

dominate. The external glands may be somewhat swollen; the temperature may or may not be above the normal, but the depressed and rapid pulse, so commonly found with diphtheria, is present. The child is evidently sick to an extent not usual with the ordinary sore-throat due to cold, and the throat is less painful than with the common pharyngitis. The symptoms point evidently to toxæmia. If neglected, the child in a day or two becomes very ill; depression continues, and the child weakens rapidly; anorexia often becomes very marked, and if neglected the child dies, often with secondary symptoms, pharyngeal or laryngeal well developed. Such a case, and there are many, presents to the practising physician points of more than ordinary difficulty and delicacy. If he sees little, or in some cases, no exudation, he hesitates or refuses to call it diphtheria, knowing that with active treatment the condition is likely to pass away in a few days, and his diagnosis be discredited; he has made a great noise about nothing, or has added another to his list of cases of a disease popularly believed to be almost invariably fatal. He, too, has placed himself in the position of having to notify the local health authorities, has caused all the necessary inconvenience of isolation, inspection and fumigation; the children are kept from going to school, and he is voted either a fool or a crank. He has earned contempt instead of gratitude. On the other hand, should he have made light of the case, ordered a gargle and a little castor-oil, the child, if not exposed to cold, will probably recover from the local symptoms, and after an anæmia, more or less marked, recovers if the weather and the sanitary surroundings are improved. But what might be expected usually follows. The original cause, if on the premises, has not been removed, and another child is taken ill either from infection from the first, or from exposure to the same cause. It may have caught a severe cold, or may be more delicate. In this case the parents assuming it to be the same sore-throat neglect to send for the physician until the child is far advanced in diphtheria. His efforts are futile, and the child dies. The physician is now discredited for not having diagnosed diphtheria in the first instance, and for thus having neglected to isolate, and disinfect and have the bad plumbing or choked house drain inspected. Truly his lot is not a happy one!

When it is asked in what direction we are to seek

for a change from this unsatisfactory state of affairs our answer is that it must be in the recognition of the disease for what it is, a true septicaemia; and when we have done so we then place ourselves in a position to understand how it is that with early and prompt measures for the removal of this pathological condition we are taking the most effective means for not only curing our patient, but also for preventing any second case. But should any reply that popular opinion prevents us from being judged fairly regarding either our diagnostic skill or our motives, we have to content ourselves with the reflection "that knowledge grows but wisdom lingers," and that what is new to-day is old to-morrow.

MEETING OF THE ASSOCIATION OF EXECUTIVE HEALTH OFFICERS OF ONTARIO.

THE programme of this Association, which was published in the last number of *MEDICAL SCIENCE*, has been carried out. The meetings took place in the Normal School on the 14th and 15th ult., and considering the time since its organization, and the peculiar and special work of the Association, it will generally be conceded when we compare the numbers present with those of other executive associations that the attendance was most satisfactory. An association made up very largely of Medical Health Officers, all of whom are largely engaged in private practice, convened during a month when medical men are at their busiest, must indeed have created a strong interest to have brought some forty members from the most diverse localities of the Province to discuss matters relating rather to the needs of the public than to anything having personal advantages attaching to it. The subjects contained in the programme were pregnant with practical interest, and created most animated discussions. The whole question of the disposal of sewage was brought into prominence by the report from Committee No. 1. What is to be done with the effete human material has ever been a question of difficulty, and the attempts at its solution have been as numerous as they have been different in their methods. The point of special importance which was elicited by the discussion on the report and Alderman Drayton's paper is that the return of this material to the soil is becoming generally conceded to be the solution of the difficulty when looked at from the sanitary or the economic stand-