antitoxin. In each the rash came out on the second or third day, and diphtheria germs were found in cultures from the throat. Dr. Tweedie tells me that there is mixed infection in about 16% of the cases admitted to the Toronto Isolation Hospital.

The diagnosis from ordinary follicular tonsillitis is not always easy, nor is it indeed possible in some instances. In fact mild diphtheria quite frequently occurs with the semblance of ordinary follicular tonsillitis. My rule is to have swabs examined from every case, and, when in doubt, to inject antitoxin. Whether the exudate is removable or not influences my diagnosis but little. It can sometimes be readily removed in diphtheria, whilst on the other hand it is quite adherent in many cases of pseudo diphtheria.

A syphilitic throat sometimes closely resembles diphtheria, but with care there is little probability of error.

The last source of uncertainty in diagnosis I shall deal with is nasal diphtheria—especially the chronic form. An irritating discharge from the nose of a sick child should always excite suspicion and lead to careful enquiry even though no membrane be visible in the throat. I saw such a case in a child less than a week old who had an offensive discharge from the nose though nothing could be seen in the throat. How it contracted the disease I do not know, but bacteriological examination showed the presence of the bacillus, and if additional proof were wanting, it was supplied by the fact that the mother of the child contracted a severe form of the disease from it.

I was recently called at midnight to see a child that had been ill for three days, the parents supposing it had quinsy because it had an attack of that disease some little time before, and the symptoms were similar. I found the child desperately ill with naso pharyngeal diphtheria, but after an injection of 2000 units it made a prompt recovery: On looking for the source of contagion, I found that a young man in the house—a salesman in one of our large departmental stores—had an offensive, irritating discharge from the nose for about two months which resisted ordinary treatment. Bacteriological examination revealed the presence of diphtheria bacilli in the nasal secretion. In spite of vigorous treatment it was some six weeks before he was free from infection, although he felt well and ate his meals heartily throughout the whole three months.

One who recognizes the uncertainties and difficulties of diagnosis, and is prompt, bold and fearless in his treatment, will have a very low death rate indeed.

I believe that antitoxin is an absolutely certain specific remedy when given in sufficiently large doses early in the disease.