wards. The best kind of tampon Lederman claims to be one of nosophen gauze, as it is antiseptic and keeps the wound dry.

His plan of preparing the desiccated gland is to place forty grains of the gland (Armour) in half an ounce of the glycero-aqueous solution. It is put in a wide-mouthed bottle and well shaken and allowed to stand in a room at ordinary temperature for forty-eight hours or so. During this time it is occasionally shaken. The mixture is then filtered through filter paper into a clean bottle. The result is amber-colored, and is ready for use. It is advisable to keep all but that required for immediate use in a cool place.

Diphtheria.

W. W. Lambert, Kamloops, B.C., "Sixteen Cases of Serum-treated Diphtheria" (*Montreal Med. Jour.*, March, 1899).

In all these cases the writer appears to have depended entirely upon serum-therapy for treatment, for there is no mention in his article of any other treatment whatever. Fortunately all the cases recovered but one. In this case the patient, aged fourteen months, did not come under treatment until the sixth day; and, notwithstanding that he administered, by injection, 12,500 units of antitoxine in three doses, the child died (!). The other fifteen cases were between the ages of seven years and fifty years. All were treated early, only two being as late as the third day. The largest amount of antitoxine given to any of them was 5,000 units to a boy twelve years of age. All were cured between the period of six hours and four days.

Five of the cases are reported as "diphtheria and scarlet fever" and eleven as "diphtheria."

Bacteriological examination is not mentioned (?), neither is the Klebs-Lœffler bacillus referred to in the article (?).

Speaking of serum Lambert says that it has no unpleasant or harmful effect upon the system, and should be used fearlessly. He claims that it is of great value in diagnosis, and is so certain in its action that should diphtheria be present the symptoms will ameliorate; and should no effect be produced the case will be scarlet fever or ordinary tonsillitis. He says that the injection should not be made in the arm as it will be followed by local dermatitis or urticaria.