

amined bacteriologically, and should this examination show the Klebs Loeffler bacillus, the patient is at once transferred to the infectious department, no matter what the clinical symptoms may be. Prof. Shuttleworth, bacteriologist to the Health Department for the City of Toronto, conducted the bacteriological examinations, and no case, no matter how characteristic the throat may have appeared, was pronounced diphtheria until the Klebs Loeffler bacillus was found in the throat.

On December 18th, 1896, a boy of 10 years, in the boys' surgical ward, complained of his throat being sore. He was at once isolated, and a swab from the throat sent for bacteriological examination. Next day the disease was pronounced diphtheria, so the patient was at once removed, covered by a carbolized sheet, to the infectious department and there attended by separate nurses, and by a physician who did not attend patients in any of the other wards. Next morning, Dec. 19th, three more were treated in an exactly similar manner, and, subsequently, were removed to the infectious department, the disease having been pronounced diphtheria. A halt now seemed to have occurred in the spread of the disease; but on Dec. 27th another case of sore throat developed, which was managed as were the previous cases.

At this time, there having been five cases from one ward, it was reasonable to suppose that there existed some diphtheria poison in the ward, so all the patients from this ward were transferred to another ward and kept practically isolated from the remainder of the hospital. On December 28th, anti-toxine (P. D. & Co.) was injected, 250 units in some cases and 500 units in others. In the girls' surgical ward all the patients were injected with the same dose, as there had been a good deal of communication with the infected ward.

The patients of the boys' surgical ward, which was situated as far away as possible from the other children, were carefully examined night and morning with a head mirror and strong light, to notice any appearance of congestion of the throats. No marked congestion was apparent in any; but on the advice of Dr. Sheard, Medical Health Officer, a swab was taken from each throat and bacteriologically examined. The next day two cases were pronounced diphtheria, though no clinical signs whatever manifested themselves at the time the swab was taken. On examination now, however, marked congestion of the fauces was present. These two boys were immediately transferred to the infectious ward, for though their throats had no membrane, nor did they appear to be suffering from symptoms of diphtheria, they could readily communicate the disease to others whose resisting powers might be so lowered as to be unable to successfully combat the rapid development of the disease.

On January 9th, 1897, we had the disease occurring in the girls' surgical ward, the patients of which were injected with anti-toxine, 250 units in some and 500 in others, on Dec. 28th, 1896. A little girl here complained of her throat being sore, and on examination the throat was found markedly congested, with the right tonsil covered with a thick greyish membrane. She was at once isolated and a swab taken, which was pronounced diphtheritic the next day. On the 10th two more cases occurred,