hysterical case run a temperature of 109° F. with no evidence of any kind of disease. The patient finally fell into the hands of a gynæcologist who made an exploratory incision, sewed it up, and the patient was absolutely relieved thereafter. He cited several cases which he had treated successfully by means of suggestive therapeutics. It was a question, however, how far this matter of suggestion should be carried. He believed that these hysterical patients do really experience suffering.

Dr. HOLMES, in closing the discussion, emphasised again the fact that the diagnosis in these cases presents unusual difficulties, and should never be made hastily. It was probable that the subject would be cleared up by a better understanding of the various reflex disturbances, and by further study of the pathology of the accessory sinuses.

(*To be continued.*)

Abstracts.

PHARYNX.

Rolleston, J. D.—*Relapses in Diphtheria.* "Brit. Journ. of Children's Diseases," vol. iv, p. 332.

The author concludes from his investigations that relapses occur in a little more than 1 per cent. of all cases of diphtheria. They are less frequent than late tonsillitis in convalescence from diphtheria, and they do not occur before the third week. The frequency of serum rashes after re-injection is much greater, their appearance is earlier, and their phenomena more intense than usual. Relapses require to be distinguished from angina redux, scarlet fever, and late tonsillitis. They are usually milder than the primary attack and their causation is obscure. As regards treatment, comparatively smaller doses of antitoxin should be employed in the treatment of relapses. *Macleod Yearsley.*

Barnes, H. A.—*Prophylaxis of Post-operative Diphtheria.* "Boston Med. and Surg. Journ.," May 30, 1907.

This investigation was suggested owing to a fatal case of diphtheria following an operation for tonsils and adenoids in the out-patient department of the Massachusetts General Hospital. The conclusions come to are that the Klebs-Loeffler bacillus may be present in the nose or throat of from 1 per cent. to 3 per cent. of average healthy individuals. They have, however, little or no clinical significance. In direct or indirect contacts, however, they may be found in a much larger percentage of cases, and are likely to prove virulent. Cultures in individual cases only are essential. The author advises examination of every patient when the appointment for an operation is made, a second the day before operation, and, if there are any suspicious signs or any history of sore throats in the family or at the school, cultures should be taken; finally, a third examination should be made before anæsthesia.

Macleod Yearsley.