occurred five times, otitis three times, phlebitis twice, nephritis once, and periostitis once. Relapses were few and mild. From his results Josias concludes that Chantemesse's antityphoid serum is harmless and that patients treated by it, in connection with baths, stand a better chance of recovery than those treated by hydrotherapy alone.—*Bulletin de l'Académie de Médecine*, 1906, No. 10, p. 301.

Radiotherapy and Diphtheria Antitoxin in Pernicious Anemia.—M. RENON reports a case of pernicious anemia in which marked cachexia, oedema, and diarrhoea were present, and in which the blood, when the patient was first seen, contained 880,000 red cells and 2000 leukocytes. Under arsenic the condition was aggravated rather than improved, but the application of the Röntgen rays rapidly caused an increase in the red corpuscles to 920,000. Injections of antidiphtheric serum associated with the radiotherapy were followed by a further increase to 2,545,000, an amelioration of the general condition, and an increase in body weight. Examination of the blood after the injections and the application of the rays showed that a stimulation of the hematopoietic system had taken place, as evidenced by the presence of an increased number of red cells, an eosinophilia, and a polychromatophilia. On the other hand, the presence in the blood of the products of the destruction of the leukocytes by the rays or of hemolysins (which result from the serum injections) seems to be a necessary factor in determining a reaction of the blood-making organs.—*La Semaine médicale*, 1906, No. 11, p. 128.

Passive Congestion in Joint Disease.—DR. H. F. HARTWELL cites ten instances of tuberculous and gonorrhoeal joint affections in all but one of which rather remarkable results were obtained by Bier's method of producing passive congestion. The congestion was caused by the application of an Esmarch bandage just long enough to encircle the limb two or three times at the desired tension and provided with strap and buckle at either end. The bandage should be applied just above the affected joint and secured by the buckle when the desired degree of congestion has been obtained; the skin may be protected by a few turns of an ordinary bandage; and to avoid stasis of blood in parts where it is not needed the limb which lies peripherally to the infected area may be snugly bandaged. Care should be taken lest the congested limb become cold to the touch and that the patient is not made uncomfortable and unable to perform his ordinary duties. In tuberculous joints the stasis is not kept up more than an hour daily; in severe gonorrhoeal arthritides the congestion must be continued for ten or twelve hours and, while the strap is off, the limb should be elevated to reduce the oedema which the constriction has produced. Upon the subsidence of acute symptoms massage and passive motion should be instituted. Congestion produces no benefit in chronic hydrops after acute inflammation. In general, Hartwell states that the duration of the stasis should depend upon the effect obtained. If the patient observes that after an hour or two the pain is relieved and motion is increased, this length of time is sufficient, but if the symptoms soon return a longer period of congestion is necessary.—*Boston Medical and Surgical Journal*, 1905, No. 18, p. 483.