

tion should be perfect, and all patients should be detained in such quarantine until the results of a bacteriological examination are known. This seldom requires more than 24 hours, and, by the exudate, may sometimes be decided in a few minutes.

In the 5611 cultures, made in New York, from May, 1893, to May, 1894, and representing hospital, dispensary, and private cases, the specific bacillus was found to be absent in 27 per cent. of the cases. This agrees fairly well with the results obtained here.

#### *Occurrence of Staphylococcus Pyogenus Aureus.*

—All cultures were laid aside, for fourteen days, after microscopical examination, so that the golden staphylococcus might reveal itself by its chromogenic character. It was found in 27 out of 188 cases, or about 14 per cent. It is significant that it was present in nearly 19 per cent. of the fatal cases.

*Occurrence of Micrococcus Tetrigenus.*—The frequency of this organism, in diphtheria exudates, and cultures, calls for special remark. As judged by morphological characters I have found it to be present, either in the exudate, or cultures, in 91 per cent. of the hospital cases examined. This is, I think, a greater proportion than observed in health, but whether the fact is of any pathological importance I am not in a position to say.

*Susceptibility as Influenced by Age and Sex.*—The following table affords some data for arriving at conclusions on these points, but it is to be regretted that cases of true and false diphtheria are not separately enumerated. The percentages apply to the ages of hospital patients only :

7 years and under.....	50	per cent.
Between 7 and 14 years.....	21	" "
" 14 " 21 " .....	14	" "
" 21 " 28 " .....	10	" "
" 28 " 51 " .....	5	" "

The tables of Park and Beebe cannot be compared, item by item, with this, but it may, however, be concluded that young children are here much less liable to the disease, while adults are more susceptible than in New York.

The proportion of females to males was 56 and 44 per cent., respectively, figures which approximate very closely to those applying to New York.

*Mortality.*—The type of disease prevalent in Toronto, appears to be, relatively, of an average

character. This is shown by the observed death rates in various American cities, as given in the last report of the Toronto Board of Health. A few of these figures may be reproduced :

Cleveland, Ohio.....	63.5	per cent.
Des Moines, Iowa....	44.8	" "
Brooklyn, N.Y.....	36.9	" "
Rochester, N.Y.....	33.3	" "
Boston, Mass.....	32.3	" "
New York, N.Y.....	30.6	" "
Philadelphia, Pa.....	29.0	" "
Detroit, Mich.....	28.6	" "
Toronto, Ont. (1894).....	27.9	" "
Toronto, Ont. (1892-3-4).....	22.1	" "
Duluth, Minn.....	19.0	" "
Harrisburgh, Pa.....	12.0	" "
Toledo, O.....	11.7	" "

General health returns cannot be accepted as being as accurate as those of hospitals, where the facilities for obtaining statistics are complete and under perfect control. It will, therefore, be better to class the death rate of the Isolation Hospital with other institutions of the same class, of which a few records are at hand :

Sick Children's Hospital, Paris, average of 5 years.....	51.7	per cent.
English Hospitals, quoted by Drs. Washbourn, Goodall, and Chard, average.....	38.9	"
Trousseau Hospital, Paris.....	32.0	"
Willard Parker Hospital, New York, average 4 years.....	23.77	"
Willard Parker Hospital, New York, 1894.....	27.00	"
Isolation Hospital, Toronto, 1893.....	19.32	"
" " " 1894.....	14.05	"
" " " February to June, inclusive, 1895.....	18.08	"

In the Toronto returns there have not been any deductions for cases which were in a moribund condition when admitted, but every death occurring in the institution has been included. The low rate is highly creditable to Dr. Tweedie, the physician in charge, but nevertheless I think the conclusion may be formed that the bacillus is less virulent or the subjects more resistant in Toronto than in many other cities.

*Organisms present in fatal cases.*—Of the 34 deaths which took place during the last five months, there were 33 examinations of exudates, as in one instance the patient died a few minutes after admission and a swab was not taken. In