and evidently felt very sick; on the pharynx there was a slight but characteristic exudation of pharyngitis. The next day the cough was somewhat softer, but there was evidence of laryngeal obstruction which continued for two days, when a large piece of false membrane was expelled, and the child appeared quite well. Two days afterwards, however, the membrane formed again, and complete obstruction of the larynx occurred.

CASE 6.—Six months after the death of last patient I was asked to see, in consultation, a child who lived in a house adjoining those in which the children first mentioned were sick. This patient was a boy four years old who had been ill for about a week at the time of my visit. There was an exudation in the pharynx, evidently belonging to a catarrhal pharyngitis. There was acute catarrh of the larynx and trachea; the cough became soft, and the child seemed much better next day, and I did not see him again for four days. He was then dying evidently from obstruction of the larynx, although the secretion of mucous was quite free. The temperature never exceeded 101, he was sick about ten days.

Now it may be questioned whether these were all cases of diphtheria; the first three evidently were, the false membrane in two of the others, and the characteristic features of a relapse in one of them, indicated pretty clearly the nature of the complaint. There may be a doubt concerning the sixth case, as no false membrane was visible, but the extreme rarity of death from catarrhal affections of the larynx would leave little room for doubt that this child also died from laryngeal diphtheria.

All the houses in which these children were sick were close together, but the length of the intervals between the occurrence of the illness in the different houses made it improbable that the disease was contracted from the first by the succeeding cases. Although the district was rather thickly populated there was no diphtheria in the neighborhood, nor so far as I could learn, within a radius of several miles. The houses in which these children were ill, were all situated within two hundred yards from the entrance to the St. Clair tunnel, which was in process of construction at that time, and which was probably the source of emanations which at least largely contributed to the illness of the children.

The diagnosis of nasal diphtheria is usually not very difficult, even in those rare cases were the disease begins in the nares, the profound constitutional disturbance, and the inflamed lymphatic glands at the angle of the jaw indicate the nature of the nasal obstruction, although no membrane may be visible. It is not by any means easy to distinguish scarlet fever from diphtheria in all cases. The higher temperature and more uniform redness of the throat usually serve to indicate, in the earlier stages of the attack, that it is not diphtheria. In diphtheria the nervous depression is much greater than in scarlet fever, while the rash, when present in diphtheria, has much less extension than that of scarlet fever, and, as it never desquamates, can thus be distinguished from the latter in the course of a few days. Concerning the membrane that forms in the pharynx during the progress of some cases of scarlet fever although it has the same anatomical characters as the false membrane of diphtheria, it is not capable of giving rise to that disease.

Until recently it could not be said that the microscope had given any material aid in the diagnosis of diphtheria, but since the discovery that the disease has a characteristic bacillus it is not only useful but will soon be essential in the diagnosis of doubtful cases. As yet the general practitioner is not sufficiently familiar with the appearance of the bacillus or with the methods necessary for its discovery to turn to account what will, no doubt, eventually prove to be an expedient of the greatest value.

While the difficulties in the way of making a distinction between diphtheria and catarrhal diseases of the pharynx and larynx remain as formidable as at present, the duties and responsibilities of the medical practitioner will become at times exceedingly perplexing, for while the conscientious physician will use every effort to prevent the spread of such a cruel malady as diphtheria, it will frequently be found necessary to watch, and perhaps isolate, cases which he is much inclined to regard as simple pharyngitis. In order to accomplish this it may be necessary to express the opinion that the patient is probably suffering from diphtheria, or else admit that he does not know what the disease is. In the one case he will, perhaps, get the reputation of being an alarmist, or one who is trying dishonestly to make his trifling