all fatal, and we must look for some other means of saving life than we now have. If the shock, thermometer, etc., indicate wound of the bowel, cut down and sew it up. You say this is desperate. I answer, the cases justify it. We must do something more than give opium and use ice-poultices."

Dr. H. S. Hewitt says: "It is next to an impossibility when a soldier is wounded in the abdomen, with lesion of the intestines, that their contents should not escape into the peritoneal cavity. I think it admits of question, whether greater effort should not be made to seek out the wound, to close it with silver wire and to endeavor to obtain primary union, while peritonitis and constitutional disturbances are treated on general principles."

Professor N. S. Lincoln declares that. "In punctured and incised wounds, when there is adequately strong presumptive evidence of intestinal lesion though there may be no protrusion, it is the surgeon's duty to enlarge the parietal wound to seek for the wounded intestine, and to close the orifice, if it exceeds three lines, by suture. That in shot wounds of the intestines unattended by protrusion, unless the perforation may be in the iliac region with a reasonable likelihood of implicating the part of the large intestine uncovered by peritoneum and thereby avoiding the risk of intraperitoneal extravasation, it is the safest course to enlarge the tract of the ball and to close the intestinal wound by suture."—[Letters from Drs. Billings, McGuire, Hewitt and Lincoln to Otis, published in "Medical and Surgical History of the Civil War."]

Prof. S. D. Gross says, "When we reflect on the fact, that in all lesions of this kind the great danger is from fæcal effusion and that such effusion is almost inevitable even when the opening in the intestine is of very small extent, the duty of the surgeon, I think, plainly is to enlarge the abdominal orifice, to seek for the wounded tube, and to sew up the cut in the usual manner."

Dr. Sims in his article says, "I would therefore insist in leaving nothing to luck, but to explore and suture all intestinal and bladder wounds alike, under all circumstances." He further says, "In the treatment of perforating shot and other wounds of the abdomen, we should strictly observe the following rules:

"1. The external wound or wounds should be enlarged as soon as possible and sufficiently, to ascertain the whole extent of the injuries inflicted.

"2. These should be remedied by suturing wounded intestines and ligaturing bleeding vessels.

"3. Diligent search should be made for extravasated matter, and the peritoneal cavity should be thoroughly cleared of all foreign substances, whether fæcal or bloody, before closing the external opening.

"4. The surgeon must judge whether the case requires drainage or not. Generally it will not, if the rules be strictly carried out. We must not forget that fæcal effusion has taken place after intestinal wounds have been sutured, simply because the surgeon failed to find and suture all the lesions. And we must not forget that fatal results have followed enterorrhaphy when thoroughly done, simply because fæcal effusion had taken place before the intestine was sutured and had been left in the peritoneal cavity, producing death as speedily and as certainly as if the lesion had not been found and closed. Therefore it is essential not only to find all lesions and remedy them, but to be sure that we leave the whole cavity of the peritoneum perfectly clean."

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THE TUBERCLE BACILLUS.—Within two years, Koch, of Berlin, announced his discovery of a specific cause for pulmonary phthisis in the tubercle bacillus. There being too large a supply of credulity in the ordinary medical mind, this was too readily accepted. Many rushed off to carbolic acid as the specific in therapeusis. The other side of the question has now been heard from. It comes from the Vienna school. Dr. Spina, who has long been chief assistant to Stricker, and whose capability cannot therefore be questioned, maintains, as the result of his observation, that the form of the bacillus is variable, such variations depending on the tissue and the local conditions. The objection is a fatal one, if the variation of form be considerable. The form of a specific animalcule in general has a fixity, by which it is known. Considerable