of thirty-four years, of pulmonary tuberculosis. Two sisters and one brother are living. When ten years old the patient had a severe illness, either typhoid fever or meningitis, followed by deafness in the left ear. The right ear showed low notes normal, but high notes lowered at times; stuffiness and tinnitus in right ear. Hypertrophy of the thyroid, more on the right but not enough pressure on recurrent laryngeal to produce paralysis of the cord. Diminished muscle tonus of right arm and leg, and reflexes on right. Total deafness on left and shortened right bone conduction led the writer to conclude that there was a luetic origin of paralysis; this was confirmed by a plus four Wassermann.

Ramsey, W. R. THE RELATIVE EFFICIENCY OF THE DIFFERENT MERCURIAL PREPARATIONS IN THE TREATMENT OF CONGENITAL SYPHILIS. [Arch. of Pediatrics, 1918, Vol. XXXV, p. 338.]

According to Ramsey in infants, and children, mercury is excreted at least partly by the urine when given by the mouth, by inunction, or subcutaneously. In newborn infants and older children, mercurial ointment when placed in contact with the skin, without any friction being used (protected and sealed by wax paper from being volatilized and inhaled) is taken up by the skin and eliminated in the urine and continues to be excreted in the urine for some time after all treatment has been discontinued. By inunction (with rubbing) mercury is readily taken up by the skin and eliminated in the urine and continues to be eliminated for a considerable time. When inunction is given, the maximum daily amount of mercury is usually eliminated during the following 24 hours, smaller amounts being eliminated for a variable time. Where continuous inunctions are given there is an accumulation in the system and considerable amounts are eliminated at intervals with only traces in between. It is therefore probable that it is unnecessary to have mercury in contact with the skin, either with or without rubbing, as often or as long as has been generally thought necessary. This, however, must be determined by further clinical investigation. Mercury salicylate, suspended in oil and given subcutaneously, continues to be eliminated in the urine in appreciable amounts for as long as 8 days, the daily amounts eliminated varying widely. It is therefore probable that repetition of the treatment, not oftener than at intervals of 8 days, would be sufficient. Mercuric chloride by the subcutaneous method, a favorite method in congenital syphilis, continues to be eliminated for 8 days. In all cases where mercuric chloride was used, either by mouth or by the subcutaneous method, protein was found in the urine. Calomel $\frac{1}{4}$ grain, every 2 hours, for 4 doses and gray powder $\frac{1}{2}$ grain continued to be eliminated in appreciable amounts in the urine for as long as 9 days, the maximum amount being eliminated during the 24 hours following administration. It is therefore probable that the daily use of any of the mercurial salts in the amounts usually prescribed, is unnecessary and presumably harmful.