

be performed in a hospital, which the parents refused to have done, even though so advised by Rudolph. He therefore injected Behring's No. 2 Serum, and prescribed 2 minims "tinct. opi." four times a day, or oftener if required. On the child waking from sleep it was given food, and although only four hours may have elapsed since previous dose, another dose was given if it did not quickly go to sleep again. After twenty-four hours the effects of the serum was shown by the membrane on the tonsil becoming loosened. The laryngeal stenosis became more noticeable, the breathing noisier, the indrawing of the sternum more apparent, especially when the child was not under the narcotic. Possibly the serum beginning to take effect gave rise to mechanical obstruction of the larynx. After about twenty-four hours there was no stridor; general improvement began, with speedy recovery. The other two cases were very similar. In one, where the patient's brother had died a few days previous after tracheotomy had been performed, symptoms of laryngeal stenosis commenced two days prior to his being called. Despite this, the treatment was quite successful. The author claims these cases prove his contention that the serum gave excellent results; but before any appreciable result was obtained, the patient's suffering was made bearable and the breathing easier by means of opium. The dose should be 1 drop for each year of the child's age.—*Treatment.*

Lumbar Puncture.

Lumbar puncture as a therapeutic and diagnostic procedure has come to stay. At present there is some retrocession from the enthusiasm which characterized its first introduction, and some contraindications have been formulated, notably those cases of long-continued increase in intracranial pressure such as occurs in cerebral tumor. In such cases where the communication between the cerebral and the spinal fluids is obstructed or obliterated the sudden relief of pressure may result in forcibly driving the medulla into the posterior fossa with a prompt fatal termination. In ordinary infections, hemorrhages and similar conditions, lumbar puncture is devoid of danger providing it is carefully performed. Hackenbruch (*Centralbl. für Chir.*) has carefully formulated the steps in this procedure. Ordinarily puncture has been made between the third and fourth lumbar vertebrae, though it may be one vertebra higher or lower. He points out that it is simpler and easier if a short skin incision is made, and there is less danger of infection from organisms which are commonly present in the skin. The same care should be exercised in making a lumbar puncture that is followed in any ordin-