

expectorating will carry the germ to anything within their range; the discharges from the nose and mouth will infect the hands, face, clothing, instruments, utensils of various sorts, bedding, furniture, walls and floor of the room occupied by the patient. Patients allowed out before their bodies have been freed from the germs are most sure to spread the trouble. Unrecognized and concealed cases are most dangerous, because, not being quarantined, they are more likely to come in contact with others. Carriers, those who have the bacilli flourishing in their throats, but who do not manifest any symptoms of the disease, are particularly dangerous, because they are hard to detect, do not know their dangerous condition and can often only be detected by excluding all other sources and then taking a culture of the suspect, which, if thorough, will likely clear up the mystery. One culture should never be entirely relied on, especially if negative; two or three should be taken to make sure. Carriers may be of three classes, those who have recently had the disease, in whose throats the bacillus is still flourishing, but in whose throats cultures have proved to have the bacillus present, and those suffering from a mild form of the trouble without showing constitutional symptoms, these are more than likely to spread the disease.

Arkwright states that on the whole about one-half diphtheria patients are free from the bacillus two or three days after the membrane disappears and about 50 per cent. more is from a week to ten days. Contacts are not likely to retain the bacillus as long as patients. In chronic carriers antiseptic gargles, sprays and swabs, antitoxin and vaccination have not always been successful in freeing the throats from the germ. Vaccination with killed bacilli has given the most reliable results. We may often be quite puzzled to establish contact, but if we remember how children will handle everything in sight and reach, and how incessantly their fingers are in their noses and mouths, one can easily see how the disease will spread. Domestic pets are often carriers and if even suspected should be quarantined where they can do no more harm. Books, papers, toys, and games have all been found to carry the trouble.

Prophylaxis of diphtheria is of equal or perhaps greater service to humanity than even the cure. The greater number are benefited thereby. It depends on the prevention of the spread of the disease and the care of those suffering from it. Should we find a case, our first duty is to quarantine it and give it proper treatment; if a child of school age, the school authorities should be notified as well as the M.O.H.

Dealing first with the patient presumably at home, or in centres of large populations in a hospital, he should be placed in a light, airy