be held out that the patient will recover. There are times when one is called to a dying patient; then the only chance of life is offered by immediate operation. In conclusion, I feel well assured that if the plan I have described be adopted at once, assiduously persevered in, and given a fair trial, diphtheria will no longer be the dreaded disease it is generally considered.—*Med. Press and Circular.*

CHEST PERCUSSION DONT'S.

Don't percuss in a cold room, and always divest that part of the chest which you examine of all clothing.

Don't undertake to percuss without doing it thoroughly and methodically.

Don't forget that percussion, like all the other methods of physical diagnosis, is but a process by which you compare the resonance, or want of resonance, of one side with the other.

Don't use a hammer and pleximeter in preference to the middle fingers of both hands.

Don't fail to keep the nail of the percussing finger well trimmed.

Don't strike the chest as if you were cracking stones, or committing an assault on your patient.

Don't strike from the elbow, but only from the wrist or knuckle.

Don't strike slantingly, but always perpendicularly to the chest walls.

Don't vary the force of your blows.

Don't allow the hammer finger to remain on the pleximeter finger after the blow is delivered, but allow it to rebound like the hammer of a piano.

Don't disturb the relative position between your ear and the patients chest more than you can possibly help; therefore, always lay the pleximeter finger in such a direction that the distal end points outward and the central end toward the middle of the body.

Don't percuss over a rib, on one side, and over an intercostal space on the other.

Don't forget that the percussion pitch is normally higher over the right than over the right apex.

Don't omit clavicular percussion.

Don't place too much confidence in a single abnormal physical sign.

Don't allow any voluntary muscular tension or stiffness of the patient's chest.

Don't allow the arms to be folded, but direct that they should hang loosely by the patient's side with a slight forward inclination.

Don't stand your patient against the wall, or let him stand against any object.

Don't fail to realize that percussion skill depends on constant practice.

Don't neglect to familiarize yourself thoroughly with such high and low-pitched sounds as those given out by percussing the head of the humerus, and the infra-scapular region in health; and also with all the intermediate grades of sound found between these two points.

Don't confine your attention in your percussion practice simply to the human chest, but percuss anything suitable that may come in your way—a wooden table, desk, etc., furnish a variety of sounds for such practice.

Don't forget that occasionally pulmonary consolidation, when located in close proximity to a large bronchus, or to the hollow abdominal viscera, evinces a tympanitic percussion sound.

Don't fail, in cases of complete dulness or flatness at the base of the chest, to mark the upper limit of such dulness in front while the patient is standing; then place him on his back, and ascertain whether the line of dulness changes.—*Thomas J. Mays, M.D., in Med. and Surg. Reporter.*

SYPHILITIC PHTHISIS.

The characteristic signs and symptoms which distinguish the syphilitic form of the disease are chiefly an absence of well-defined physical features in its earlier stages; frequently the only evidence of the disease being a wavy respiration or an impaired respiratory sound. However, when crepitation appears, it commences suddenly, and is usually of a loud, moist character, and may diffuse itself very rapidly over the whole side of the chest. Hæmotysis is generally a prominent factor; there are no persistent, well defined fever and night sweats; the expectoraton is frequently tough, white, stringy and abundant; the patient, as a rule, is anæmic, subject to diarrhœa and vomiting; the marked anorexia and wasting do not appear early; and any change which occurs in the course of the disease, either towards recovery or death, is generally more marked and sudden than in the ordinary form.

The absence of fever, or the tendency of the fever to assume an irregular or abnormal course, I regard as one of the most valuable symptoms in differentiating this form of phthisis. Whenever I meet with a constant low temperature in such cases, my suspicion of infection is always aroused, in spite of the absence of other satisfactory evidence.—MAYS, in the *Polyclinic.*

FUNCTION OF THE COCCYX IN LABOR.

It is quite impossible to over-estimate the importance of thoroughly understanding the mechanism of the passage of the fœtus through the pelvis. This dominates the whole scientific practice of midwifery, and the practitioner cannot acquire more than a merely empirical knowledge, such as may be possessed by an uneducated widwife, or conduct the more difficult