of the pharynx, and an incision was made along the posterior border of the sterno-mastoid muscle. There was much oozing of blood, but there was no pus. The wound was packed with gauze, and bubbles of air escaped from it later. Thirty-six hours later tracheotomy was required. He recovered from the œdema of the glottis, but died suddenly of hæmorrhage one week after the tracheotomy operation. During this time a thin, blood-stained, shreddy, offensive sero-pus escaped from the wound, and another collection had formed just above the clavicle. There was no microscopical examination of the discharges nor of the affected tissues in this case, and I make the diagnosis from the manner of the infection, the general clinical picture and the mode of termination; in all of which this case corresponds with a number of cases reported by continental observers.

Case III.—M. G. S., aged about 40, Keysville, N.Y., was first admitted to my service in the General Hospital about 1888 or 1889 with swelling of the neck and sinuses from the jaws to below the clavicles, down over the upper part of the sternum. After much operative treatment for three or four years, I gave him large doses of iodide of potassium, and he recovered promptly and completely. He again came under my notice in the Royal Victoria Hospital in 1900 with cirrhosis of the liver, from which he has since died. There was no microscopical examination in this case, and my diagnosis is based upon the characters of the lesion and the appearance of the neck, which was exactly like some of the plates which we now see illustrating actinomycosis of the neck in the works of continental surgeons. I do not think that the cirrhosis of the liver had anything to do with the actinomycosis.

It is noteworthy that all of these twelve cases originated in country districts within a radius of 100 miles of Montreal, that from one small district on the St. Lawrence River five cases have come under observation within the last year and a half, and that the one acute case and the three cases of intestinal origin were all fatal; while the chronic superficial lesions were never dangerous to life. Cases 3 and 4 show the importance of investigating carefully all chronic and atypical lesions of the appendix and of keeping actinomycosis in mind as one of the possibilities.

In conclusion, it seems to me that the importance of this subject lies not alone in the comparative frequency of the disease, its wide distribution and serious character, and its amenability to suitable treatment, but also in the fact that the knowledge of this one disease, definitely due to a vegetable fungus, may be but a step towards the discovery of the essential cause of other more important and at present more serious diseases. It seems scarcely too great a flight of the imagination to conceive of some similar fungus being the causative agent in cancer and