

twenty-four hours of the first injection. Should these be excluded there would remain 5,576 cases (in which the serum may be said to have had a chance) with a mortality of 8.8 per cent.

Of the 4,120 cases injected during the first three days there were 303 deaths—a mortality of 7.3 per cent., including every case returned. If from these we deduct the cases which were moribund at the time of injection, or which died within twenty-four hours, we have 4,013 cases, with a mortality of 4.8 per cent. Behring's original claim, that if cases were injected on the first or second day the mortality would not be 5 per cent., is more than substantiated by these figures. The good results obtained in third-day injections were a surprise to your Committee. But after three days have passed the mortality rises rapidly, and does not differ materially from ordinary diphtheria statistics. Our figures emphasize the statement so often made that relatively little benefit is seen from antitoxin after three days; however, it must be said that striking improvement has in some cases been seen even when the serum has been injected as late as the fifth or sixth day. The duration of the disease, therefore, is no contraindication to its use.

THE INFLUENCE OF BACTERIOLOGICAL DIAGNOSIS UPON THE STATISTICS.

This is shown in Table II.

TABLE II.—DIAGNOSIS CONFIRMED BY BACTERIOLOGICAL EXAMINATION.

Committee's Reports	2,453	cases;	302	deaths;	mortality,	12.3	per cent.
N. Y. Board of Health.....	916	"	160	"	"	16.9	"
Chicago "	1,468	"	94	"	"	6.4	"
Totals.....	4,837	"	556	"	"	11.4	"
(Excluding 145 cases which were moribund or which died in twenty-four hours).....						8.7	"

DIAGNOSIS FROM CLINICAL EVIDENCE ONLY.

Committee's Reports	931	cases;	148	deaths;	mortality,	15.9	per cent.
N. Y. Board of Health.....	26	"	9	"	"	34.6	"
Totals.....	957	"	157	"	"	16.3	"
(Excluding 72 cases either moribund or dying in twenty- four hours).....						7.6	"

In the cases in which the diagnosis was not confirmed by a bacteriological examination the mortality is thus 5 per cent. higher than in the bacteriological cases. This difference is to be explained by two facts: first, as already stated, that we have excluded from our reports all tonsillar cases (and hence most of the very mild ones) not confirmed by bacteriological examinations; and secondly, by the fact that this group of cases comprises those treated in the country where physicians have hesitated to use antitoxin unless the type of the disease was a grave one, and where also a large proportion of the injections were made later than in the cities. However, should we leave out the moribund cases, the mortality is but 9.6 per cent., which