

**A Protective Collodion.**—DR. KLEIN recommends for small wounds, and particularly for the physician's hands, a collodion to which 10 per cent. of balsam of Peru is added. This gives complete elasticity, a remarkable adhesive power, and a film which frequent washing cannot detach.—*Therapeutische Monatshefte*, 1897, Heft 4, S. 238.

**The Results of Injection of Anti-streptococcal Serum in Twenty Cases of Malignant New Growths.**—DR. J. ZIEMACKI has obtained his material from cultures of the streptococcus pyogenes with which goats were immunized; later, horses were employed. Of the twenty patients observed, six suffered from sarcoma; the remainder from carcinoma. The results were absolutely negative; in not a single instance was the growth of the neoplasm retarded. Of the twenty, twelve are dead, three dying; and of the others the result is unknown, but they are doubtless dead. The ulcerating growth did not clean up better under the influence of the serum so that it presented a more favorable appearance. In two instances the carcinomatous masses became softer as carcinomatous and sarcomatous masses do when they suppurate, which is the fate of all such old masses. On the contrary, there is no doubt but in the single instance of lympho-sarcoma repeated injections favored rapid dissemination of the disease about the original mass. Aside from the question of failure of the method, it can be certainly stated that in weakened and marantic individuals these injections are absolutely contraindicated.—*St. Petersburger Medicinische Wochenschrift*, 1897, No. 35, S. 333.

**The Sero-therapy of Tetanus.**—MR. ED. NOCARD divides his subject into: (1) Curative measures. When tetanus has declared itself the antitoxic serum is without effect; it cannot prevent the fatal termination, whatever may be its antitoxic power or the dose injected. It cures only those who would have been cured without it. But in these cases it should be used, even if it does not decrease the mortality, for under its use the recovery takes place more speedily, the crises are less frequent and intense, and the convalescence is shorter. (2) Preventive measures: antitoxic serum injected in small dose at the time of the suspicious injury, whether accidental or surgical, or even a short time after it, prevents the onset of tetanus. The dose should be larger when it is administered late, and then it is better to give an intravenous than a subcutaneous injection. In this case it does not always prevent the onset of the disease, but it is likely to be mild and be promptly cured, even if the dose of toxin which has been received is a fatal one in test-animals.—*La Médecine Moderne*, 1897, No. 71, p. 566.

DR. MAX ENGELMAN has collected eighteen instances of this method of treatment; in these death resulted seven times. He concludes: (1) Both Tizzoni's and Behring's tetanus-antitoxins favorably influence the course of the disease. (2) They are harmless even in large doses. (3) The severer the symptoms the earlier they should be used. (4) The difference in the action of these antitoxins is not accurately determined.—*Münchener Medicinische Wochenschrift*, 1897, No. 34, S. 938.

**The Use of Antitoxic Serum in the Treatment of Diphtheria.**—MR. LENNOX BROWNE presents his second report discussing the mortality from