whereas in Vincent's Angina the necrotic covering is thin and friable. Again, bacteriological examination gives definite data. The presence of Vincent's organisms or Klebs-Loeffler bacillus will determine which morbid affection is present. I may add that the organisms of Vincent's Angina and diphtheria are never found together. The presence of the bacillus fusiformis precludes the presence of the diphtheria bacillus.

The ulcers of Vincent's Angina may resemble a syphilitic ulceration of the throat. In both the ulcers may have a punched-out appearance. However, the history of the case and the consideration of other signs are usually sufficient to differentiate the affections. It should be remembered in this connection that syphilis and Vincent's Angina may occur together.

Associated Affections.—In some cases of Vincent's Angina, ulcerative stomatitis is an associated condition. In these the necrotic process usually occurs on the gums or adjacent parts of the cheeks. The ulcerative gingivitis is variable in degree. In many cases it results in ulceration of the border of the gums, producing a condition similar in appearance to pyorrhea alveolaris. I may mention that, according to the opinion of some, the bacillus fusiformis is the common cause of pyorrhea alveolaris.

In my experience ulcerative gingivitis is a common affection in children's homes. This may afford an explanation of why there is an occasional outbreak in these homes of cancrum oris, an affection which is probably due to the fusiform bacillus of Vincent.

The treatment of Vincent's Angina is usually successful. The local treatment consists in applying some antiseptic, such as hydrogen peroxide, or a solution of iodine. The hygienic treatment is important, because the disease is very apt to occur in persons who are in poor health and live in badly ventilated houses. It should also be remembered that the disease is contagious.

Case I.—E. G., aged 25, female, domestic, was admitted to Toronto General Hospital, February, 1909, for treatment of "sore throat." Patient's health had been good. About a fortnight before coming to the hospital patient began to suffer from pains in back, bones and head and chilly sensations. Nausea was present after meals, and the appetite was very poor. She thought she was getting la grippe. Two or three days later the throat became sore. It was dry and smarting and swallowing was painful. A week after the beginning of her illness she was admitted to the hospital. Then there was considerable swelling of the sub-parotid lymph nodes. Breath of patient was foul. The left tonsil was covered with a greyish pellicle, somewhat ragged in appearance, which could be removed with little bleeding. Culture on blood serum was negative