

Coagulation Necrosis.

A paper dealing with "Factors in the Production of Coagulation Necrosis," from the pen of D. H. Bergey, appears in the *Journal of the American Medical Association* of August 24. The author declares that coagulation necrosis is usually defined as that form of death of tissue in which the proteid suffers changes similar to or identical with coagulation. He discusses the influence of bacteria in producing coagulation necrosis and the other alterations of the colloids in the body, and relates briefly the lines of experimentation pursued. He concludes by stating that the studies which he has made indicate:

(1) The coagulation of blood serum through bacterial agency is induced directly and indirectly by a coagulating and a carbohydrate fermenting enzyme produced by the bacteria; (2) that the inhibition of the effects of the carbohydrate fermenting enzyme alone, through neutralization of the organic acids produced, will annul or materially reduce the pathogenic effects that would otherwise ensue; (3) if some safe and certain method can be devised for overcoming this mode of offense by the bacteria we shall possess an additional defensive measure against bacterial action in the body.

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Bier's Treatment.

V. Schmieden, of Bonn, Germany, describes Bier's treatment of tuberculosis of the joints by hyperæmia, as used by himself, in the *Medical Record* of August 17. His method depends on the recognition that inflammatory reaction in the infected parts is an effort of the system to protect itself against the bacilli, and that there is benefit in increasing artificially redness, swelling and

heat of the part. For this purpose he uses the blood, by increasing hyperæmia and at the same time decreasing the flow of blood to the joint. The hyperæmia is produced by a broad rubber bandage, applying it evenly about the limb proximally and not too close to the joint. The bandage must not cause pain at the point of constriction or in the joint, and the extremity must remain warm and the pulse unchanged. The bandage is applied for a few hours per day with intermissions. The joint must not be kept in fixation, while violent motion is not allowable. The object is to obtain anatomical healing, with mobility of the joint. Pain and inflammatory contractures disappear, active and passive motions become possible, swelling subsides, large fungous masses are absorbed, and fistulæ close. That cold abscesses form is no contraindication to treatment; this is only the attempt of nature to throw off the dead tissues. This treatment is so simple that it may be applied by the patient himself, and he may attend clinics. Resection is usually unnecessary. The best results are obtained in the shoulder, elbow, wrist and small joints. The hip and knee cannot be successfully treated. Exudative inflammation is not traced by hyperæmia. Cupping glasses are used for the breast, for glands, and fistulæ.

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Lumbar Puncture

F. C. Eve contributes an article to the *Lancet* of July 27, entitled "Cerebral Hyperæmia as a Factor in the Therapeutical Action of Lumbar Puncture, Illustrated by a Case of Tetany." He believes that lumbar puncture does good in other ways than merely by affording relief of the intracranial tension, and considers