

DIPHTHERIA VS. ACUTE FOLLICULAR TONSILLITIS.

By JOHN GUNN, M.D., DURHAM, ONT.

Every now and again, here and there over the country, the cry gets up that diphtheria is rife. On such occasions many interests suffer, in our smaller communities especially; but one interest very much, the Public school. Parents and guardians are very properly alarmed at the approach of so fell a disease as diphtheria, and forthwith, without giving the rumor any further consideration, withdraw their children from the Public school, very often though to the great injury of those children themselves, and as well of the school as a whole.

My attention has been recently directed to this matter by the report of a case of throat trouble which appeared in a late number, that of the 6th of April, of the *British Medical Journal*. Dr. Esterre, of Eastbourne, England, was called to see a lady, herself the wife of a practising physician, said to be ill with sore throat. On a careful examination of the case, the condition of things was so obscure that both gentlemen had great difficulty in determining the true nature of the affection, whether the case was one of diphtheria or acute follicular tonsillitis (ulcerated sore throat), although they had the advantage of a bacteriological examination of the exudate upon the surface of the tonsils, and which informed them that the diphtheria bacillus was not there. However, the medical gentlemen agreed upon a line of treatment, the means were used, and, fortunately, in a few days the patient was convalescent and made a rapid recovery.

Some three months afterwards the same lady was taken ill and affected in a similar way, from sore throat with patchy exudation and general *malaise*. The same difficulty in making a diagnosis presented itself as on the previous occasion, but with the experience of the first attack before them, the medical gentlemen adopted a similar course of treatment as on the last occasion, and with similar results—the patient was convalescent in a few days.

Just as in these cases, so in all acute throat affections of an inflammatory character, there are two conditions in which diphtheria markedly differs from acute follicular tonsillitis (ulcerated sore throat): (1) The temperature which, indeed, in diphtheria rises rapidly and maintains a high level from the beginning to the close—a variable period to be sure—but usually lasting for weeks. On the other hand, in acute follicular tonsillitis, however high the temperature may be on the first day, it rapidly falls to the normal, and usually gives no