

attempt to abort the inflammation if the case did not improve after incision of the drum in the presence of streptococcus infection.

*Prognosis in Chronic Catarrh of Throat and Ear.*—Harris says it is a common error to look too intently at the local picture. That most cases were dependent upon some underlying cause, *e.g.*, the lymphatic diathesis, chronic intestinal trouble, uric acid diathesis, etc., so that prophylactic measures were of the greatest importance and the correction of every source of irritation, organic or functional. In the sclerotic form a promise to check the deafness is all that can safely be promised.

*Haight (Chicago)* describes a new aseptic throat mirror made from solid German silver, highly polished and nickel-plated. It can be sterilized by boiling. It has obvious advantages.

*Behring* asserts that inasmuch as Klebs-Löffler bacilli may be found in the throats of 10 per cent. of the entire population, it must, in many cases, be either a non-virulent variety or else some individuals are immune to its infection. The comparative immunity of physicians he describes to unconscious auto-inoculation of the virus in small doses, and he suggests a general immunity and the final disappearance of the disease altogether by the use of antitoxine inoculations. Should these views prove to be correct, the future treatment of diphtheria will consist very largely in its prevention, not as at present by isolation of those having been exposed to the disease, but by removing the natural predisposition to infection with antitoxine injections. Steele says death has been reduced from 65 per cent. to 16 per cent. by antitoxine injections in diphtheria. *Removal of intubation tubes* by electro-magnet is reported, the operation being easily and instantly performed, and is specially serviceable in cases of impending danger due to sudden obstruction of tube.

*Anesthetics.*—Moser describes apparatus for ether anesthesia in operating on respiratory tract, in which ether is forced