gland, and quite away from the glands usually involved in direct invasion of the tonsil. I fancy it owed its origin more to the laryngeal attack than to the tonsillar condition. That abscess, after threatening for some time, became very dark, brawny and hard, but underwent resolution greatly to my surprise, with very light poulticing and the application of the red iodide of mercury ointment diluted. In connection with the case, which I think was not a typical case of diphtheria, I might point out that it seems to me to be a straight case of mixed infection, at any rate in the elder boy. After recovery had almost taken place, the diphtheria germ got the upper hand of the others, and true diphtheria developed in the throat, which was in its earliest stages much less malignant than it turned out to be subsequently.

The clinical evidence seems to me to prove this, for the gross appearance of the throat changed entirely from that of an apparently simple follicular tonsillitis to that of a true diphtheria.

W. H. Welch, of Johns Hopkins, in his report of the American Committee at the International Congress of Hygiene, held in Buda-Pesth last year, gave some very interesting analyses of a bacteriological study of 6,000 cases in New York and Boston. He had reports on many cases of atypical diphtheria—some without membrane, the *diphtheria sine diphtherâ*, some apparently only *angina catarrhalis* or *tonsillitis follicularis*—in all of which bacilli of diphtheria were found. In fourteen families with forty-eight children, where isolation was poorly carried out, or not at all, he found bacilli in 50 per cent. of the children which had no diphtheria, and 40 per cent. of these subsequently developed it. He found in another series of cases, where good isolation was kept up, 10 per cent. showed bacilli without the development of the disease. In the study of 330 persons who had had no contact with diphtheria, he found bacilli in only eight. Out of the eight, two developed the disease. These figures seemed to me to be interesting as bearing somewhat on the possibility of the contagiousness of throats that, to the best of our knowledge and belief, clinically, apart from the bacteriological examination, we would be apt to pronounce simple, or merely septic throats of a rather severe grade, without duly appreciating their contagious character.

THE SUICIDE SEASON.—According to the statistics of suicide in London for the twenty years from 1865 to 1884, analyzed by Dr. Ogle, the favorite month for self-destruction is June, with 1,022 per 10,000 suicides, while December has but 697, the lowest figures of the entire year.—*Medical Record.*