patient was evidently sickening. Glandular enlargement in neck moderate. I ordered him to bed again. On the 14th, the eighth day after beginning of illness, I found him with a temperature of 99 and pulse 108. There was rather well-marked laryngeal stenosis. At 1 p.m. the pulse was 120 and temperature 100.2-5 F. The patches on the tonsils were no longer discrete, but pretty well covering them. I took a smear to the laboratory of Mr. J. J. MacKenzie, of the Provincial Board of Health, who reports as follows:

LABORATORY OF PROVINCIAL BOARD OF HEALTH, TORONTO, JANUARY 5TH, 1895.

To Dr. J. T. Fotheringham :

My Dear Doctor,—In reference to the suspected exudate which I examined for you on December 14th and 15th, my notes are as follows:

December 14th.—Microscopic examination of fresh exudate.—A very large number of different kinds of bacteria were found. Some of these were suspiciously like the Klebs-Loeffler Bacillus, but on account of the other forms present no certain diagnosis could be made by the microscope alone.

December 15th.—Result of Cultures.—All the cultures showed the presence of the diphtheria bacillus in almost pure culture. The only other micro-organism present was a small micrococcus. I regret that I have been unable to test the virulence of this bacillus.

I remain, yours truly,

JOHN J. MACKENZIE.

I saw in a cover glass preparation from the smear four kinds of germs, hundreds of spirillæ, many streptococci, a diplococcus in large numbers, and a suspicious-looking but not typical bacillus. I intended to have had here to-night a guinea pig inoculated from the cultures made from this smear, to show the last stages of diphtheritic paralysis, but Mr. MacKenzie found that his cultures were all dead, so that I am unable to show the virulence of this throat in this way. The subsequent history of the case was as follows:

On the 18th albumen was found in the urine, which remained for at least a week in traces. On the fourth day after the onset of the laryngeal symptoms, after treatment with calomel fumigation—ten grains every two hours—the laryngeal symptoms were quite gone, and the voice quite clear and strong again. By the 20th, the fourteenth day after the first onset, I found the appetite restored and the strength good. The throat wall seemed red, especially the posterior pharyngeal wall. On the 27th there was an abscess which threatened strongly about the middle of the sterno-mastoid muscle, below the parotid