sclerotic otitis the sequel of hypertrophic otitis. The generally approved ground is taken in diagnosis, pathology and prognosis, and the paper is chiefly notable for some excellent methods in therapy, described, and for the author's position with regard to syringing in suppurative otitis media.

Both aspiration and inflation are employed for evacuating the pus contents of the middle ear. Aspiration is effected with a Siegle's speculum and small syringe attached. The tube is fitted tightly in the meatus, and the piston drawn slowly. This may be followed by Politzerization, but better by continuous inflation with Buttle's inhaler in connection with the air tank. The patient is made to blow steadily, with cheeks puffed out, through a small caliber tube, while the inhaler is applied tightly into one nostril with the finger compressing the other. This produces the same effect as the word "hic," advocated by Politzer and Gruber. The "dry treatment" is emphatically advocated, and the "wet" as positively condemned—the douche decried. The syringe is objected to because copious introduction of fluids into the ear will produce that bagginess and infiltration of the membrane we wish to avoid, especially in large perforations. A small tuft of cotton on a carrier will cleanse the meatus as effectively as a large current of antiseptic fluid. With large perforations there is the additional danger that the fluid may force infectious material into the healthy area of the tympanic cavity. Boracic acid is too mild an antiseptic; iodoform is odorous, stimulates granulation tissue, and cakes. Nosophen is non-irritant, insoluble, antiseptic, does not cake, and offers a minimum of toxic absorption, and has been used with excellent results.

F. C. E.

VI. DIPHTHERIA, THYROID GLAND, ESOPHAGUS, ETC.

Foreign Body Removed from the Gullet—WM. CHEATHAM—*Louisville Monthly Journal*, November, 1899.

The foreign body was a piece of bone which was removed by means of a horsehair bougie.

SCHEPPEGRELL.

Antitoxin in the Light of Scientific Investigation—A. ROBIN—*Internat. Med. Mag.*, October, 1899.

The writer effectually disposes of the arguments advanced by Herman in a recent paper published in the *Medical Record*, entitled "The Failure (!) of Antitoxin in the Treatment of Diphtheria." He presents a large amount of statistical information from the records of the hospitals of Europe, which demonstrates unmistakably the value of antitoxin. Turning to the laboratory, he shows that the testimony from this source is overwhelming in its support of the serum. As pathologist and bacteriologist to the Delaware State Board of Health, Robin is in a position to speak with authority.

DETWILER,