

herpetic tonsillitis, because the spots were confined to the tonsils—small, white and discrete. Some four or five days later I was called in to find the child—who in the interim had been playing on the street, and doubtless spreading the disease among the neighbors—dying of laryngeal stenosis.

I had a couple of similar experiences in which the result was not so deplorable, but my culpability was as great.

Catastrophies like these caused me to ask myself—“Can they not be avoided?” “Is it possible to always diagnose diphtheria at the first visit?” “Can I afford to wait from one to three days for a bacteriological report?” “And can such report always be depended upon?” The conclusions I have arrived at are that such catastrophies almost always can be avoided; that it is often not possible to diagnose diphtheria at the first or any other visit without bacteriological examination, and I believe firmly that a bacteriological report is not always to be depended upon.

The Toronto Board of Health has an exceedingly efficient and painstaking bacteriologist—so has the Ontario Board of Health. And yet both will, I think, admit that they have made many negative reports where the subsequent course of events proved beyond any reasonable possibility of doubt that the swabs were taken from cases of diphtheria. I could quote some examples from my own practice, but the following three cases will serve to illustrate the difficulties.

1. Dr. Dwyer reports the case of a Toronto physician, swabs from whom were repeatedly examined by both Prof. Amyot and Prof. Shuttleworth, without any diphtheria bacilli being found. And yet severe—indeed almost fatal—paralysis, involving the arms, legs, throat, larynx and heart, supervened, and two others in the family developed the disease.

2. Dr. Nevitt reports the case of a young woman who had a violent sore throat—clinically, diphtheria. To prevent the spread of infection to children in the house he sent her to the Isolation Hospital. Repeated examination failed to reveal the presence of diphtheria bacilli, and yet she developed well-marked paralysis.

3. Dr. Uren reports the case of a girl aged twenty sent by him to the Isolation Hospital as a case of diphtheria. In four days she was sent home, as no diphtheria germs were found. But three weeks later extensive and serious paralysis supervened.

I need not multiply examples, for it is admitted that for some mysterious reason we may fail to get diphtheria germs from swabs taken from undoubted cases of diphtheria.

Having arrived at the above conclusions, I asked myself, “What are you going to do about it?” And the answer was