

the membrane had nearly all gone, and on the first examination no Loeffler bacilli were found, although two agar tubes and two serum tubes, as well as three Petri dishes, were all seeded from a piece of membrane. In this case an oïdium appeared strongly resembling that of thrush, and I considered the case to be thrush complicated with staphylococcus infection. Dr. Major stated, however, that at the onset the condition was unmistakeably that of diphtheria, and the correctness of his diagnosis was proved some days later by the onset of severe and persistent paralysis of the palate. In the interval I had obtained a fresh piece of membrane which yielded two colonies of the Loeffler bacillus. This case shows that a negative result is of no diagnostic value when the membrane is clearing, even when a fairly exhaustive examination has apparently been made. In another case I found an oïdium growth, readily distinguishable, however, from thrush, associated with a large number of Loeffler bacilli.

The uncertainty of examinations made at a late period in cases going on to recovery was shown in another case, for the opportunity of examining which I am indebted to Dr. W. S. England. In this case I saw the patient on the seventh day. A distinctly membranous exudation had been present, returning within twenty-four hours after being scraped off, but always confined to the tonsils. In this case smear cultures on five glycerine agar tubes failed to show any bacilli, the seeding being done directly from the membrane in the throat. In this case a tiny particle of membrane which had been obtained at the time of examination was seeded on serum a week later, and yielded two colonies corresponding to the Loeffler bacilli, one of which was tested and found to kill a guinea-pig in the typical manner.

In two cases I had great difficulty in obtaining suitable material for examination, owing to the affection being confined to the posterior nares, and where a prolonged local examination seemed unjustifiable owing to the profound exhaustion of the patient. In these cases I made cultures daily from the nasal discharge for several days, but without in any case obtaining the Loeffler colonies. In one of these cases (Case A 2) the nurse afterward obtained for me a small fragment of membrane