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MASTOID ABSCESS AND ANTISTREPTOCOCCUS SERUM.—Dr. G. L. Kerr Pringle, in *British Medical Journal* for January 15th, 1898, records a case of mastoid abscess where trephining and other means of treatment failed to effect a recovery. The patient was to all appearance growing worse. At this stage of the case 10 c.cm. antistreptococcus serum were injected. On the day following 5 c.cm. were again given; and three days later 5 c.cm. more. In five days his temperature became normal and remained so. The suppurative chills and elevated temperature had lasted for one month; and in spite of every care and the free opening made into the mastoid abscess, the case did not improve until the serum was injected. The paralysis, optic neuritis and fetid pus disappeared after the administration of the serum.

IMMEDIATE REDUCTION OF ANGULAR CURVATURE.—Mr. J. Jackson Clarke, of London, in *British Medical Journal* February 12, remarks that he adopted Calot's method of forced reduction in one case. At the end of six weeks the plaster was removed, when it was found that most of the curvature had returned. The spine was again straightened and one month later most of the curvature had again returned. The apparatus was reapplied for two weeks. The treatment of the case was then carried on by a Chancers splint. Mr. Clarke is of the opinion that his results would have been as good with this splint from the commencement. He is also of the opinion that no farther cases should be treated by immediate reduction, till the effects have been fully watched in those that have already been subjected to this line of treatment. [We think this is sound advice.—ED. REVIEW.]

PNEUMONIA, ITS TREATMENT AND PREVENTION.—Dr. Beverly Robinson, in *Medical Record* of February 19th, 1898, holds strongly to the view that pneumonia is contagious. For this reason the patient should be isolated to as great an extent as possible, and all unnecessary visits by friends prohibited. The infection may be spread by the