bed, a milk diet and eggs, and the following mixture:—

R. Acidi Sulphurosi, ʒ ij.
Acidi Muriatici diluti, ʒ ijj.
Syrupi Aurantii, ʒ iij.
Aquæ, ad ʒ viii.
M. Sig. ʒ ss ex aq. o. h. iii.

Case II. W. D., æt. 23. Family history good; had himself been subject to frequent attacks of "sore throat;" but none so severe as the present. Had nursed J. K. until the latter was admitted to the hospital, and on the day after, *i. e.*, the 23rd, complained of general malaise, chilliness, and pains extending from the loins to the feet; very restless and feverish through the night; felt better next morning, pain in lower limbs having disappeared and feverishness not so great; kept in bed during the 24th; about 4 or 5 p.m. noticed difficulty in swallowing and pain about the angles of the lower jaw; during the night there was a considerable increase of feverishness with dyspnœa and general prostration.

There was no headache, delirium, or vomiting. Admitted on the 26th; tonsils, fauces, and pharynx very much swollen and congested, glandular swelling and tenderness at angles of lower jaw; three or four small greyish spots on the tonsils, and one large patch 1 x ¾ in. on the posterior wall of pharynx; these had a precisely similar appearance to those seen in the first case, and removal gave the same results.

Patient complained of great thirst; temperature 104° 3/5, perspiring freely, breath offensive, breathing difficult, voice husky.

On the 27th there was less dyspnœa and the patient felt easier; temperature, 103° 2/5; pulse 104. Urine contained a slight trace of albumen.

The tonsils were still very much swollen, but all the points of deposit had disappeared; on the posterior wall of the pharynx were four small patches having a semi-transparent, greyish-white appearance. On the 29th patient said he felt quite well, temperature normal; pulse 98, slight cough with a few moist rales present, swollen and congested condition of throat greatly diminished. Only one small patch on pharynx.

Feb. 1st, Temperature normal, pulse 75, urine S. G. 1,023, no albumen.

Feb. 2nd, left the hospital.

The general treatment in this case was similar to case 1.; the following mixtures were given:—

R. Quiniæ Sulph. ʒ i. *et* Acidi Sulphurosi ʒ ij. Syr. Aurantii, ʒ ij.
M. Sig. ʒ ij ex. aq. o. h iii.

R. Acidi Boracici, ʒ iij Glycerini, ʒ i. Aq. ad. O i.
M. Sig. To be used as a gargle frequently.

The most important point in connection with these cases is the arrival at a correct diagnosis. Many of the symptoms would seem to point to diphtheria and would very possibly have been at once put down to that disease by some, more especially those whose cases of diphtheria are both numerous and are attended with a remarkably large percentage of cures.

The true nature of the disease in these cases seems to be clearly indicated by the remarks made by Professor William Pepper, in a clinical lecture delivered at the Hospital of the University of Pennsylvania, in November, 1882, and reported in the *Philadelphia Medical Times* for February 10th, 1883. The subject of the lecture was "Herpetic Tonsillitis: its Relation to Diphtheria." In this form of Tonsillitis there is redness and swelling of the pharynx, fauces, and tonsils, upon which latter in the severer cases are found "from one to a dozen white spots, which are slightly prominent, and rising above the surface of the tonsils." These spots, Prof. Pepper goes on to say, are not fever deposits, and cannot be stripped off, being simply "the crypts of the tonsil, distended with a clear or cheesy material."

The high temperature in Case II. may have its explanation in the following remark made by Prof. Pepper, he says:—"In adults this apparently trivial affection may be ushered in by marked chill, vomiting, high fever (a temperatnre of 104°), rapid