factory results from simply making secondary cultures; it will be found either that the bacilli are absent from the cultures or that more typical forms are met with.

Where there is definite growth of bacilli from the throat, the case should be provisionally regarded as one of diphtheria until shown to be otherwise, whether the clinical symptoms and the morphological characters are typical or not, as the tendency to variability is far more distinctive of the diphtheria bacillus than any one of the forms in which it occurs.

Visible growths on acid potato, or motility and formation of alkali are sufficient to characterize any organism showing them as something else than the Lœffler bacilli.

Significance of Positive Results.—When a typical heavy growth of a bacillus, corresponding in appearance with the Klebs bacillus, is met with, there need be no hesitation in declaring that the conditions for diphtheritic infection are present, whether the clinical symptoms correspond or not, and whether there is visible membrane or not.

Of the 293 primary samples examined at the Provincial Board of Health Laboratory, 43, or 13 per cent., were from cases diagnosed clinically as follicular tonsillitis, quite apart from a number more where the diagnosis was stated to be possibly or probably diphtheria. Of these 43 cases diagnosed as tonsillitis, 19, or 45 per cent., were shown to be diphtheria. This result was confirmed by inoculation experiments in a number of my earlier cases, the result being uniformly positive in every case where it was tried. This experience tends to shake one's confidence considerably as to the efficiency of the diagnosis of tonsillitis from diphtheria without making cultures. As to the recognition of diphtheria from tonsillitis, of 293 primary samples sent to the Provincial Bacteriological Laboratory, only 173, or 59 per cent., gave positive results, and of 279 primary specimens sent to the pathological laboratory of the Montreal General Hospital only 148, or 53 per cent., gave positive results. Possibly many of these were only sent as an additional precaution in cases clinically considered as tonsillitis, but we found that cases called follicular tonsillitis were really diphtheria 45 times out of 100.

We may assume that when a patient is sent to a diphtheria ward in an infectious hospital some good grounds exist for diagnosing the case, but in the case of the Catholic division of the infectious hospital of 73 primary samples from cases sent as diphtheria, only 46, or 66 per cent., showed the presence of diphtheria bacilli, while 25 or over showed none.

In the case of the Protestant section of 92 primary samples, 81, or