

for Klebs-Loeffler bacillus. Stained smears showed the spirilla and fusiform bacilli of Vincent.

During the next few days the disease extended to anterior pillar and velum palati. The border of the disease area was dull red. Then improvement began, and in about a week later the throat was clear.

*Case II.*—T. M., aged 26. December 12th, 1909, patient consulted Dr. Graham Chambers on account of sore throat, from which he suffered for five or six days. In 1906 patient contracted syphilis, for which he took treatment for over two years. An examination of throat revealed the presence of a small ulcer on the left tonsil. The edges were somewhat vertical. The base, which was about a half-inch in diameter, was covered with necrotic tissue. Smears from the necrotic tissue showed the presence of Vincent's organisms. Local applications of hydrogen peroxide and boric acid resulted in a cure in about ten days.

*Case III.*—Clinical notes by Dr. Herbert Willson.

On December 9th, about 4 p.m., I was called to see R. G., a boy of ten years. He had been ill for about three days. He complained of extreme pain on swallowing and severe headache. He lay in bed crying and was plainly in great distress.

Examination of the throat revealed two greyish-white patches on the left tonsil. These patches were close together, almost circular, of about one-quarter inch diameter, and had a punched-out appearance. In applying a swab, the greyish exudate was easily removed and a bleeding surface was left. The tongue was heavily coated and the breath offensive. The sub-maxillary glands were swollen. The temperature was  $101\frac{1}{2}^{\circ}$  and the pulse rate 120. The bacteriological test revealed the characteristic bacilli and spirilla of Vincent's Angina. It was decided not to give antitoxin. Peroxide of hydrogen was used to cleanse the throat. Isolation was carried out as a precaution.

On December 10th, at 10 a.m., the two patches were present, as when first observed, but there had been no spreading. The condition of the patient was about the same as on the preceding day, although he seemed less inclined to complain. His temperature was slightly lower.

On December 11th, in the afternoon, the patient was feeling considerably better. The greyish exudate had disappeared, and there remained soft, ulcerated-looking areas, easily bleeding. The pulse and temperature were normal. The glands were still swollen, and there was still discomfort on swallowing.

On December 12th the patient was much better, and in the afternoon he wanted to get up. Pulse and temperature remained