If these are not cases of true diphtheria—and I am inclined to think they are not—it is time we adopted some other name for the disease, as at present our notification returns are rendered useless by their inclusion with diphtheria. It is probably a disease having distinct specific characters, and as it is undoubtedly infectious it is almost certainly due to some micro-organism. With reference to this portion of the subject I shall have more to say hereafter. How should the medical officer of health regard such cases? Strictly speaking, he has no business to diagnose them, but to accept all notifications sent in and act upon them in the usual manner. Many cases occur, however, in which no medical man is called in, and which the medical officer of health may, with the permission of the patient and relatives, examine and diagnose. Any error in diagnosis may be of serious import. If regarded as not being diphtheria, and subsequent events prove that it is true diphtheria, an epidemic may be the result. Where there is the slightest doubt, therefore, the only safe plan is to regard them as cases of diphtheria, and insist upon all precautions being taken to prevent the disease spreading. These precautions will very rarely include the compulsory closing of an elementary school, the brief duration of the disease and its apparently trivial character not rendering such a course necessary. Besides this epidemic form of pseudo-diphtheria there are probably several other throat affections which simulate true diphtheria. Nearly two years ago a brother medical officer of health sent me a large piece of transparent membrane from a child's throat, together with a note saying that it was the most marked case of diphtheria he had ever seen. The membrane appeared to consist entirely of spherical cells, apparently a form of torula, and upon streaking some agar jelly the growth consisted entirely of such cells, which, on account of pressure, when viewed under the microscope, appeared hexa-, octo-, or polyhedral. Soon after a sporadic case occurred in my district, in which the same organism occurred, associated with bacteria, and a few months later the same patient was again notified as suffering from diphtheria, and again the torula was the most prominent feature of the growth obtained from the throat. In the same parish a case of diphtheria was notified in January, 1895, which yielded a similar organism, and quite recently a fourth case has occurred. I sent a culture tube of this through the Local Government Board to Dr. Klein, and he states that he has on one previous occasion met with the organism in a case of membranous rhinitis. He is inclined to regard it as the thrush fungus. In the last two cases the torula was more usually oval in form, whereas in the former cases the organism was spherical. Possibly they are allied but not identical species. Whether they are the cause or merely concomitants of the disease it is at present impossible to say. This is a subject upon which I am at present working.

One thing is becoming clear, that under the name of diphtheria we are including two, if not several, distinct diseases, due to the development of different organisms on or in the mucous membrane of the throat. Amongst the countless multitude of micro-organisms which occur in nature it would indeed be wonderful if one only were capable of developing upon nature's medium and in nature's incubator and of injuriously affecting its host. During sleep the back of the mouth forms the incubator *par excellence*, and many different organisms flourish there, more than one of which are probably capable of penetrating the mucous membrane and causing its infiltration and exfoliation, and the products of their metabolism, toxines, &c., becoming absorbed may be the cause of constitutional disturbances such as those described in connexion with the epidemics of "sore throat."

Chelmsford.

TWO CASES OF HYDATID DISEASE SURGICALLY TREATED.

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THE two following cases of hydatid disease which have come under my care during the last twelve months are, perhaps, worthy of record: the one on account of the rarity of the situation of the cyst—in the axilla—and the interesting diagnostic problems to which this accordingly gave rise; the other as further illustrating the success attending

surgical treatment of even large and adhesionless hepatic hydatids.

CASE 1.—A young woman aged nineteen years, with a good family history and no previous ailments, first noticed a painless lump in the right axilla in August, 1893. She kept a pet dog, and also lived in a notoriously overcrowded and insanitary area. The diagnosis remained uncertain until the operation, although fatty tumour and chronic abscess had been suggested. The swelling was two inches and a half in diameter, and freely movable under healthy skin. She was admitted to the London Temperance Hospital on May 10th, and on the 21st she was placed under chloroform and an incision was made into the swelling. Clear fluid escaped and a white hydatid cyst shelled out; there was a fibrous quasi-sheath around this, composed of thickened tissues. Hooklets were found in a scraping of the cyst-wall. Healing progressed uninterruptedly, and the patient was discharged well on June 1st.

CASE 2.—A single woman aged thirty-three years noticed a swelling at the pit of the stomach in September, 1893. This was at first painless, but, increasing in size, began to be tender, and in December, 1894, she was admitted into the medical wards of the London Temperance Hospital under the care of Dr. Fletcher Little. I saw the case in consultation and diagnosed hydatid of the left lobe of the liver, and an exploring syringe verified the diagnosis by yielding hooklets in the withdrawn fluid seen under the microscope. She was accordingly transferred to my ward with a view to operation, the nature of the case and the treatment suggested having been explained to the patient, and her assent obtained. The patient's previous and family histories were good, and she appeared to be in fair health, with the exception of the abdominal tumour. Occupying the epigastrium and encroaching on the left hypochondrium was a firm, globose, slightly elastic swelling which gave a feeling of fluid, especially when bimanually palpated with one hand deeply pressed into the left ilio-costal space. The swelling was a little tender, dull on percussion, without any specific fremitus, and dumb. Its area of dulness was continuous with that of the liver. The heart was displaced a little upwards. On April 8th, 1895, Dr. L. Wilde administered chloroform, and I opened the abdomen by a median epigastric incision. The left lobe of the liver was unusually prominent and presentable and gave to the examining fingers the feeling of a bag tense with fluid. I inserted an aspirating trochar and withdrew thirty-seven ounces of opalescent fluid. Closing the enlarged opening with my finger, and later with swabs, while flat sponges were packed around the wound, I sutured the thinned and now flaccid liver lobe to the anterior abdominal wall, with little, if any, escape of hydatid fluid. The large cyst cavity was then completely emptied by suction with a glass syringe and a piece of india-rubber tubing attached to its nozzle. A large empyema drainage-tube with a flange was then inserted, and india-rubber sheeting fitted round it, over the gauze dressing, and brought out through a many-tailed bandage. The next day the patient was free from pain, the temperature was normal, and many ounces of fluid had come through the tube. Progress to recovery was uninterrupted; the highest temperature recorded was 99.4° F., on the eighth day. The fluid discharge gradually became less, portions of cyst-wall came away in abundance, and when collected there was sufficient to fill a four-ounce vessel. The fluid became more puriform; the tube, which was progressively shortened, was left out on June 13th, and the patient was discharged on July 18th, being quite well.

Albert-terrace, N.W.

A CASE OF CHRONIC GLANDERS IN A HORSE-SHOER.

By GORDON SHARP, M.B., C.M. EDIN.

IN May, 1892, I saw a man aged twenty-three, engaged as a shoeing smith, who had worked among horses for years; the following was the history of his complaint. Three months previously to the time when I saw him he began to suffer from a disagreeable, foul-smelling, watery discharge from the left nostril. He consulted a medical man, who told him he had polypi of the nose. He gave him medicine to take and snuff to apply to the nostril. A week or two passed, and as the man did not improve