

While the article on diphtheria is written mainly by Dr. McCollom, the pathology of this disease is from the pen of F. B. Mallory, M.D. Dr. McCollom's experience is not in accord with the statement that the bacillus of diphtheria is frequently found in the throats of perfectly well persons who have the care of patients ill with diphtheria.

In that part of his article devoted to treatment the writer advocates with caution much that is old—e.g. alcohol and corrosive sublimate and calomel. In post diphtheritic paralysis the expectant treatment with rest and feeding is practically all one can recommend. The results of serum therapy are strongly set forth. "No patient ill with diphtheria in the acute stage should be considered in a hopeless condition but anti-toxin should be given in large doses until he commences to improve or succumbs to the disease. When one sees a patient with membrane covering the tonsils and uvula, a profuse serous discharge from the nose, spots of ecchymoses on the body and extremities, cold clammy hands and feet, a feeble pulse, and the nauseous odour of diphtheria, and finds that after administration of 20,000 units of anti-toxin in two doses the condition of the patient improves slightly and after 10,000 units more there is a marked abatement in the severity of the symptoms, that when an additional 10,000 units have been given the patient is apparently out of danger and eventually recovers, one must believe in serum therapy in the treatment of less cases."

"When one sees a patient in whom the intubation tube has been repeatedly clogged and the hopeless condition changes for the better after the administration of 50,000 units, one cannot but be convinced of the importance of giving large doses in the very severe and apparently hopeless cases."

Measles, Rubella, The Fourth Disease, Erythema Infectiosum, Whooping Cough and Mumps are described in three chapters by Dr. John Ruhräh. To Influenza, Deugue and Erysipelas each is given a chapter written by Frederick T. Lord, M.D., Thomas D. Coleman, M.D., and James M. Anders.

The article on epidemic cerebro-spinal meningitis is by Dr. Henry Koplik. With McCrae he points out that Kernig's sign is not pathognomonic of meningitis, but that it may be seen in pneumonia and typhoid fever. As his own observation Dr. Koplik states "that when Kernig's sign is present and an attempt is made to straighten the leg against resistance there is intense pain, and a stimulation of the Babinski reflex occurs at the time of the attempt to straighten the leg on the thigh against the resistance." Associated mydriasis simultaneous with the