pura, etc.) The coagulation time again becomes normal in about twenty-four hours after the transfusion.

The technic is the following: A tourniquet is applied to the donor's arm and a vein punctured with a large size cannula. While the blood is running into a glass jar it is mixed with a 2 per cent sodium citrate solution at the rate of 1:10. For instance if we want to transfuse 500 cubic centimeters of blood we would mix it with 50 cubic centimeters of the 2 per cent citrate solution. We then introduce a cannula into the recipient's vein and with the aid of a salvarsan flask inject the donor's blood into the recipient's vein.

I have used this method in nearly 50 cases with perfect success, not only in adults but in little infants. The details of this new method (experiments, technic and clinical reports) were published in *Surgery, Gynecology and Obstetrics*, July, 1915.

The advantages of this method are:

1. Utmost simplicity of the technic.
2. No connection between donor and recipient. In fact the blood can be collected in laboratory or office and then carried to the patient's bedside, as was done in the case described by Dr. Hays.

3. Easy application in emergency cases.

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Two Cases of Otitic Extradural Abscess. FRASER, *Edin. Med. Jour.*, January, 1915.

The cases are of interest as showing the misleading nature of the symptoms which may arise in some examples of the condition. The first case presented features closely resembling those of septic thrombosis of the sigmoid sinus; while the second showed symptoms pointing to basal leptomeningitis such as stiffness of the neck, rig's and Babinski's signs, and increased tension of the cerebrospinal fluid with turbidity. "Serious meningitis" was probably present. Both cases recovered after operation. GUTHRIE.