

the symptoms of the disease two weeks later—in one case fourteen days and eight hours after the exposure,—and that they *may* give the disease to others during the period of incubation. I do not think it necessary to quarantine adults as long, because they are very much less likely to contract the disease, and therefore less likely to endanger others they may be brought in contact with.

Now, as this bears upon the subject of the spread of the disease, it is of the utmost importance that the truth should be known. There is a great difference of opinion in this matter among practitioners at present. The principals of the common schools find that some doctors give certificates immediately after the house has been disinfected. Others wait two or three or more days, and but few insist upon a period of two weeks elapsing. It is desirable, for many evident reasons, that it would be to the credit of the profession to have some limit set that would be safe, and of course not longer than really necessary.

Is diphtheria a local or constitutional disease at first? I have no experience with diphtheria attacking wounds. Authors are as evasive and indefinite on this as on so many other points. An author will assert that diphtheria is a constitutional disease and the throat affection a local manifestation of it, and then in the next sentence say that children from three to nine months of age are less liable to it, because the acid secretions of a child's mouth wash off or sterilize the contagion, and that children with nasal and post-nasal catarrh and enlarged tonsils are predisposed to it. Why? I infer because these new membranes, not protected by epithelium, are more easily attacked by the diphtheritic poison. If so, in these cases at least, the disease must at first be a local disease, and then, secondarily, invade the body generally. A healthy nose and throat should thus be protective. Are they?