

movements of the bellows are without effect upon the bag. But when the connection is re-established, it is evident that the bag receives air from its fellow when the handle is depressed, and that it collapses when the handle is lifted, its movements being exactly the reverse of those of the bag on the other side. When the device representing the glottis is partly closed, this reverse movement is very marked.—*International Medical Magazine*, February, 1894.

### CONSERVATIVE TREATMENT OF PYOSALPINX.

Kollock (*International Medical Magazine*, February, 1894) calls attention to the changes made in the treatment of pyosalpinx within the last year or two, and mentions cases treated by the conservative method which have been reported by Polk, Pryor, Krug, Bo. dt and Dudley.

He claims that by this method the tube and ovary of the non-affected side and also the diseased tube may often be saved. He says further, "My experience, while limited compared to that of others mentioned, has been sufficient to convince me that the conservative system of practice is bringing us to that period when the mutilations of women, once supposed to be necessary, should cease. This, we think, will be accomplished; as we also believe that abdominal surgery, in the hands of such men as Sanger, Porro, Kelley, Price, and others, will put an end to the barbarous and murderous practice of resorting to craniotomy and embryotomy on the living foetus."

He then reports four cases of pyosalpinx, three of which were entirely relieved without resorting to oöliotomy.

### TUBERCULOUS PLEURISY.

J. H. Musser contributes notes on six cases of tuberculous pleurisy. Some of the different modes of onset are given: 1. By a series of acute attacks; 2. Acute bilateral pleurisy with effusion; 3. It may develop insidiously, or secondary to genital tuberculosis. He distinguishes tuberculous pleurisy from pulmonary tuberculosis by the amount of pleuro-pulmonic invasion, by the age, absence of extreme hectic and extreme emaciation, by the character of the sputum and absence of bacilli, by the unproductive cough, extreme chest pain, and chest deformity.

The writer considers that "It is always cheering to make out tuberculous pleurisy when in the midst of much pulmonary tuberculosis. First, the probability of a cure is very much greater than in other forms of tuberculosis. Second, a partial cure can be promised in many

cases. Then the progress is slow, and hence the duration of life much greater than in pulmonary tuberculosis. The symptoms of the terminal stage are, however, more distressing. The dyspnoea, the breast pang and chest constriction, the internal suggestions of dragging or pulling, as upon organs, are agonizing to witness. The harassing cough is most weakening to the patient. Tuberculous peritonitis, of sluggish type, adds to the severity of the terminal symptoms."—*International Medical Magazine*, February, 1894.

### RESTRICTING AND PREVENTING THE SPREAD OF TUBERCULOSIS.

Dr. Hermann M. Biggs summarizes his report to the New York Board of Health on Tuberculosis as follows:

1. Tuberculosis is a contagious disease, and is distinctly preventable.

2. It is acquired by direct transmission of the tubercle bacilli from the sick to the well, usually by means of the dried and pulverized sputum floating as dust in the air.

3. It can be largely prevented by simple and easily applied measures of cleanliness and disinfection.

The Sanitary Committee recommended that the Board adopt the following resolutions:

*Resolved*, That this Board urge upon the hospital authorities of The city of New York the importance of separation, so far as possible, in the hospitals of this city of persons suffering from pulmonary tuberculosis from those affected with other diseases, and urge that proper wards be set apart for the exclusive treatment of this disease; and be it further:

*Resolved*, That the Commissioners of Charities and Correction be recommended to take such steps as will enable them to have and control a hospital to be known as "The Consumptive Hospital," to be used for the exclusive treatment of this disease, and that as far as practicable all inmates of the institutions under their care suffering from tuberculosis be transferred to this hospital.

This movement of the Board of Health of New York City is a splendid step in the right direction. It is a crying shame and a disgrace to this age of medicine, believing as doctors do in the contagiousness of tuberculosis, allowing cases of bronchitis, pneumonia, typhoid fever, and all other so-called medical cases to be treated in the same ward as the tuberculous patients. If a separate hospital cannot be supplied, at least separate wards should be used by tuberculous subjects. A small hospital located on one of the knobs to the south of Louisville would be a great place for tuberculous patients. Out-door occupation allied with pure air would go far to aid any plan of treatment put into practice for their benefit.