

dition was one of an undoubted false membrane which contained, microscopically, large numbers of bacilli which appeared to be the organisms in question but did not appear in the cultures. When the specimen was taken the throat had just been freely sprayed with a solution of hydrogen peroxide, and the negative result may have been due to its disinfectant power of inhibiting the growth, though the fact that colonies of staphylococcus aureus appeared make that less likely. There was an anomalous course in this case, since the throat was found perfectly clear of membrane on the following day, preventing my repeating the experiment. In spite of this the disease appears to have been true diphtheria, as the nurse stated that the patient had a distinctly nasal voice when he left the hospital, ten days later. The bacillus was also found in an anomalous case where an extensive false membrane existed with almost no disturbance of the general health. In this case there was no paralysis.

In six cases where the diagnosis was doubtful, the bacilli were not found. Several cases of follicular tonsillitis and a case of scarletinal sore throat were examined with negative results.

I have divided the cases into two groups—(a) where the condition was clinically like diphtheria, and (b) anomalous cases. The cases are as follows, the first being given in detail and the remainder summarised in a table at the end of the article.

Case 1.—M. L., female, aged 21, admitted April 9th, 1891, into the female medical ward of the Montreal General Hospital, under Dr. Ross, with a suspicious-looking patch of membrane in both tonsils and a tiny membranous patch on the side of the uvula; temperature $102\frac{1}{2}^{\circ}$. Next day an extensive patch of dirty gray membrane was seen in the uvula and soft palate. Transferred to diphtheria ward. Seen on April 11th; temperature 100° ; had a patch of membrane on left anterior pillar of fauces. Discharged May 2nd; no paralysis.

Microscopic examination of the membrane showed an enormous number of short, thick bacilli, a few larger bacilli, and some clusters of micrococci.

Cultures in serum made on May 11th and kept at 35°C . showed on the following day numerous small, flat, white colonies