verification guides but does not initiate this progress. Treatment that aims to remove the cause of disease should neglect very largely the individual factors in the case, but treatment based on pathological physiology can be effective only by considering the physical and psychological peculiarities of each individual and his relations to his family, his work, his education, and his environment. Etiological or symptomatic treatment must first ascertain at what spot in the organism the trouble resides. To that spot its energies should be directed, but treatment based on the individual's manner of reacting to the disease must study the whole individual so far as it can discover him.

The Fresh Air Treatment of Pneumonia.—J. M. ANDERS (*Med. Record*, 1906, No. 1, p. 1) extends a plea for the employment of fresh air in the treatment of pneumonia, which is based upon the premises that an atmosphere containing the full complement of oxygen is demanded in this disease in which a large proportion of the air cells are rendered functionless, and that a calming effect is exerted upon the nervous system and refreshing sleep is induced by cold air. The appetite and digestion also noticeably share in the beneficent influences of this natural agency. Under the influence of low temperature the heart's action becomes slower, the pulse tension is increased, a tonic effect is exerted upon the cutaneous nerves and vessels, and indirectly the tendency to internal congestion is lessened. The respiratory function is stimulated and more oxygen is absorbed. The fresh air treatment should not be undertaken without due deliberation upon the peculiarities of the subject in hand. Thus, in certain forms of secondary pneumonia it might be inadvisable, as, when pneumonia supervenes in Bright's disease or in highly nervous persons, etc. In general it may be said that this form of management is only exceptionally contraindicated, and among the beneficial effects observed from the constant breathing of fresh cold air are a better general condition, increased appetite, lessened cough, diminished temperature, pulse-rate and respiration-rate; in short, a less-marked toxemia than is observed in patients treated by more usual methods.

Antitoxin in Late Diphtheritic Paralysis.—M. COMBY (*La Semaine médicale*, 1906, No. 25, p. 295) reports an instance of diphtheritic paralysis which occurred a month after a specific angina, in a child aged four years. All four limbs and the pharynx were affected and a rapid and complete recovery followed the administration of four injections of serum which were given during the course of three days. During the subsequent discussion M. BARBIER stated that such paralyzes were often fatal and were most common in patients who had received too late or insufficient antitoxin treatment, and that the only means of relief for such individuals was the immediate institution of further antitoxin injections. M. GUINON cited two instances of late diphtheritic paralysis, one of which succumbed while the other rapidly recovered under antitoxin.

Hypodermic Injections of Strychnine in Diabetes Insipidus.—L. FEILCHENFELD (*La Sem. médicale*, 1906, 282), while treating a man aged sixty years for vesical paralysis by means of hypodermic injections of strychnine, noticed that the treatment caused a practical cure of the