As to the origin, or, as we say, the pathogenesis, of the disease in our Institution, of course the most reasonable supposition at the outset was that some serious defect in the sanitary appliances of the Institution would be found to explain the presence of such an epidemic; but after a most painstaking and exhaustive investigation by Dr. Bryce, no local cause could be ascertained as to the origin of the outbreak. This part of the inquiry has been sufficiently described in the supplementary portion of the Principal's report of last year, and therefore need not be repeated. With such negative results as this investigation supplied it was concluded that the boy, Alexander, having contracted diphtheria in some accidental manner, had brought it into the Institution. Further observation and experience, however, have convinced me that a wave of epidemic diphtheria passed over the city and the contagium vivum was carried on the wings of the wind. It is inconceivable that on a certain day or week the city became suddenly in an insanitary condition, its wells of water polluted or its drains untrapped, and that on a certain day or week two months later the water supply became suddenly purified or the defective drains repaired. Or if we conclude the disease was conveyed from person to person, why should not the disease be perpetuated indefinitely in this manner?

The essence or starting point of diphtheria is a micro-organism, germ or microbe, but when or how generated, when or how transported, sanitary science is not always able fully to explain.

The *diagnosis* of the disease is the subject of considerable diversity of opinion in the medical profession, some practitioners designating every simple inflammation of the tonsil diphtheritic, while others would confine the term to a well organized membrane in contradistinction to a mere secretion, which is often seen as a small white patch on the tonsil. The most doubtful cases are those which have been called amygdalitis lacunaris or follicular tonsillitis, where the exudation is seen in scattered white points only, but which are thought capable of communicating the disease in severe form, and experience certainly teaches that too many precautions can scarcely be taken to prevent the spread of the disease during any germ epidemic.

As to *treatment*, the therapeutical measures employed were both constitutional and local, equal stress being laid upon the two classes of remedies in counteracting the effects of a specific poison. Dr. Bryce concurred in the remedial measures employed, but, as already mentioned, suggested the use of steam inhalations medicated by turpentine and carbolic acid. In my own practice all such inhalations have been confined to cases where the lower air passages were involved, as in the laryngeal or tracheal (croupous) form, but none of our cases had this complication. Certainly our experience in the late epidemic did not prove that steam inhalations had any influence in modifying the course of the disease. I might remark in this connection that no remedies, however potential or judiciously selected, have the power of abridging the disease, and that the aim of the practitioner must be to guide it through its inevitable course to a successful issue, just as we do in typhoid fever. Indeed, the same careful attention to nourishment and to supporting measures generally, including the free use of stimulants, is often of as much importance in the one disease as the other. Both have a definite course to run and no amount of medication, however skilfully employed, will shorten that course by a single day. In the mild cases that course is short, in the malignant it is much prolonged, unless terminated by a fatal issue, and as a rule the medical attendant can determine on the second day to which class any given case will belong.

Our epidemic lasted, with intervals, for a period of nearly three months, in which time there was a total of twenty-five cases, two of which resulted fatally. It will be seen that this rate of mortality (8 per cent.) is very low, and is ground for encouragement to use every means in our power to keep the disease under control, and to husband the patient's strength till the disease has spent its force.

Disinfectants were profusely employed throughout the building, but it should be understood that disinfectants are merely deodorants as ordinarily used, and that a true disinfectant must be powerful enough to be destructive to life, whether that life be germ or human, hence the impracticability of employing disinfectants in any living apartment. The disinfection of clothing in close closets, or by means of steam or dry heat, presents one difficulty in getting the agent to penetrate sufficiently to accomplish its purpose.