

majority of physicians when seriously ill themselves would prefer not to know the exact facts; for while there is hope there is life.

A tactful surgeon does not make any unnecessary display of surgical instruments, which however attractive they may appear to himself will needlessly alarm the patient. Fortunately an array of pathological specimens in bottles and an exhibition of skulls and crossbones are no longer considered ornaments of the physician's office, and there can be no doubt that the modern doctor is infinitely more considerate than his predecessors who depended upon these accessories, in connection with a magisterial appearance, a domineering and gruff manner, and a display of technical language, to impress their patients with their professional attainments and skill.—*International Journal of Surgery.*

Infusion in Pulmonary Tuberculosis.

Jacob, Bongart and Rosenberg (*Deut. Med. Woch.*) report experimental and clinical work with infusions in pulmonary tuberculosis. The vocal cords and epiglottis are anesthetized with a 20 per cent. solution of cocaine, following which a fine spray of 2½ per cent. solution of beta-eucaine is thrown into the trachea. A flexible stileted bougie is next introduced into the trachea, and when in place the stilet is withdrawn so that the bougie can be introduced into either bronchus. Next from 20 to 30 c.c. of a solution of 0.01 to 0.02 of tuberculin in 100 c.c. of water was introduced into the lungs by means of a syringe attached to the bougie. The tuberculin reaction is promptly produced, but as it disappears the quantity of the tuberculin is gradually increased. Patients are kept in a horizontal position, as in that way, of course, the solution is more liable to find its way to the upper portion of the lungs. The entire procedure, after a little experience, takes but a few minutes and is easily borne by the patient. Five patients were treated by this method, all in the second stage and in a depraved physical condition, yet all improved so much as to have been pronounced clinically cured. No after-effects were noted. In addition to the therapeutic aid, diagnostic value is claimed for the method, in that the tuberculin reaction occurs with but one-tenth to one-twelfth of the amount of tuberculin that is required to produce a similar reaction by the subcutaneous method. If a tuberculous process is present in some portion of the body other than the lungs, the amount of tuberculin necessary to produce reaction practically approximates that required by injection into the subcutaneous tissues.—*Cincinnati Lancet-Clinic.*