

have multiplied after their kind. Seeking new pastures green, many have migrated to Canada, and have spread themselves over the face of the Dominion, infecting our country in the year 1912 as it never was before.

Consider with this the great strides made in public medicine; the increased volume of business done by the patent medicine trade; the hospital extension and charity extension schemes; the high cost of living to the poor and middle classes—and the consequent strenuous truth that physicians suffer thereby in more unpaid bills—and the wonder is that our profession has anything left after eking out a precarious livelihood.

And yet, yearly grinds the mill, and one hears the continuous tramp, tramp, tramp of the new disciples of Aesculapius. Truly flattering prospects!

“To catch Dame Fortune’s golden smile,
Assiduous wait upon her,
And gather gear by every wile,
That’s justified by honor.
Not for to hide it in a hedge,
Nor for a trained attendant,
But for the glorious privilege
Of being independent.”

Septic Sore Throat in the past few years has practically become a specific disease entity. It has been particularly observed and studied by numerous physicians, and some have published somewhat extensive papers thereon.

Louis P. Hamburger published a paper on “An Epidemic of Septic Sore Throat in Baltimore and Its Relation to a Milk Supply,” in the *Journal of the American Medical Association*, in April last, and quite recently there has appeared an extensive study in the Public Health Reports, by Passed Assistant Surgeon, Wade H. Frost.

The clinical features as described by Hamburger were sudden onset with chill; irregular fever, sometimes surprisingly high; diffuse inflammation of the tonsils and peri-tonsillar tissue; enlargement of the cervical glands; unusual prostration; and a characteristically prolonged remittent course.