

heedlessly said : 'The fifteenth of August? Why, it is the feast of the Virgin Mary, the anniversary of my mother's name-day.' He had scarcely uttered these words when he appeared to be quite changed. He looked all around him with astonishment, and turning to his companion, said: 'But who are you, and what am I doing here with you?' The poor man was amazed, and was quite unable to make the boy understand the situation; the latter still believed himself in Paris, and had lost all memory of the preceding months. They had to go to the village mayor's, where, with great difficulty, the matter was made more or less clear. The mayor telegraphed to Paris, and the prodigal child was sent back home."

✱

**Heart Disease and Blood Pressure.** Louis Faugères Bishop regards physiological re-education as of great value in the cure of functional cardiovascular disease. There must be persistent measures undertaken, covering weeks, months, or even a year; but excellent results may be obtained even where compensation is destroyed. The first thing to accomplish is relief from worry and mental concentration for the patient. Next comes reduction of diet, including taking away the sweets and red meats. Exercise should be carried on systematically, whether the patient wants it or not, except in those cases in which failing compensation necessitates a short time in bed.—*Medical Record*, July 13, 1907.

✱

**High Retinal Tension.** In a paper entitled "Concerning the Sign in the Retinal Vessels of Persistent High Arterial Tension," which appeared in the *Ophthalmic Record* for August last, G. E.

DeSchweinitz urges the importance of early recognition of vascular sclerosis in the retina. Indications are a beaded appearance of the arteries, loss of transparency, tortuosity of the smaller arterial twigs, peri-vasculitis and compression of the veins by the arteries where the latter cross them. The condition is one dangerous both to sight and life, and indicates a similar state of the cerebral vessels. Prompt and energetic treatment is demanded.

✱

**Latent Diphtheria.** M. Solis-Cohen, writing in the *Journal of the American Medical Association*, July 6, criticises modern methods of handling diphtheria infection, which by the disinfection of comparatively harmless fomites, etc., create a false sense of security, while paying little or no attention to the virulent bacilli often carried about by these who have been in contact with the patients or by the convalescent patients themselves. He uses the term "latent diphtheria" for those cases without pseudomembrane, but due to the specific diphtheria organisms. Twenty-seven cases are reported briefly, in nearly all of which presumed diphtheria germs were demonstrated, mostly by culture method. Mild atypical cases, he claims, are exceedingly common, frequently giving only the clinical picture of slight tonsillitis or pharyngitis, and even without any constitutional disturbance whatever. These latent cases are largely responsible for outbreaks and epidemics of diphtheria; they are just as contagious as the acute membranous type and call for the same precautions. Tonsillitis and pharyngitis should be included, therefore in the notifiable diseases, and at least two negative throat cultures be obtained before any patient