

small white patch no larger than a pea. Pain in swallowing. Temperature 101.5° , headache, and accelerated pulse. No enlargement of glands of neck. I tell the man he has a simple inflammation of throat, and that it is not diphtheria. Sent him home and to bed. The next day temperature normal, and the third day he is out attending to business. Seven days after the infant child of a boarder in this man's house takes sick. Another doctor is called, who sends the case to hospital as one of diphtheria. In three days the child is reported well and ready to be discharged, but this child is not brought back to the house where it took sick. In three days more my first patient's child is found to have unmistakable diphtheria, and in a few days dies. Now did this father have diphtheria, and did the children contract the disease from him, or was his a simple sore throat, and did the other cases develop quite independently? You will readily see the responsibility the answer to this question throws upon the medical attendant. This is only one of a large number of groups that I might mention.

I find this autumn that cases of tonsillitis, with a few white spots here and there over the surface of the tonsils, which I have hitherto regarded and treated as cases of follicular tonsillitis, if neglected and allowed to go about, soon have a very severe form of diphtheria, frequently ending fatally. Are these cases of diphtheria from the first, or is the diphtheritic poison now so prevalent engrafted on these inflamed tonsils as a bed specially prepared to receive it? If the former, then I must confess I cannot diagnose follicular tonsillitis in its first stages. These cases occur suddenly, without a previous history of indisposition, are not accompanied by enlarged cervical glands, and have a temperature during the first twenty-four hours of 100° to 102° or 103° F. Is it true, as stated by Jacobi, that a locally injected new membrane confined to one tonsil is either traumatic or diphtheritic?

And just here I wish to draw attention to a statement of Prof. Jacobi (Pepper's System of Medicine) that one attack of diphtheria predisposes to another, and the oftener one has it the more likely are they to have it. I was taught the opposite of this,—