

He points out, with perfect justice, it seems to me, that the factor of dust infection has been given too much weight. Tuberculosis sputum is not easily converted into dust. Its mucous character renders it slow in drying and causes it to cling tenaciously to the substratum upon which it has dried. Practically all the inhalation experiments which have been successful, have been made with sprayed sputum or sprayed cultures, not with dust. The demonstration of the infectiousness of dust rests, experimentally, upon the introduction of the material into the peritoneal cavity of a guinea pig, conditions totally different from those which obtain in an inhalation experiment, and, practically, upon the studies of Cornet and others upon hospital infection, where infection might just as likely have been due to the coughing of the patients, as to the rising of infected dust from the floor.

The practical sanitary application of these observations is the necessity of patients suffering disease of the respiratory tract protecting the air by always coughing into a handkerchief or cloth which might afterwards be destroyed.

Sanitarians have done a great deal towards educating the public as to the need of disinfecting the sputum of tuberculous patients and these observations point to another way in which the education of the public may go on so as to prevent the infection of the air by these minute virulent droplets which must be a source of extreme danger to those in the immediate vicinity of the patient.