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## ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

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### PSEUDO-MEMBRANOUS ANGINÆ WITH SCARLET RASHES.\*

BY W. J. GREIG, B.A., M.B., L.R.C.P., TORONTO.

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The subject matter of this paper may be stated concisely in two propositions :  
1st. A diphtheritic angina may be accompanied or followed by a scarlet rash, which may or may not be scarlatina.

2nd. An undoubted scarlatina may be accompanied or followed by a pseudo-membranous angina, which may or may not be diphtheritic.

The object of the paper is to suggest or induce a discussion which will point out a clinical method of diagnosis, as distinct from a bacteriological, but based on it.

No recent advance in medical science has given us such exact methods of diagnosis as bacteriology, and yet to the general practitioner it is of very little value. Few physicians have a microscope ; if they had one, with the exception of those specially trained, few would be able to follow out the intricacies of staining and of tube cultures. Even if these things could be accomplished, the results in the majority of cases would be unreliable owing to defective observations. To illustrate the difficulties, take, for instance, the bacilli of diphtheria. There are the true diphtheritic bacilli and the pseudo-diphtheritic bacilli. Microscopically they are indistinguishable. Tube cultures must be made, and the resultant injected under the skin of a guinea-pig. We have then to wait until the guinea-pig lives or dies before we can make our diagnosis.

For diphtheria then, at least, away from the laboratory where these things can be done accurately and expeditiously, bacteriological methods are of little value. Clinical