concentrated as when light is focused, the tube that conveys the sounds from the receiver to the ear should be as large as possible, with no space wasted. He, therefore, suppresses the tube altogether and applies the receiver directly to the entrance of the auditory canal, thus securing a fuller tone, and intends to supplement the instrument with a hollow plate over the mastoid apophysis, to promote osseous conductivity.

SCHEPPEGRELL.

Disturbance of Equilibrium Associated with Defect of Hearing—Labyrinthine Vertigo (Meniere's Disease.)—P. W. ERDT-

MANN—*N. Y. Med. Jour.*, January 28, 1899.

The treatment consisted of pilocarpin and quinine alternated with large doses of bromide containing a few minims of belladonna. The case terminated with a cure.

SCHEPPEGRELL.

VI. DIPHTHERIA, THYROID GLAND, ESOPHAGUS, ETC.

Differential Diagnosis of Pharyngeal Syphilitic Lesions and Diphtheria—L. S. SOMERS—*Philadelphia Med. Jour.*, January 28, 1899.

After referring to the well recognized lesions characteristic of each, the author states that in syphilis the patches on the pharynx and tonsils are not so elevated. The adjacent tissues are not so violently inflamed. The crucial test, bacteriologic examination, however, is the best method in diphtheria.

SCHEPPEGRELL.

Notes on the Treatment of Diphtheria—THOS. WYLD PAIRMAN—

Australasian Med. Gazette, Vol. xvii, No. 12, December, 1898.

The writer points out certain elements of treatment which appear to him of importance: *Rest* is essential even in comparatively mild cases. Since the routine use of gargles has been abandoned the number of pharyngeal paralyses has lessened. Applications locally should be as unirritating as possible, the resistance of excitable children causing a nervous condition inimical to recovery. *Local Medication*—This is called for even when antitoxin has been used, since there is often a multiple infection on which it has no effect directly. To be of any use medicaments must reach well behind the tonsil, hence those which can be swallowed are most satisfactory. *Free Diuresis*—This is mentioned in all works on the subject, but recent pathology has demonstrated its eminent importance. The free use of diluents is therefore essential, more especially if antitoxin has not been used.

Antitoxin—The value of this is undoubted, but it should be administered before the third day. *General*—If antitoxin has been used late, or not at all, when there is multiple infection, or when the larynx is involved, much benefit is derived from the bronchitis kettle kept going constantly in the room.

EATON.