

and Thomasville in Georgia. My best results in the stage of consolidation of the catarrhal form of phthisis have been reached in those who have made a prolonged stay, (varying from one year to three years) in mountain regions with an elevation of from 1,500 to 2,000 feet. Of such regions the most positive and permanent beneficial results have been obtained in Ashville, N.C., and in the Adirondack region in this state.

I am led to believe that persons suffering from catarrhal phthisis do not do well at a higher elevation than 2,500 feet, and also that some regions with a much lower elevation afford all the necessary climatic conditions for this class of cases.

The mode of life which those suffering from phthisis should adopt is important. The general direction given us, "Live in the open air," but few of those who give or receive this advice appreciate its full meaning. My own personal experience, as well as my experience in regard to its effects upon others, leads me to believe that a camp-life, or a tent-life during the warm season in such localities as have already been indicated, is of the greatest service in arresting and curing phthisis in those who are not enfeebled. If this kind of life is not practicable, or the invalid's condition renders it hazardous, then spending the day in the open air in pleasurable excursions should be encouraged even in the feeble.—*Hospital Gazette*.

AN IMPROVED ANÆSTHETIC.—Dr. George Wachsmuth recommends (*Deutsche med. Wochenschrift*) for an easier, pleasanter and less dangerous anæsthesia, the addition to chloroform of one-fifths its bulk of ol. terebinth. The latter acts as a refrigerant to the lungs and thus prevents their paralysis, increases their capacity and volatilizes the chloroform, facilitating its diffusion. For the patient it is quite pleasant and for the physician, speedy and safe.—*St. Petersburger med. Wochenschrift*.

Karl Rokitanzky, Professor of Pathological Anatomy at the University of Vienna, died at Vienna on the 23rd of July. Rokitanzky was born in Kœniggrætz, Bohemia, February 19, 1804.

Surgery.

ON THE TREATMENT OF SPINAL ABSCESS.

BY SAMUEL W. GROSS, A.M., M.D., SURGEON TO THE PHILADELPHIA HOSPITAL.

Many of you will remember this little girl, whom I had before you several times during the spring months of 1877. As she has been under my personal observation ever since, and as she is a striking example of recovery from spinal abscess, I again present her with the double view of giving you an opportunity of completing your study of the case, and of affording me the occasion of explaining my views as to the proper mode of treating this most unpromising affection.

Catharine B., aged 12 years, strumous parentage, was thrown across a stove in the spring of 1874, and was soon after confined to her bed in consequence of severe pains in the lower dorsal region, which were followed by angular curvature of the spine and paralysis of the lower limbs. Upon her transfer from the Children's Asylum to my wards, March 16th, 1877, I found her greatly emaciated, paraplegic, without, however, loss of sensation, deprived of appetite and sleep, and suffering from hectic fever; and I was told by Dr. Perkins, under whose care she had been, that the temperature during the vesperal exacerbations reached $103\frac{1}{2}^{\circ}$. There was a decided hump in the lower dorsal region, the greatest prominence being formed by the eleventh dorsal vertebra, and a large abscess was pointing in the right loin. In searching for the cause of constitutional disturbance, I found that a psoas abscess was discharging freely on the out side of the right thigh, about three inches below Poupart's ligament.

As I desired to bring the child before you on the following day, I did not open the abscess; but, in the event of its spontaneous evacuation, which seemed to be imminent, I directed my assistant, Dr. Van Valzah, to have her closely watched, so that he could at once apply the dressings in a manner which I shall presently describe. On my next visit, at the expiration of twenty-four hours, I found that the abscess had discharged itself, and had been dressed as I