the right end by stopping further infections, and would incidentally find those early "open" and "non-open" incipient cases wherein sanatorium treatment would be of most avail.

SUMMARY.

Tuberculosis is a typical infectious disease, and it must be handled on the same principles as any other infectious disease; hence, by blocking the routes of infection, but chiefly by finding the *sources* and preventing spread thence.

Of the five great routes of infection,—water, food, flies, milk, and contact,—human tuberculosis travels chiefly by contact, through sputum, mouth-spray, and hands, directly, or almost directly, from patient to prospective patient. Practically, it is spread exactly as scarlet fever or diphtheria is spread. Public flies and public food supplies are comparatively insignificant conveyors. Public water supplies are almost negligible, and public milk supplies act chiefly in conveying cattle tuberculosis to man, although, if the milk be handled by tuberculous humans, it may convey human tuberculosis also.

It is evident, then, that blocking of routes, since the chief one is contact, involves chiefly the far more important measure of finding the source, just as in scarlet fever, or diphtheria, etc., and if these sources are found and prevented from access to the routes, the routes may be disregarded. The measures for finding the human sources, practically the "open" cases of *lung* tuberculosis in the human, are epidemiological and have already been discussed in principle before (Article 3).

The measures necessary for finding the animal sources (infected milch cows) are the well-

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