

opening in front of the ear, which was the remains of what had been a fairly large abscess, and a small scab under right lower eyelid.

The cultures in this case at first showed nothing but staphylococcus aureus and then, after a week, the characteristic fungus of the blastomycetes appeared.

The following are the reports of Dr. Wyatt Johnston, Pathologist to the Montreal General Hospital, on those two cases:

*Case I.*—Jas. S., æt. thirty-eight, Dr. Shepherd, April 23, 1900. Portions of skin excised and cut by freezing microtome after hard-

FIG. 3.



FIG. 4.



*Case II.*

*After one month with iodid.*

*At time of discharge.*

ening in formalin. The sections showed a heaping up of squamous epithelial cells with some cell nests; the intervening connective tissue is highly vascular and shows infiltration by numerous leucocytes but no definite miliary abscesses. Sections stained by eosin and methylene blue show budding cells without definite double contour, but it cannot be definitely determined whether these are cell inclusions or blastomycetes forms—only a few were seen.

The material was not received in suitable condition for culture. No further material was received.

*Case II.*—M. D., æt. seventy-two, Dr. Shepherd, May 16, 1900.

Examination of pus from a small abscess in the cheek shows some