evident—take no chances. In every case in which there is even a suspicion of diphtheria give antitoxin at once, and give it freely. Get a report in every doubtful case, but do not wait for the report but inject at once. As soon as bacteriological examination shows the presence of diphtheria bacillus give an injection to all the children of the household to prevent the spread of infection. Of course isolation and other methods of preventing the spread of infection must not be neglected, but neither must the preventive injection. Doubtless, if this practice is carried out, many unnecessary injections will be given. I have often injected antitoxin and found as a result of bacteriological examination that the case was not one of diphtheria. But what harm was done? I have never seen any bad results from the injection. In fact it has been my experience that the cases of membranous tonsillitis thus treated seemed to clear up more rapidly than those treated otherwise, and many physicians have expressed to me the same opinion.

There is but one serious objection—that of expense. But in my opinion prevention is cheaper as well as better than cure, and it would be cheaper for the municipality to supply physicians with preventive injections for the poor than to have the diphtheria hospitals crowded with patients kept for an average period of five weeks at an average expense of well on to a dollar a day.

There is nothing like a local example to illustrate a truth, and this is supplied in the experience of the Victoria Hospital for Sick Children with preventive injection, as related by Dr. Rudolf in a recent article in the *British Medical Journal*.

In 1901 about one hundred cases of diphtheria developed in the hospital, nearly all of which were treated with antitoxin. Of these only three died, and one of these was complicated with scarlet fever. Between January 1st and July 7th, 1902, forty-two cases (all showing the Klebs-Loeffler bacillus) developed. All, except a few of the mildest, were treated with antitoxin. Forty-one recovered, and the one that died developed uræmia due to kidney disease that pre-dated her admission to the hospital. For five years there had never been two successive weeks in which diphtheria had been completely absent from the hospital. Early in July, 1902, a determined effort was made to stamp out the disease by the injection of immunizing doses into all the patients. The result was most gratifying. For the five months reported not a single case of diphtheria occurred in the hospital, though the usual number of cases had been occurring elsewhere in Toronto. The germ was found present in the throats of many, but its hosts were immune and hence no diphtheria occurred.

The diagnosis of diphtheria is usually easy—often difficult—