For the prophylaxis of syphilitic infection, the plan recommended in 1906 by Metchnikoff and Roux has been tried in the United States army and navy with good results. It consists in the inunction of a 33 per cent. calomel ointment, rubbed on the suspected area for five minutes within eight hours, or at most eighteen hours, after exposure. It is a simple, practical method, and well worthy of trial.

In conclusion, I wish to say that I have not essayed the impossible task of covering the ground suggested by the subject of my paper, but have attempted to bring forward some points for the consideration and discussion of a disease which demands the most careful study of the profession, not alone from its importance to

us as practitioners, but to the community at large.

## PNEUMOTHORAX AND REST TREATMENT IN THE MANAGE-MENT OF PULMONARY TUBERCULOSIS

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Murphy's technique is described in this paper, contributed to the March Special Tuberculosis Number of the Interstate Medical Journal, as follows: The patient is placed in a comfortable sitting position and the chest is bared over the side to be injected. point of insertion of the needle varies somewhat in individual cases. If the apex of the lung be the site of the lesion, the needle should be inserted in the fifth or sixth interspace between the anterior and midaxillary line. The best point is the fifth interspace at or near the anterior axillary line. If it be a middle or lower lobe tuberculosis, the injection should be made over the upper lobe, preferably in the fourth interspace just outside the mammary line. Ethyl chloride may be used for local anesthesia, though we have recently infiltrated the injection zone with a novocaine solution and have found it most satisfactory, for in this way the skin and tissues down to the pleura may be thoroughly anesthetized. A tenotome puncture should always be made through the skin to permit of easy insertion of the needle, to prevent the introduction of septic fragments into the pleura. It is important after the needle is inserted