pads, the same as in operations in the peritoneal cavity. The compresses used must be dry, because the entrance of the smallest quantity of any irritating liquid into any branches of the bronchial tree provokes instantly a violent cough, and may determine a secondary broncho-pneumonia. A pulmonary abscess should be opened, provided there are no complications and the opposing pleural surfaces are adherent, in about six or eight minutes. As a rule there is very little hæmorrhage from the wound in the lung. If the bleeding is considerable, the opening must be tamponed with dry pads, or if the bleeding persists, surrounded by a ligature carried by a strong curved needle. In this way necrotic areas may be removed and abscess cavities drained.

If, notwithstanding the greatest care and despatch, respiration ceases, resort may be had to : I. Tubage of the larynx. II. Insufflation of the bronchial tree. III. Aspiration of the air in the pleural cavity after closure of the wound, and IV. Artificial respiration.

It has sometimes been found that with a large external opening communicating with a large bronchus, the air during respiratory effort whistles right through without ærating the blood. Under such circumstances tight closure of the external wound by tampons has the desired effect, the air being forced into the air cells and the cyanosis passing off. Undoubtedly much remains to be learned concerning lung surgery, but that good work may be done has already been proved.

Miniature Hammers and the Suture of the Bile Ducts.

HALSTED. Bulletin of the Johns Hopkins Hospital, April, 1898.

A very catching title. One wonders how hammers can be used in the application of sutures. The title ensures the reading of the article if only out of curiosity. The surgeons of the Johns Hopkins Hospital can teach more than surgery and teach it well. Professor Halsted inserts an aluminum tool into the common bile duct to facilitate the closure of an incision. To this aluminum rod he attaches a slender handle, the whole bearing some resemblance to a hammer. It will be interesting now to note the number of operators who have devised similar contrivances with which to attain the same object.

Prof. Halsted described in the *Philadelphia Medical Journal*, for January 8th, 1898, *an inflated rubber cylinder for circular suture of the intestines.* Since then four others have claimed the same invention. In the *Philadelphia Medical Journal*, March 5th, 1898, Dr. U. C. Lynde, of Buffalo, N.Y., claims that he had sent to him by