

If the dyspnœa is not relieved by the morphia in from 20 minutes to one-half hour, intubation should be performed at once. A little strong whiskey given immediately after intubation will often produce coughing and thus clear the throat and revive the patient. The tube should be left in from three to five days, and *precise* and *accurate* directions given to the nurse as to care and feeding. This is important. Nothing should be taken for granted. The necessity for clear directions will be apparent when I tell you that I once saw a nurse, who had been two years in training, trying to pour milk down the tube to feed the child, as she said.

Patients should be at once isolated, and those who have been exposed should be immunized by a suitable dose of antitoxin—not less than 1,000 units. Of course, isolation can be best carried out in a suitable hospital, but can also be satisfactorily employed at home.

My personal observations make me believe that diphtheria is only slightly contagious, and therefore that isolation is comparatively easy; but, nevertheless, it is better to err on the side of restriction rather than of laxity, and therefore all cases of sore throat or nasal discharge in children in schools, or at home should be at once reported to a physician and a careful examination made. They should be kept in quarantine till at least two successive negative cultures have been obtained. This period extends all the way from ten days to two or three months.

In conclusion, will you allow me to express my personal convictions on a few points? If parents were alive to the seriousness of throat or nasal affections in children; if physicians would enforce quarantine for all suspicious cases; if they would administer antitoxine promptly and in adequate doses; and if the antitoxine and intubation treatment were rationally and fearlessly carried out, the mortality from diphtheria should be practically nil. Three-fourths of the deaths that have occurred from diphtheria in the last four years in the city of Ottawa can be traced to neglect or delay in applying adequate treatment. Either the patients were seen too late, or, if not, they were treated too late. That is, they were not treated properly by either the parents or the physician. Why should any child die of diphtheria? Is it not a fact, and do not 99 per cent. of the men in this room believe that, if seen early, any case of diphtheria can be cured? And why cannot the patients be seen early? Simply because the parents or those responsible are not educated to the seriousness of the initial symptoms. Even when seen early, on