

Health for Examination, when he was promptly informed by telegram the next day that it contained the microbe of diphtheria. This only made the cloud denser, as the case of the little girl from which it was taken was in no sense any worse than scores of other cases in this epidemic. She had no more pallor, and made the same uninterrupted recovery as the others did, followed by no sequelæ of any nature. The question that naturally arises, in view of these details, is, whether the contention of some eminent German pathologists, that the Klebs-Löffler bacillus is present in many other anginas than diphtheria, is not well founded. Granting that no error was made in this case, and the microbe of Klebs fully and satisfactorily discovered in such an epidemic as I have described, which can never be comprehended as true diphtheria, as the fact of having not hundreds but thousands of cases in one county without a death, proves conclusively that the idea cannot possibly be entertained for a moment by any student of medicine, and a practitioner reporting one hundred cases of genuine diphtheria without a death would be immediately classed as an *ignoramus*. Does it not follow that we must pause and ask if all the cases reported as diphtheria were of the true and deathly type we have too often seen. Will we, having these facts in sight, conscientiously send every sick child to the Isolation Hospital on the strength of the discovery of the Klebs-Löffler bacillus? Will we close all our public schools and institutions where children congregate, when the Central Board of Health report this microbe as present on the fauces of some indisposed child?

I hope we can answer these questions in the near future, when we see the doctrine of Hausmann a fixed pathological law, viz., that the Klebs-Löffler bacillus is found in other regions than on the fauces in cases of true death dealing diphtheria, and that we will have to fall back on the general features of an epidemic before we pronounce it herpetic tonsillitis, or true diphtheria, and not rely on this microbe alone, which will bear a little further investigation as the sole cause of our much-dreaded diphtheria, probably as many doubts will surround it soon as now appears to surround the cholera bacillus, which appears to have been found in heterodox places, and, to the disgust of the microbe worshipper, has not invariably left the death-scurge in its track.

In conclusion, then, how grave is the duty the examining pathologist, who assumes the onus of directing the outgoing and incoming of all who are in any manner afflicted with angina. Can he yet specify as an absolute fact whether he has an epidemic of diphtheria, or whether he has nothing but herpetic or follicular tonsillitis? Is he satisfied that the Klebs bacillus is the only true cause, and is its