

mass, which had not been opened, in the left cheek, opposite the lower molar teeth. The first sign had been noticed in June, 1904, as a swelling between a carious wisdom tooth and the cheek. The appearance of the mass, and the history were so suggestive that the mass was removed without any preliminary examination. Actinomyces in the most typical form were discovered easily. The patient made a good recovery.

In these last four cases the history and appearances were most typical of actinomycotic mouth infection—a swelling beginning in the gum in the neighbourhood of a carious tooth, gradually and quietly receding from the gum until no signs remained in the mouth, and infiltrating the tissues in the cheek until a hard mass was formed, with a little seropus beneath the thinned and reddened skin externally. The facility with which the actinomyces were discovered in the last case, which had not been opened, in contrast to the difficulty with which they were found in the other cases, where sinuses had existed, is also very instructive. Mouth infections seem to be the least serious forms of infection.

I am indebted to Dr. Keenan for the demonstration of the parasite in the last eight cases, in most of which the discovery was not made without much patient and persevering investigation.

In the three following cases I am convinced of the accuracy of the clinical diagnosis, which is, however, unsupported by the demonstration of the fungus:—

*Case I.*—B. L., aged 36, farmer, Kemptville, Ont., admitted to the Royal Victoria Hospital on November 15, 1904, with a large, irregular, indurated ulceration of the skin of the right palm, covering an area of about one and a half by two inches superficially, which had begun as a small pimple about a year previously, and had been treated by incision, curettage and caustics several times. The ulcerated mass was excised, and although Dr. Keenan could not find any clue to its origin, I have no doubt that it was actinomycosis.

*Case II.*—This is the only case of acute actinomycosis which has come directly under my notice. A. McD., aged about 35, farmer, Glengarry, Ont., was sent to me with a large painless swelling below the angle of the jaw, which looked, to me, like a sarcoma or a secondary carcinoma. The history was, however, that about five days previously, whilst working about a threshing machine, a barley awn had stuck in the left side of the pharynx or tonsil, and he was not sure that it had all been removed. The swelling of the neck began next day, and had continued to increase. He would not remain in Montreal, and I am indebted to Dr. McLennan, of Alexandria, Ont., for the subsequent history. Three days after I saw him, the swelling had increased and had caused œdema