relief of which it was used, cannot save the patient from the other dangers of the disease. By relieving the pressure on the diaphragm, however, it saves him from that danger, and gives him one more chance of life. Case 3 illustrates this.—Dr. McLagan, in *Lancet.*

THE ANATOMY OF THE THORAX AND LUNGS IN RELATION TO CERTAIN POINTS IN PHYSICAL DIAGNOSIS.

BY J. WEST ROOSEVELT, M.D.

Although so much has been said and written about physical signs and their causes, great difference of opinion exists in regard to the subject. If ever it be possible to establish physical diagnosis upon a rational basis, this basis must rest upon anatomical study. Both the anatomist and physiologist usually look upon the thorax and lungs from a point of view so different from that of the physical diagnostician, that their studies are of little value to him. The first is apt to be too much interested in details of structure, the second in questions of functions. The physical diagnostician, must regard the anatomy and physiology of the chest as he would the component parts and action of a piece of machinery, any disarrangements of which can be appreciated by the senses.