

physical signs, hoarseness, pain and aphonia if the larynx is involved all point to local reaction and are indications for caution in increasing the dose. If moderate, these symptoms soon subside, and are of benefit in bringing about reparative processes. In support of this is the improvement in the general condition and the lessening of cough and expectoration following moderate local reactions.

Slight local reaction may be disregarded, but if severe it is of significance and demands caution in increasing the dose.

More important and most often disregarded because no rise in temperature may be present is the group of symptoms denoting constitutional disturbance. If the injections are continued and the dose increased the disease may take on an acute form.

The more chronic types of cases are the most favourable for tuberculin treatment. Acute cases, or cases with an acute onset, should be treated by the open air treatment only, and the remedy should only be used when a partial arrest in the activity of the process takes place.

Trudeau's belief in the value of tuberculin rests on a long clinical experience, and is supported by the fact that 18 to 25 per cent. more of treated than of untreated cases discharged from the Sanitarium during the past fifteen years were living at the time of making the enquiry.

DR. JAMES J. PUTNAM. "Recent Experiences in the Study and Treatment of Hysteria at the Massachusetts General Hospital; with Remarks on Freud's Method of Treatment by 'Psycho-Analysis.'" *Jn. Abnormal Psychology*, Vol. I, No. 1.

HARRY LILLIENTHAL and E. W. TAYLOR. "The Analytic Method in Psycho-therapeutics. Illustrative Cases." *Publications of the Massachusetts General Hospital*, Vol. 1, No. 3.

These papers are based on Freud's view of the origin and treatment of hysteria. Briefly stated, Freud believes that hysteria has its origin in some suppressed emotion, usually a painful experience and commonly of a sexual character. The emotion is suppressed, but is accompanied by some bodily or verbal expression, which continues as an element of the patient's consciousness.

The recurrence of the expressive sign may involve also the recurrence of the emotion, but eventually the sign persists alone, until such time as the repressed emotional state is given some opportunity to work itself out in some adequate and natural expression, after which the recurrence of the sign comes to an end.

Freud lays much stress on the element of sexual repression, and regards the sexual factor as prominent in the etiology of all the psycho-