is removed the other should be ready and waiting, as air is painful to the raw surface and should be avoided. Sometimes a blister heals under the dressing before the patient is convalescent; when the tendency is in this direction, you can re-apply plaster for ten to thirty minutes, or a little blistering salve may be mixed with three times its bulk of lard, and used to grease the poultice once or twice.

All this detail may be very tedious, but I think it worth remembering.

I practiced medicine for years before I ever used a blister, but now I agree with a good many of my older brethren, and believe that a blister in pneumonia gives the patient the best chance to get well. I do not rely on blisters alone, but use such other remedies as are commonly used by the profession. But when I see in a newspaper, as I often do, that such and such a life (a bright one perhaps) has gone out, another victim to pneumonia has been laid low, I often wonder if a blister has been used. Should I lose a patient with pneumonia without having applied the blister, my conscience would tell me I had not done my duty.

Now, I have no statistics to offer you, for country doctors do not keep records of their cases as they should, but I find no patient too young and none too old to be treated and benefited by the blister. And, laying aside my modesty for the moment, I can boast of the recovery of as unfavorable cases as falls to the lot of any one, and these recoveries are due, in a large measure, to my creed, "In pneumonia, blister early and often."—*Virginia Medical Semi-Monthly.* 

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MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D. Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

## THE FAILURE OF ANTISTREPTOCOCCIC SERUM.

DR. WM. CLARK in Cleveland *Medical Gazette* writes as follows on the subject ;

With the advent of antidiptheric serum and its successful place in the therapeutics of the majority of the profession,