

Abstracts.

FAUCES.

Hill, H. W. (Boston).—*Innocent Cases reported as Diphtheria.* "Boston Medical and Surgical Journal," December 15, 1904.

Gives methods of determining, under bacteriological control, whether cases diagnosed as diphtheria are true instances of that disease.

Macleod Yearsley.

Siebert, A. (New York).—*A Contribution to Diphtheria in Early Life.* "Archives of Pediatrics," February, 1905.

This article is divided into three parts: (1) Hidden nasal diphtheria with severe systemic infection; (2) diphtheria of the tongue, the lips, and the conjunctivæ, with little systemic infection; (3) paralysis of the soft palate from hidden diphtheria. Each part describes a case. In the first (female, aged twenty-three months) the history proves "that a negative report as to the presence of Loeffler bacilli is of no value in a doubtful case of diphtheria," and "that a serum test is indicated wherever diphtheria is suspected." The second case, a male, aged seven weeks, showed an astonishing expansion of the local colonies of diphtheritic organisms with very little systemic poisoning. The third case was a child aged eight weeks, in whom a mild tonsillitis had been diagnosed by the general practitioner. The paralysis appeared bilaterally well marked and equally divided on both sides. The pulse was slow, the temperature subnormal, and there was marked apathy. The paralysis appeared as early as eight days after the onset of the illness.

In discussing his three cases the author emphasises the doubtful value of an early bacteriological finding and prefers rather to be guided by clinical diagnosis. He considers that the serum treatment of diphtheria is now the only correct treatment and the safest test.

Macleod Yearsley.

PHARYNX.

Klug, Ferdinand (Budapest).—*Retropharyngeal Abscess of Auricular Origin; Erosion of Carotid; Death from Hæmorrhage 24 Hours after Opening the Abscess.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," July, 1904.

On September 12, 1902, a young girl came to hospital with a purulent discharge from the left ear of two years' duration. A year ago a swelling appeared behind the ear, which was opened, and since then pus had flowed from a fistula at the site of incision. There was no history of tuberculosis. Right ear normal. Left concha nothing unusual, left external meatus narrowed and filled with fetid pus. Behind the ear was a funnel-shaped opening which when probed yielded evidence of bare bone at a depth of 1 cm.

On September 15 the child fell ill with scarlet fever, so that operative measures which had been decided upon were deferred. On this day a sequestrum was removed during the dressing. October 1—Wound looked healthier, was granulating, less discharge, no fetid odour. On