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SOME QUESTIONS SUGGESTED BY THE PRESENT EPIDEMIC OF DIPHTHERIA IN MONTREAL.*

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I have found the cases of diphtheria in the present epidemic to be generally divisible into two classes.

1. *Very mild*, the exudation confined to one or both tonsils, and recovery taking place in from two to five days.

2. *Very severe cases*, the membrane spreading rapidly over the tonsils, soft palate, pharynx, and frequently invading to a greater or less degree the nasal fossæ.

I make this division also to draw attention to the question of diagnosis. It does not require a medical man to diagnose the severe cases, but are the mild ones true diphtheria? Many of these mild cases one is greatly tempted to call diphtheritic sore throat, a most evasive and unscientific term which I have never allowed myself to use. I believe diphtheria to be a specific disease having a specific cause, and that when that specific cause attacks a wound or new membrane successfully it produces diphtheria and nothing else. If there is an attenuated form of the virus producing a hybrid form of the disease I have no knowledge of it. I will illustrate what I mean by citing one series of cases only.

A father comes to my office with sore throat. The soft palate and pharynx are red and injected, and on the left tonsil is a

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