ing of activity in the less diseased side. There was no difference in ultimate results in compressions on the two sides. Age is not a noteworthy factor. More pronounced results have been obtained in the more progressive than in the chronic fibroid type. The history of pleurisy has no bearing upon the results. Pleural adhesions, especially the diaphragmatic, may be troublesome. Both patient nad operator go through careful antiseptic preparations. A one c.c Record syringe with a fine needle is used for anaesthetizing with novocain. For the inflation a medium bore plaitnum needle two inches long with a blunt, non-cutting point is employed. Adhesions permitting a low puncture in the post axillary line is to be preferred. The puncture is made in such a way as to produce a valve effect, preventing to some extent the occurrence of emphysema. At the first fill 100 c.c. of oxygen is used, followed by nitrogen or filtered air up to not more than 500 c.c. The inflation should be made slowly and the pressure not increased too rapidly. In a few cases treatment had to be stopped because of pain. Embolism and pleural shock has not occurred. Possible post-operative complications are dyspnoea, surgical emphysema, pleaural effusion. The latter has occurred in 20 per cent. of these cases, mostly after six months' treatment and mostly in cachectic or very active persons. The authors consider infection from within the most probable cause. In the majority of cases the fluid appears to be sterile at first and in most end cases the tubercle bacillus is found. The frequency of refills depends upon the rate of absorption. The average amount of gas is 500 c.c. and rarely ever more than 1,00 c.c. Frequency and amount of refills should be controlled by the fluoroscope. They summarize their conclusions as follows:

1. Artificial pneumothorax is of value not only as a palliative measure, but also as a curative one.

2. Although unilateral cases promise the best results, a moderate bilateral involvement is not a contraindication.

3. Cases treated in a sanatorium give the best results, but this is not an absolute necessity.

4. The skiagram and fluoroscope are essential.

5. The small initial fill, not exceeding 500 c.c. of gas, and subsequent refills not exceeding 1,000 c.c. are points of importance.

Am. Rev. Trib., Vol 2, *No.* 2.

RECONSTRUCTIVE SURGERY IN WAR TIME.

F. C. Kidner, (Detroit) England (*Journal, A. M. A.*, April 27, 1918), describes the methods of reconstructive surgery used in the Shepherds Bush Orthopedic Hospital for Soldiers, one of fifteen or twenty orthopedic hospitals organized and supervised by Dr. Sir Robert Jones.