

membrane but a streak of pus or mucus behind the left tonsil which was not thought significant. I did not examine the pharynx or larynx as the emergency did not allow of it.

Had it not been for the accidental bringing away of the membrane, the nature of the disease would not have been known, but the clinical evidence of diphtheria was sufficiently complete to put the diagnosis beyond doubt, even without the following sequel, whose phenomena might be followed with quite as much interest, though somewhat less concern, were they manifested by a subject other than myself.

On the Saturday following Wednesday, July 1st, an irritation was felt at the base of the left index finger over the knuckle, where there was a bright red papule, which was sucked and moistened with saliva to allay the itching. There was no wound there before the intubation, nor consciousness of one during the operation. On Sunday, July 5th, feeling in my usual good health, I set off on a twelve mile walk, being occasionally reminded of my finger by itching and irritation at the spot. The back of the hand over the metacarpal bone of the index finger was somewhat swollen and had an erythematous blush, and my suspicions as to its nature were aroused. On the following day a vesicle formed with extending border of lymph and areola. My confreres thought it of a specific nature, but what particular kind they could not say.

To be brief, the sore continued to enlarge and ran the cycle of phenomena usual to a point of vaccination till the twenty-first day, when it began to decline and fade, but took in all two months to fully heal. On the next Sunday, July 12th, a feeling of lassitude was felt with lumbar pain and stiffness. The weather was excessively warm, and I strove to flush my system through the kidneys by drinking copiously of cold water, which did so most effectually by free and frequent diuresis. On Thursday, July 16th, tenderness, for which I had been on the alert, was felt in the left axilla, the glands in which were somewhat enlarged and continued so for a week.

On the 16th, the throat became relaxed and congested. On the 17th it felt decidedly sore, with dysphagia and odynphagia, especially on the left side, which was examined by several of my confreres, who found a membranous patch on the post-pillar which remained till the 24th. Appetite, excepting for a day or two, continued fair throughout, when neither food or pipe could be enjoyed. At the same time there were malaise with insomnia at night.

This sequel is another point of interest in connection with the case, which fortunately is rare, the most frequent way of inoculation being caused by materies morbi being coughed into the operator's face. It