

pocrates, and has persisted through the centuries despite much popular superstition to the contrary. Its place in the proper treatment of tuberculosis, however exaggerated at one time, is generally acknowledged. The immediate occasion of Bowditch's paper is the publication in a well-known New York periodical of an article on the "Superstition of Fresh Air," in which the author is quoted as advocating properly re-washed and re-circulated air, but resorts in the end, in case the elaborate and expensive ventilating machinery fails, to the admission of outside air through opened windows, in other words, contradicts his original position of pronouncing fresh air unnecessary. Bowditch traces the development of the fresh air treatment of tuberculosis and shows how great were the gains made by patients under the new regimen. Instances of improved physical and mental condition among school children when given sufficient fresh air are cited. A simple and efficacious ventilating system is described.

LARYNGEAL TUBERCULOSIS TREATED BY REFLECTED CONDENSED SUNLIGHT.

The topic is discussed by Mills and Forster in a paper from the Cragmor Sanatorium, Colorado Springs. They describe an improved method, used by them, which proceeds as follows: The patient sits with his back to the sun. Sunlight is first reflected from a concave metallic mirror into the patient's mouth, and upon a metallic laryngeal mirror held in proper position in the throat. A glass mirror is used to view the larynx, to observe that the light is being properly directed. Both the metallic condensing mirror and the glass observation mirror are attached by adjustable joints and supports to a frame which can be conveniently placed in front of the patient. After a little practice most patients readily learn to observe their own larynges and to direct the light upon the lesions.

Beginning with very short exposures, usually thirty seconds daily, these are gradually increased to a maximum total of ten minutes, or, in a few cases, twenty minutes once or twice a day. A few brief case reports are given, and there is a diagrammatic sketch to illustrate the method of application. The authors have been encouraged by their results and feel that the method warrants more extended trial.—*Am. Rev. Tuberculosis.*

PULMONARY CONDITIONS SIMULATING TUBERCULOSIS.

Elliott, of Toronto, in his experience as visiting physician to a number of military hospitals, was called upon continually to make diagnoses