

enforced idleness may bring upon a household a financial distress that months of steady and patient toil will not lift. An opulent community has no right in equity or morals to demand such a sacrifice on the part of one of its humble and unfortunate members for its own protection. No one realizes this better than the health authorities, and they are compelled to permit a laxity in the enforcement of the quarantine regulations that renders them practically useless.

The problem of the control of scarlatina and diphtheria, then, is not one that can be settled by more policemen and more sulphur. If it wishes to still further restrict these diseases the community must adopt some plan that will restrict, and place the burden of its maintenance upon those whom restriction benefits.

In his last annual report the able and efficient health officer of Detroit, recognizing the difficulties of practical sanitation in the tenement houses, makes a strong plea for the adoption of the cottage-of-refuge system. In the opinion of the writer this is the only method of control of scarlatina and diphtheria among the poor that offers any reasonable prospect of success. Just what the details of such a system shall be is not for us to consider at this time. Whether on the hospital or cottage plan, it should be a place of refuge where the unfortunate subject of contagious disease shall receive the proper care during his illness, under the guidance of his own physician, and attended by his own nurse or relative; where the case of uncertain diagnosis shall not be in danger of certain infection; and where the convalescent, during a prolonged detention, shall not be exposed to the many secondary infections that infest a crowded sick-ward.

Such a refuge, removed from the possibility of political control, considerate of the rights of the private physician, and of the unfortunate patients, would efficiently protect the community.

Such a plan, I believe, would receive the hearty support of the medical profession. In this, however, as in every extension of its authority over communicable disease, the Health Board encroaches upon the province of the family physician. In the interests of the public health the physician has sacrificed much, and is ready to sacrifice much more. But the health authorities should move with caution, and displace the physician as medical adviser only when the evidence is most certain that the salaried, impersonal public official can accomplish more than the interested, conscientious physician.

The tenement districts and the closely packed and unhygienic homes of the poor are, then, the resting and breeding places of diphtheria and scarlatina. Isolation there is impossible and disinfection impracticable; and until the community sees fit to establish some improved system of dealing with contagion as it there exists, these diseases will continue to steal from these haunts to strike down the cleanly, the provident, and the intelligent.—*Medical Age*.