ary seat of the angina is, as a rule, the tonsil, and in many cases the disease does not extend beyond this organ. However, there is a tendency for it to extend to the anterior and posterior pillars, soft palate and uvula. This character is probably more marked than in the case of diphtheria. The inflammatory process, be it superficial or deep, results in necrosis. In the superficial variety the disease-area is covered with a greyish-white pellicle, thin, friable, and removed with difficulty, leaving a bleeding surface. The necrotic covering is never thick and fibrinous, which characters are frequently of value in distinguishing the disease from diphtheria. Another character which we have observed in our cases was the presence of an areola of a dull red hue, suggesting a considerable degree of stasis of blood.

The deep variety of Vincent's Angina is characterized by ulcers of various sizes and depths, usually resulting from necrotic processes. The bases of the ulcers are generally covered with necrotic tissue. The edges may be vertical like that so frequently seen in syphilitic ulcers. The common seat of the ulcer is the tonsil, but it is not uncommon to see the ulcerative process extend widely, involving pillars, soft palate, and, occasionally, the epiglottis and glottis may be involved. It is probable that the morbid affection, known as cancrum oris or noma, should be placed in the same category as Vincent's Angina. This is supported by the fact that the bacillus fusiformis is, as a rule, present in noma.

The most distinctive sign of the disease is the finding of Vincent's organisms in the necrotic tissue. If one makes a spread from some of the necrotic tissue and stains with methylene blue, aqueous gentian violet or other suitable stain, spirilla and fusiform bacilli can invariably be made out.

The bacillus fusiformis may be curved or straight, single or in chains of two or three, 6 to 12 microns in length. It is thicker at the centre than at the ends. The spirillum or spirochæta of Vincent varies considerably in length and number of spirals. It is invariably larger than the spirochæta pallida.

The course of Vincent's Angina depends upon the severity of the morbid process as well as upon treatment. A fatal result may occur as a result of extensive sloughing or of a complication such as aspiration, or lobular pneumonia. With deep ulceration healing, in case of recovery, may be delayed for weeks.

The differential diagnosis of Vincent's Angina requires care, but is not difficult. It must be distinguished, especially, from diphtheria and syphilitic ulceration of the throat. The superficial variety of Vincent's Angina may resemble diphtheria. In diphtheria, however, the false membrane is frequently thick and tough,