

Our experiences in these cases coincide in every way with the experience of Professor H. C. Wood in his article, in which he says: "The application of dry heat is of very little value in chronic joint conditions."

*Tuberculosis.*—We have been very much interested in the application of hot air to the treatment of tubercular arthritic affections. We have been unable to secure sufficient material as a basis for positive statements; we thought that we might in some way be enabled by the application of a very high temperature to destroy the tubercle bacillus. It is a conceded point that the tubercle bacillus is easily affected by comparatively low temperatures, and its activity destroyed at 160° F. Taking for granted a child with tubercular arthritis, the joint of course very small, if the temperature of the apparatus be raised to 380° F., or an interior temperature of 350°, it seemed to us possible that with a temperature of 230° in actual contact with the skin sufficient heat might be brought to all parts of the joint by continuity and contiguity of tissue, and that we might thus destroy the organism. Unfortunately we were only able to experiment upon one suitable case; this was one of tubercular skin infection in a veterinary surgeon of Downingtown. Sections of the ulcer were made by Dr. Raven, of the University of Pennsylvania, and tubercle bacilli were found. Five applications of from 380° to 390° were made at intervals during six weeks. The ulcer promptly cicatrized, all induration disappeared, and the Doctor writes that he has had no further trouble for the past four months; and is evidently cured.

We have as yet not been able to experiment with other local non-pyogenic infections. We think, however, if the heat could be applied that its curative effects upon lupus would be quickly demonstrable. Of course, it is needless to say that sufficient heat could not be applied to the skin for the purpose of destroying pyogenic organisms, as these microbes are only killed by such temperatures as would entirely disorganize the human tissues.

In acute rheumatic cases we have met with gratifying results in the use of dry heat. The patient experiences an immediate sense of relief from pain, and a marked diminution in the swelling of the part. In one case we have in mind the usual treatment had been thoroughly tested for two weeks without result; the pain was very severe, and patient experienced her first relief from pain after the use of the apparatus. Six other acute cases seemed to be completely cured, while the remaining eight were greatly improved. Of the chronic cases we treated thirty; all experienced a relief from pain, but there was no permanent improvement manifested. This seems to be the experience of all observers.