that it is only after the lapse of some time that such a mass of liquid matter as a typhoid stool can dry up so as to permit of the dissemination of its solid particles in the form of dust. We are also able to explain, in this way, the comparative rarity of infection of the nurses and attendants in cases of typhoid fever, and the well grounded confidence which the medical practitioner has in his ability to treat such cases in private houses without danger to the other inmates. The nature of the infectious discharges renders it necessary to remove them at once from the sick room. In my experience, it is only in cases where there is such profuse diarrhœa that the patient's linen and bed clothes become saturated with these matters that there is any real danger of infection to the attendants. In that case, unless these articles of clothing are at once removed and disinfected, infection is facilitated by the rapid drying up of the infectious material on these articles and its dissemination in the form of dust. I have never seen aerial infection from typhoid fever in a sick room except under such circumstances. From the same cause, there is danger in the vicinity of ashpits and privies, into which such discharges are thrown. . . .

The observations which I have made with regard to typhoid excreta apply with equal force to the other members of this group, and the theory that it is only when dried that they have any chance of being carried by air currents explains the well known fact that when they appear in an epidemic form they are now always traced to a contaminated water supply or to a contaminated milk supply, and not to propagation by personal contact.

How far can the infective particles of these diseases be carried by air currents without losing their infectiveness? and how long can they retain their infectiveness after exposure to the air? These are very interesting questions, but except in the case of typhoid fever I do not know of any recorded facts on which to found even an approximate opinion. With regard to typhoid excreta, I know from my own observation that they can be frozen up for several weeks and still retain their infective properties. With regard to exposure to heat, there is a case recorded by Dr. Beecher in the appendix to the report of the Army Medical Department for 1868 which seems to indicate that the germs of enteric fever adhering to the walls and ceiling of an unoccupied room in the Fort at Gwaliar in India, in which a person died of this disease, retained their infectiveness for at least six weeks. This case, the writer says, "Seems to indicate that the typhoid poison may adhere to walls, may be undestroyed in a month even with free ventilation, and is not rendered powerless by a high temperature."

There is, therefore, ground for believing that as in the case of dust particles of small-pox, so dust particles of typhoid excreta may be carried for long distances, possibly miles, by aerial currents without losing their infectiveness. There is also some reason to suppose that the dried particles of the contagious matter of cholera and diphtheria may be carried for long distances in