by the fact that they wholly ignore the existence of a non-specific, non-contagious, idiopathic membranous croup, and he maintains that such a disease does certainly exist, and that it is perfectly distinct and distinguishable from diphtheritic laryngitis. In support of his view he enumerates the points of difference between the two affections, which we reproduce in parallel columns for facility of comparison.

IN DIPHTHERITIC CROUP.	IN TRUE CROUP.
A prodromal stage of two or more days without hoarseness or cough; more or less profound constitutional disturbance; elevated temperature, which often subsides after the first onset of the disease, sometimes becoming subnormal, to rise again with the invasion of the larynx and trachea.	A sudden onset, or following within a few hours on exposure to cold and wet; little or no constitutional disturbance; elevated temperature, continuing till amendment is established.
Mottled or irregularly reddened fauces, often more conspicuous on one side than the other.	Uniformly pale-red or bright-red—never mottled—appearance of the fauces, which are conspicuously free from loose secretion.
Enlarged and painful lymphatic glands, particularly the sub-maxillary at the angle of the jaws.	There is never enlargement of the submaxillary lymphatics.
Exudation on the tonsils in the fauces, sometimes in the nares, on the lips, etc.	There is no exudation on the tonsils in the nares or fauces, except, possibly, in rare instances the intense inflammatory action having extended by sympathy of continuity to the territory immediately contiguous to the entrance to the glottis; by strongly depressing the tongue the upper border of the membrane may be seen.
Early appearance of albumen in the urine as a rule.	Albumen is never found in the urine.
A fetid breath of a sweetish, musty odor, similar to that in scarlatina.	The peculiarly fetid breath is never present.

In addition to the signs above enumerated the author adds that diphtheritic croup is a general disease of markedly asthenic character, while true, or pseudo-membranous croup, is a local affection of sthenic type.

The importance of this question is most certainly one which can hardly be over estimated. For it has a bearing not only on the therapeutic management but upon the prognosis and the prophylaxis as well. But, while in the abstract an error is always wrong and to be avoided if possible, yet, unless the physician can persuade himself absolutely that he has to do only with a local, non-contagious, membranous laryngitis, he would do well, in the present state of our knowledge, to regard every case of membranous croup as diphtheritic in character, and to take his precautions accordingly. If err we must, it is better to err on the safer side.—*Med. Record.*

THE REMOVAL OF SUPERFLUOUS HAIR BY ELECTROLYSIS.

The method which I employed was, with some modifications, the same as that given in a previous article. Instead of placing the sponge electrode (+) in the patient's hand, I applied it at the nape of the neck, and kept it there constantly, while the electrode needle-holder (—) had an attachment, by means of which I could make or break the current at any moment. I was thus enabled to get along with fewer cells and without loss of time. The pain caused was of no consequence whatever. The needle used was a plain steel sewing-needle of fine quality.

Mrs. W. had for the last ten years been annoyed by a strong growth of hair about her chin and upper lip. She had tried all conceivable remedies, with the result of only increasing the growth through the stimulation thus produced, so that when she came to me for relief she had a beard that would have done justice to a man.

It at first appeared almost hopeless; but, as she was so very anxious to have the growth removed, I determined to undertake the case.

The estimated number of hairs to be removed was fifteen hundred to two thousand, but I soon found that my estimate was too small, the number far exceeding two thousand.

At the first meeting I took out about one hun-