

the intestines as much warm water as they would retain. I then manipulated the mass through the abdominal wall; this, of course, expelled the water. This process was repeated several times, but without much success. I then proceeded to pump in air with the same apparatus, blowing the abdomen as full as possible, and then manipulating as before. Under this treatment I was rewarded with feeling the mass gradually decrease, and finally, after an hour and a half, I distinctly felt the gut slip into its right position. Within five minutes about an ounce of loose fecal matter was passed. The child was practically well within a few hours without further treatment. I was interested to learn that the parents had lost a child a few years ago with exactly the same symptoms. The child died on the fourth day. No examination of the abdomen was made, and the cause of death was certified to be "inflammation of the bowels."—*Edward P. Furber, in British Medical Journal.*

THE HOT-AIR TREATMENT OF PHTHISIS.—Probably no disease has had more remedies suggested for its cure than phthisis. Very few of the new methods introduced, however, have proved of any use, and have one by one been discarded. One of the latest, suggested by Halter and Weigert, seems likely to follow the fate of its predecessors, if, indeed, it has ever been seriously considered. Halter maintains that the tubercle bacillus will not live in a temperature of more than 41°C .; and therefore suggests that if patients can inhale air at a temperature above 41° the bacilli will be killed, or at any rate be rendered harmless, and thus the course of the disease stayed. Mossi and Rendelli have already shown that in dogs, when the inspired air is at so high a temperature as 150° to 160°C ., the temperature in the large bronchi is only 39.3° . In the *Deutsche Medicinische Wochenschrift* for April 10th, Dr. Ernest Schrwald of Jena publishes some interesting experiments that he has made on dogs with regard to "lung temperature." Thermometers were introduced between the costal and parietal layers of the pleura on each side. By means of an ingenious apparatus the air could be introduced through the nose or directly into the trachea, and the temperature of the inspired

and expired air carefully ascertained. After an elaborate series of experiments, Dr. Schrwald came to the following conclusions: 1. Dry air can be inhaled through the nose, while the temperature of the air is gradually raised from 50° to 350°C .; the temperature in the pleura at the same time only rises 1°C ., even although the experiment be prolonged for one hour and a half. 2. An equal rise can be obtained by rapid and forced respiration. 3. The mucous lining of the trachea is much more sensitive to hot dry air than is that of the mouth and nose, for in the former the temperature of the air cannot be raised above 80°C . 4. When hot dry air is inspired, the frequency of the respiration rises from 80 to 144 in the minute. 5. The temperature in the lungs rises at the same time, but only 1° . 6. Halter's view that the tubercle bacilli are killed by a temperature of 41° is not proved to be correct. Even if it were, the mass of bacilli embedded in the lung tissue would only be affected by heating the tissue itself, and by his (Schrwald's) experiments it has been shown that a sufficient rise of temperature within the lungs cannot be obtained by the inspiration of hot dry air, and that therefore this treatment is useless in phthisis.—*London Lancet.*

THE TREATMENT OF TUBERCULAR ABSCESSES.—Billroth has again made a great impression on the surgical world by an article published a few days ago. Tuberculous abscesses have long been studied and treated unsuccessfully. For the past four years Billroth has been steadily experimenting with different means of treatment till now he has reached a conclusion, which, as it is based on his enormous clinical experience, cannot fail to excite great interest. Contrary to the usual method, he cuts down upon the abscess and lays it widely open; draws off the pus and cleans out the remotest corners; follows up any fistula to its point of origin, and scrapes the lining surface of the abscess until all the so-called membrane is removed. Sometimes it is necessary to open a thigh from the popliteal space to the tuberosity, but thoroughness in regard to the fistulæ is absolutely necessary. He then waits until the bleeding has ceased, of course removing the Esmarch, if one has been used, and when the wound is glazed by the serum he fills the abscess cavity with an