

a thickened inelastic plura, where the mediastinum is fixed and the heart and great vessels held in an abnormal position by firm adhesions.

Another great difficulty is that of getting quick and safe union, for example, in the œsophagus after resection of a malignant growth. Abdominal surgery is possible because we get union of peritoneal surfaces immediately. They unite while we look at them, and that union is air tight and water tight and serves until a firme- union of the connective tissue takes place. In the thorax, for instance, in the resection of the œsophagus we have no peritoneal covering. It is quite possible to bring the stomach up through the diaphragm and remove the growth from the œsophagus and fix the ends together by sutures. Can we maintain this apposition in the absence of the peritoneal investment until union takes place?

These are some of the many difficulties which present themselves, and which offer a most inviting field to the investigator. There is little doubt that these difficulties will be overcome, and I wish our present investigators every success in their efforts to extend the field of surgery in this direction.

MAUDE E. ABBOTT, M.D. Apart from the value of the investigation I would like to mention the fact that experiments such as these provide most valuable sets of specimens; several of these sets are now in the museum.

E. M. VON EBERTS, M.D. With regard to Meltzer's method, it, of course, necessitates tracheotomy or peroral intubation. If lung inflation can be maintained without tracheotomy, manifestly it should be done, as it always complicates matters very much. In this method the essential is that the tube passed down near to the bifurcation should allow room for the return flow of air, and the opening in the trachea should be large enough for the admission not only of the supply of air or oxygen, but for the free escape of the air returning. While in this method of Meltzer it is true that the air enters and returns by the same route, provision is made in the size of the tube for the free escape about it. This is simply a repetition of a very old physiological experiment in the pigeon, where the lung was maintained in a distended state through the passage of a current of air through the humerus of the pigeon which connects directly with the respiratory viscera. So that Meltzer's method, although the intake and outlet are by the same tube, is founded on an old physiological experiment. None of our experiments were carried out with the aid of tracheotomy. Thoracotomies were performed without differential pressure. With regard to the anæsthetic there is no doubt that the removal of a large amount of lung removes a certain amount of ab-