that nearly every intelligent practitioner is as firmly convinced of the efficacy of antitoxin in diphtheria as of that of quinine in malaria or mercury in syphilis. I shall assume then that we are all believers. The object of my paper is to point out that many lives are lost that ought to be saved, and that as a result of faulty or tardy diagnosis and late and half-hearted treatment the death rate is double or treble what it ought to be. Let us examine our consciences and find wherein we have been remiss.

For many deaths we are not responsible. Those in charge of sick children often do not call in the physician until fatal poisoning has occurred. But there remain a large number of cases in which the physician is called in early and yet the undertaker follows in his wake. Let us examine the causes of his failure.

1. His attention is not specially directed to the throat and he fails to look at it, and diagnoses something else. By the time he recognizes his error the case is hopeless. The golden rule is "Always examine the throat of a sick child no matter what the symptoms are." The physician who fails to diagnose diphtheria because he did not look at the throat ought to be prosecuted for malpractice.

2. He examines the throat and thinks he has a case of tonsilitis or coryza or croup to deal with; or that, even if it is diphtheria, it is so mild that the old-fashioned remedies are sufficient for its cure.

3. He fails to follow up a suspicious case and finds too late that the patient is in a desperate condition.

4. He treats one amongst many children and fails to protect others exposed to contagion by a preventive injection.

5. He uses antitoxin but is half-hearted and does not use enough.

6. In a case of laryngeal diphtheria he uses antitoxin—perhaps in large doses—but fails to make early resort to accessory remedies such as calomel fumigation and intubation.

7. He makes an early diagnosis but puts off the injection of antitoxin until to-morrow or the day after.

For myself I must confess I have made nearly all these blunders, and have had occasion more than once to bitterly regret them. But it is now some five or six years since I have had a death from diphtheria in my practice. I well remember the last two I lost. In one I was called in to see a sick child; it had a discharge from the nose, but on carefully examining the throat I found no membrane. The parents told me they would let me know if the child was not doing well. Three days later I was called in and found the child dying from laryngeal and nasal diphtheria. In the other case I diagnosed