It has been held by some observers that the exudation of follicular tonsillitis while adhering to the tonsil may become invaded by the germs of diphtheria, but owing to the absence of lymphatics in this locality, and to the fact that some persons are not at all susceptible to diphtheria, no result follows so far as the individual in question is concerned, although he is no doubt as much a source of danger to others as if he had the disease in the usual manner. It is impossible to make a diagnosis of laryngeal diphtheria in the early stages of the disease, unless a diphtheritic membrane can be seen in the pharynx. Without this there is no way of distinguishing it from catarrh of the larynx until the mucous secretion becomes free, when, if there is some rise of temperature, we may infer that it is the latter complaint we are dealing with. Cases will sometimes occur, however, in which it will be perfectly certain that there is catarrh of the larynx, and yet the stenosis will go on increasing instead of becoming less, as we might expect, until there is complete obstruction of the larynx; usually, however, some pieces of false membrane will be expelled before death occurs. In this connection a short account of some cases that have come under my own observation may not be without interest.

CASE 1.—A little girl, seven and a half years of age, was taken ill about the first of January, 1890. At the time of my visit, twenty-four hours from the beginning of her illness, she was slightly feverish and had a harsh dry cough. She was suffering considerably from nervous depression, there was no indication of diphtheria, but she was the subject of a chronic naso-pharyngeal catarrh, which I knew had existed for a considerable length of time. Although a positive opinion could not be formed at this stage of the disease, I was inclined to consider the case as one of catarrh of the larynx. The next day the child's father reported to me that the cough had become loose, and that she was considerably better. I did not see the child for three days, when I found very decided stenosis of the larynx. The tonsils were covered with typical diphtheritic membrane; there was no fever. The nervous depression had greatly increased, and the case was evidently hopeless; she gradually sank and died four days afterwards.

CASE 1.—A few days before the death of the last patient her sister, a girl thirteen years of age, commenced to have symptoms of stenosis of the larynx. On examining the pharynx, I found small but characteristic diphtheritic deposits on both tonsils. This girl never appeared very ill at any time, the larynx became clear in about ten days, and her recovery was soon complete.

CASE 3.—Two weeks subsequent to the recovery of the last patient, I was sent for to see an infant eight months old, in the same family. This child had no fever, was bright and cheerful, and had a perfectly healthy pharynx; the breathing did not seem more difficult than might be expected from a slight catarrh of the larynx and trachea. In a day or two the cough became soft, and the case appeared to be pursuing the course of a mild catarrh when signs of laryngeal obstruction suddenly made their appearance, some false membrane was expelled, and the child died from complete obstruction of the larynx a few hours afterwards.

CASE 4.—Nine months after the occurrence of these cases, I was asked to see, in consultation, a child living in a house adjoining, occupied by them. This was a boy six years of age, of whom the following history was given by his mother: The boy had been suffering from croup for two weeks, but as he had been frequently affected in the same way, his parents were not particularly anxious about him. The day before my visit an infant in the family, about eighteen months old, suddenly sickened and died in a few hours, apparently of suffocation; the family then became alarmed, and sent for a physician to see the boy.

When I saw this patient his temperature was 101, pulse quick; there were symptoms of laryngeal obstruction, but the cough was softer than that usually present in croup; there was a slight nasal catarrh; the pharynx was perfectly healthy. The obstruction of the larynx increased; tracheotomy was performed and gave relief for several hours; some pieces of false membrane were expelled through the tube; the obstruction formed below the opening in the trachea, and death, resulting from asphyxia, occurred the second day after the operation.

CASE 5.—Several months after the occurrence of the last case, I was called to see a child three years old, living on the same street, and on the same side of the street, and about a block distant, from the house where the last case occurred. This child was slightly feverish, had a croupy cough,