

without any success whatever. Knowing that our former president, Dr. Powell, was very much interested in amateur photography, and knowing also that amateurs in photography, as in everything else, like to get hold of something which is considered "difficult" by ordinary mortals, I asked him if he would try to secure a view of her tonsils. After a great deal of trouble and several "sittings" he managed, with the aid of the magnesium flash light, to get a photograph of the upper and anterior surfaces of the tonsils. This I now show you. Your imagination will enable you to form an idea of what the whole size and appearance must have been.

Shortly after Dr. Powell's getting the photograph of the tonsils and before any treatment was adopted, the patient was taken ill and died within forty-eight hours. Both scarlatina and diphtheria had been introduced into the hospital a few weeks before this by children or friends coming to visit little patients, and several cases of each disease had been sent up to the isolation wards a few days before this.

Almost the earliest symptom she complained of

was "sore throat." As soon as seen by the house physician her throat was examined, and all the papillary growths and the few intervening spaces were seen to be acutely inflamed and covered with a grayish-white membrane very suggestive of diphtheria. The membrane, though, looked thinner than the typical diphtheritic membrane, even in its initial stage, and yet it could not be peeled off without using undue force. The uvula could not be seen, neither could the pillars of the fauces nor the soft palate, all being hidden by the tonsillar outgrowths. The discomfort and pain in swallowing were increased. The disease was not ushered in by a chill, a convulsion, or by vomiting. There was no rash. The submaxillary and cervical glands were somewhat enlarged and tender to the touch. Her temperature ran up to 102.5° and the pulse was increased to 120 to 130. The countenance was indicative of serious illness. The patient looked more seriously ill than is usual with follicular inflammation of the tonsils; besides, one glance at the tonsils and the uniform and complete character of the membrane showed us that we had to do with something more than follicular tonsillitis.

At this early stage the diagnosis lay between diphtheria and scarlatina, with a leaning toward the former. Both diseases had found their way into the ward occupied by the patient. As the mother lived out of the city we could not consult her as to whether the patient had ever had scarlatina. It was necessarily a case of waiting for more data on which to form a diagnosis.

Within twenty-four hours a typical scarlatina rash appeared. Time thus helped us out of the difficulty in regard to the diagnosis, as it does almost every day in the year.

But with such masses in her throat and such an acute attack the poor girl's chances were almost *nil* from the invasion of the disease.

Toward the end of the second day of the attack several of the staff saw the case with me, and while we were out in the corridor discussing it and our helplessness in such cases, the nurse came out to say the patient had just died.



FIG. 1.