

and then the surface been infected by diphtherial glums, which otherwise could not gain a foothold.

Diphtheria prevails more in the country districts than towns. It is asserted and shown that this is characteristic of membranous croup. Also,

It may be asked what good is all the discussion about it. What matter is it anyway?

Well, first, it is better to be correct if one can.

Second, the treatment of a disease founded on the pathology of the older writers on croup, and still adhered to by some, must be very different from that of diphtheria if there is any ground for therapeutics at all.

Third, if these cases are diphtheria, the isolation of the patient is of the greatest importance, and the prevention of infection as far as possible of those around and in attendance. This would not be needful if they are cases of simple inflammatory character, not infectious, and so all the inconvenience and extra alarm of infection avoided.

It may be of some importance to notice that in respect of the notification of infectious diseases, and the action of boards of health thereon, it is probable cases of croup are not treated as diphtheria, even by many of those who are quite convinced that it is so. If the measures taken for isolation and purification by these bodies are necessary, and few will say they are not, then these cases are suffered to exist as centres, from which the disease is propagated; no precautions are taken, and persons in direct attendance or communication with the infected go about their usual avocation, and the children mingle at school with others. It has been recorded where diphtheria prevailed with increasing severity in a community for four years as croup principally, that the medical officer of health himself returned cases of diphtheria as croup and enforced no precaution, while he held the view that the terms were synonymous and used them indifferently. Thus a large portion of cases were obscured under a meaningless term, and the authorities lulled into security, so that no measures were taken to prevent the existence of an infectious and fatal disease. And here it might be considered how such cases should be received in hospitals where infectious cases are treated in separate wards or buildings.

In view of the acknowledged difficulty of diagnosis, should a case of membranous croup without apparent diphtheritic symptoms

be treated in contact with the other patients?

It is not fair to those in a general hospital to have a patient suffering from diphtheria alongside. Yet it is also not fair to a patient not suffering from diphtheria of any kind to be put into a ward with those suffering from that disease, for we know, as mentioned before, that one suffering from any inflammatory disease of the air passages, as catarrhal, for instance, is the more susceptible to the diphtheria infection.

It would seem only judicious and right that any case with symptoms of croup, whether at home or in a public hospital, that the physician is satisfied is not simple catarrhal, or accidental, should be isolated, and treated as probably infectious.

Mr. President, it may appear to many of those here to-day that I have taken up the time of the Society unnecessarily, because the drift of opinion has of late years been strongly towards that of identity, and the point need not be discussed.

But it is true that there are many whose opinions are valuable, and worthy of respect, who emphatically dispute the view stated, and yet a larger number who have hardly given the matter much attention, nor thought at all about it, but take it for granted that clinically at least, croup is not diphtheria.

I believe, however, Sir, that if one examines all these facts and reasons, he can hardly come to any other conclusion than that membranous croup is diphtheria, therefore identical with it, and should in all cases be treated with the precautions recognized as necessary in the treatment of that disease.

*(Read at Meeting of Maritime Medical Association).*

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A ROLAND FOR AN OLIVER.—While cross-examining Dr. Warren, a New York counsel declared that doctors ought to be able to give an opinion of a disease without making mistakes.

"They make fewer mistakes than the lawyers," responded the physician.

"That is not true," said the counselor; "but doctor's mistakes are buried six feet under ground, a lawyer's are not."

"No," replied Warren, "but sometimes hung as many feet above ground."

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FAIR MAIDEN (a summer boarder)—"How savagely that cow looks at me." Farmer Hayseed—"It's your red parasol, mum." Fair Maiden—"Dear me! I knew it was a little out of fashion, but I did not suppose a country cow would notice it."