

usually extend upwards or downwards. A physician who occupies a prominent position in one of our city institutions, and who practised upwards of twenty years in the country, assures me that his experience corresponds with mine.

Now, although my experience inclines me to believe that there are two distinct pseudo-membranous affections of the larynx, I am open to conviction. There should be no hard and fast creeds in medicine. In the present state of our knowledge I think we are safe in assuming that (1) some of these cases are croup, and some of them diphtheria; (2) that there is little or no difference in their contagiousness, *i.e.*, even the diphtheritic cases, if at all, are not very contagious, unless by actual contact of the *materies morbi*; (3) to differentiate the two forms is exceedingly difficult, and in some cases impossible ("Osler," p. 108); (4) both forms are equally fatal; (5) so long as opinion is divided, and the profession are allowed freedom of thought, the law should not inflict penalties even in cases where a mistaken diagnosis has been made.

We are all expected to be infallible in regard to the diagnosis of diphtheria, although we are allowed to err in our diagnosis of other diseases. Two eminent lawyers will give diametrically opposite opinions regarding a question, yet neither law nor public opinion hold them responsible.

Let some authority such as our Provincial Board of Health—like the great theological councils of old—decree that all cases of pseudo-membrane of the larynx be regarded as diphtheria. The doctor will then know what to do without stultifying himself. He can then say to his patients, all these cases are diphtheria in the eyes of the law, and we have no option but to obey.

To say the least, an arrangement of this kind would establish a sort of *modus vivendi*, and enable us to gain time until thorough scientific investigation has given us the true solution of the problem.