

ordinary phthisical cavities will lend themselves to systematic respiration, or other tapping is not at present probable."

In contradistinction to these views we may note the conclusions of Dr. N. P. Dandridge in a paper recently presented to the N. Y. State Medical Association. The writer is certainly careful and discriminating, and our readers will be interested in his conclusions, which are practically that a certain number of lung cavities can be successfully dealt with by incision and drainage; that cavities in the lower portion of the lungs—if single and superficial, and the general condition of the patient permits (how rare!)—should always be opened. Cavities at the apex should only be opened where free and persistent expectoration is present, and has resisted treatment, and the rest of the lung is not involved.

Abscess, gangrene and hydatid cysts should be opened and drained whenever they can be located.

Closure of the pleura should be present before evacuation of a cavity is attempted.

In cases of pyo-pneumothorax the fistulous tract should be explored, and any cavity freely laid open by the cautery.

Cavities that have been opened are best treated by packing with gauze, preferably iodoform.

The further careful trial of such agents as iodoform, chlorine gas and chloride of zinc is desirable to determine as to whether the tubercular infiltration may not be modified by them.

It is very desirable, for the further extension of surgical interference in pulmonary cavities, that the means of locating such cavities and of determining their size, and the exact character of the tissues that overlies them, should be perfected by further study, and for the accomplishment of this the surgeon must look to the physician.

In our modest opinion, the author, by guarding the operation so carefully, almost precludes any operation at all. We certainly agree that the attendant circumstances cannot be too carefully considered before any active surgical interference is permitted.

CHRONIC CONGESTION OF THE LARYNX.—

R—Creosote, gram. 15.
Carbonate of magnesia, gram. 6.
Distilled water, gram. 90.

Teaspoonful in a pint of boiling water as inhalation.

IS CHOLERA COMING ?

Thanks to our excellent system of quarantine and to the activity of our local boards of health throughout the Dominion, we have heretofore escaped this dread scourge, which has caused so much alarm in Europe and such dire loss of life in Asia and the Orient. Last summer many people on the American Continent were apprehensive of a visit, fearing its introduction through the expected influx of visitors to the World's Fair.

As it resulted, the number of people from Europe and Asia visiting the Fair was small and the Continent escaped, whether for this reason or not it would be difficult to say.

It has again made its appearance in the East. It has not been stamped out by the winter even, in Russia, several centres being reported both in Turkey and Russia. With the coming of spring it has shown itself in Constantinople, and some of the foreign legations have left for more salubrious quarters. In several towns and villages of Poland it is now admittedly epidemic. Portugal has a large number of cases of what is perhaps euphemistically called *Cholerine*, both in Lisbon and in the country districts.

It has been claimed by Lachmann that, in Hamburg during the last epidemic, the water supplied by the city did not contain bacilli, or at least they could not be demonstrated in it, as also that the epidemic did not disappear from the city after the exclusive use of boiled water from the reservoir, and that hundreds of persons were seized with the disease who had never drunk city water at all. He also shows that in small towns not supplied with water from a general source, the percentage of cases was higher than in Hamburg which was so supplied.

The truth seems to be that the dejecta of cholera patients contain both bacilli and contagion, and if we look to the hibernation of the disease, as in Russia and Turkey during the past winter, we are led to the conclusion that the contagion is more active than the cholera bacilli. This has also been shown by Pettenkoffer and others.

To be most active the cholera dejecta must be dry, and the bacilli retain their virulent properties for an indefinite time when they are des-