

that it is directly transmissible from the sick to the healthy, or indirectly so, that is both contagious and infectious. Therefore the prevention of typhoid fever must take into consideration that there is danger not only from the patients themselves, but as well from the various vehicles, as water, milk, fingers, food, flies, etc.

First—The local medical health officer must become informed of the best-known methods of prevention. This, Dr. Lumsden states, consists largely in the care of excreta from sick persons and of proper general sewage disposal.

Second—He should secure the prompt report of recognized cases and of suspected cases, so that preventive measures may be begun early. The difficulty of making prompt diagnoses is recognized by all physicians from the symptomatology alone, and as these unrecognized cases possess elements of extreme danger, it is important that the health officer be promptly informed of even the suspected cases. This should be made a legal requirement. As in diphtheria, there should be laboratory facilities to aid in diagnosing suspected cases.

Third—The medical health officer should advise with the attending physician and family as to the most efficient methods of prevention at the patient's bedside, and should see that these are carried out. That contact infection plays a rôle in the spread of the disease is borne out by the fact that about 20 per cent. of the cases in the District of Columbia, in 1907 and 1908, gave a history of direct or indirect association with previous cases in the febrile course of the disease. Therefore typhoid fever is not always a water-borne disease pure and simple. Such being the case, reasonable isolation is advisable. It is essential in carrying out bedside disinfection of the excreta that the disinfectants are made properly and used properly.

Fourth—Have the preventive measures continued as long as the dejecta are infective. It cannot be too strongly brought home to patients and their attendants that disinfectants must be as efficiently used during convalescence as during the active stages of the disease. The safe guide for cessation of these would be bacteriologic examination.

Five—Discover bacillus-carriers and safeguard against the spread of infection from them. This would involve much activity on the part of the health officer, and means an inspection of premises where foods and beverages were sold to those families in which there had been unusual occurrences of the disease. It would mean also inspection of servants—and one is reminded of the case of "Typhoid Mary," a New York cook, who carried the disease into every family whose service she entered. Any such bacillus-