patient, to the destruction of those thrown off from his body, and to the removal of the external conditions favorable for the development of these organisms, whether in the sanitary conditions of the house and premises, or of the room where the sick is present.

These preliminary observations regarding the disease we have to deal with having been made, we may now devote ourselves to the clinical aspect of the malady proper. For the purposes of discussion and the elucidation of points in practice, I conceive that the better plan will be to further develop our subject by following the course of a typical case of diphtheria from its incubation until final recovery or death. Of 31 cases of diphtheria seen by me during the past year, I find 9 between 1 and 5 years, 11 between 5 and 10 years, 11 between 10 and 35 years.

Should the invasion be sudden and acute, it is not uncommon to find gastric disturbance, vomiting, and even convulsions in children of neurotic tendency. Sometimes, however, the symptoms are not as well marked, and as yet no membrane has made its appearance. Such cases present real difficulties to the practitioner. He asks, is it anything more than simple tonsillitis? There are, then, several factors aiding him to arrive at a diagnosis. For instance, there may be the history of exposure. A case seen in November, 1885, illustrates this. Two children had died in a house on Woolsley St., within a month before the time when I was called to see a sick boy. Most of the symptoms mentioned above were present, but membrane had not appeared. I said, "At present I cannot say that the boy has more than tonsillitis, but to be safe, he must be isolated." The membrane appeared within thirty-six hours.

Again in the case of the mother of a child on Denison Avenue, which had been well some six weeks. There was on the evening I saw her every evidence of an ordinary tonsillitis. As she was rather delicate, had been rather worn with nursing, and as, moreover, the exposure to the child could not very readily have been the cause, I said it was probably not diphtheria; but to provide against contingencies, put her at once to bed. Membrane appeared within twenty-four hours, and she was confined to bed for three weeks, and made a very tedious recovery. But at times we are not helped toward a diagnosis in this way. In the beginning of June last, I was sent for at night to see a child on Robert Street. There was but little fever, the tonsils were not greatly enlarged, and showed evidences of chronic hypertrophy. There was a small amount of cheesy exudation, apparently follicular. There was no history of exposure, and I had not seen a case of diphtheria since March. I was suspicious, but considered it probably tonsillitis. I, however, isolated the child and did not use the continuous steam apparatus. Great irritability of the stomach remained present, general depression was apparent, glandular enlargement became very great on the third day, and one of the most serious cases of diphtheria I have seen during the past year developed.

Notwithstanding these difficulties of diagnosis mentioned, to which others might be added, I would say that there are several points which seem to have been of use to me in aiding to decide a case as being diphtheria. One of these is the character of the pulse. It may be a fancy of mine, but I have detected so peculiar a pulse in a number of children, about whose throat nothing had been mentioned, that I have been led to suspect diphtheria, and on examination of the pharynx, have found membrane present. I may fail exactly to describe it, but I can only use the word *oppressed* in regard to it. Usually it is rapid, indeed always when the other symptoms of fever are acute; but it is not always, especially in what may be termed subacute cases. Jaccoud speaks of a hard pulse, as in the case of inflammation of serous membranes, but what I speak of seems to me a something hardly expressed by this term.

Another point is the frequent absence of a *cold*, of but slight or no sore throat, and often but little swelling internally, and then only on one side, and none externally.

From all I have said, it seems quite evident that we have very many divergences from the normal type of the disease, especially in its early stages.

Returning, however, to our typical case, where there is no doubt as to the nature of the disease, what course are we to pursue?

First, we are to isolate our cases. Now I do not imagine that anyone present fears I am going to give a sanitary lecture when I place this first amongst the measures for the treatment of diphtheria. Besides the safety of the other inmates of a house, the procedure has a most important bear-