

Another matter which calls for notice is the practice of withholding antitoxin until the diagnosis of diphtheria is clear. Probably a large proportion of the deaths from diphtheria arose from delay in the use of this remedy. One would think it better that the remedy should be given ninety-nine times to persons not having diphtheria than to omit it in one genuine case.

I was often told that a report was wanted in order to determine whether it is necessary to use the antitoxin or not. The invariable answer has been not to delay the administration of antitoxin for a bacteriological report if the case is at all urgent. Although the coincidence of the discovery of this remedy has led to an increased interest in the diagnosis of diphtheria, the unavoidable delay of 15 to 24 hours makes it inadvisable to delay a preliminary "protective" dose of the remedy until the diagnosis has been confirmed. In any case, observations have shown marked benefit in certain forms of angina solely due to staphylococci and streptococci when diphtheria bacilli were found to be absent.

*Conclusions.*—1. The culture method enables a positive diagnosis to be made in 90 per cent. of all cases of diphtheria when seen early.

2. The significance attaching to a negative result depends entirely upon the length of time which has elapsed since the onset of the disease, and the absence of bacilli from a case which has lasted often four or five days does not prove that it is not diphtheria; in any case where the course of disease makes it likely to be diphtheria, repeated re-examination should be made.

3. In severe cases of suspicious angina, it is advisable not to delay the preliminary dose of antitoxin in order to learn the result of the bacteriological examination.

4. The greatest value of the bacteriological examination is in determining the necessity and the duration of isolation and quarantine, and if cases continue to appear, the throats of all persons exposed to contagion should be examined whether they show signs of disease, or not. A swabbing to be taken post-mortem in all cases of death from croup.

5. The patients should not be released from quarantine and the final disinfection of the premises should not be done until the bacilli have disappeared entirely from the affected part.

6. The bacilli have been shown to infect articles of clothing, furniture, etc., and these should be thoroughly disinfected, preferably by steam under pressure, and solutions of mercuric chloride. Fumigation by sulphur is unreliable in the majority of cases as commonly carried out.