during my residence hero—and from my provious experience with this disease, I was induced to doubt the diagnosis, for I generally saw scarlatura either in the same family or vicinity. Whatever opinion I previously hold regarding a possible co-relation between scarlatina and diphtheria, this case modified it considerably.

I can easily understand, however, why a specific poison may be so modified by circumstances, as to produce phonomena diverse in character and effect, insomuch, that superficial examination fails to discover it. These circumstances may be climate, constitutional differences, or epidemics. I recollect well the sentiments of the late venerated Dean of Victoria College on this subject. He said "It is not searlet fover, there is no fever, no rash, the papille of tongue not enlarged, no desquamation of skin. But," he continued, "there is a mild fover, crythematous rash, papille somewhat enlarged, but no desquamation. Is it not, therefore, searlet fever without rash, and desquamation?

"Epidemies when present modify disease, such as cholora, causing laxity of bowels, and likewise influenza—materially changing and modifying the usual symptoms of disease. Why, then, may not diphtheria be a modified feature of scarlatina? Dr. Williams was struck with the resemblance between scarlot fover and diphtheria."

The venerable Dean after all his research, very wisely concluded that it was difficult to determine whether malignant sore throat was or was not a medified phase of diphtheria.

I must confess I was greatly puzzled in this case. I treated symptoms, and found it glided involuntarily to that usually adopted for diphtheria—such as anti-putrescent gargles, chlorato of potash, tonics and stimulants. The patient made a good recovery from the disease proper; he was soon enabled to travel from place to place, bound sheaves in the harvest field and performed sundry other light work—but yet seemed to advance no further, his pulse denoted weakness, averaging about 90. This state of things continued for three weeks, when he complained of inability to swallow and a sense of numbness at the tips of his fingers. The paralysis increased, so much so that deglutition became extremely difficult, his teeth, using his own language, felt as pegs of wood. The ciliary muscles of the eye were so paralyzed, that he could look at nothing two minutes continu-