

certain that the body is no longer giving off infective matter.

Under No. 2, the housewife is handicapped, but, in case of typhoid, should insist upon three examinations of faeces and urine by the Board of Health laboratory on three different days. She should inquire into the history of maids, waiters, cooks and other help who handle foods, to see whether they have had typhoid, and, if so, insist upon a similar examination of excreta. This may seem rather far fetched, but it is preferable to an outbreak such as that which occurred at Hymers.

And No. 3 could be met by each housewife refusing to shield or conceal scarlatina, chicken pox or mild forms of any infectious disease.

See, therefore, that the health officer is notified of each possible case or suspect. If in doubt, throw the responsibility on him. By removing such mild case or suspect to the hospital at once, you prevent probably two other cases in the house which might be much more severe and perhaps fatal.

Every time you conceal a case of infectious disease, you do yourself a wilful wrong as well as your family and the general public. It is the unknown cases of infection which cause epidemics, not the severe cases which are reported and quarantined.

As to tuberculosis — knowledge of the infected sputum and longevity of its germs outside the living host suggest extreme care in destroying sputum at all times, as excreted from patients and absolute cleanliness in surroundings of patients. Knowledge of the facts, from the Royal Commission's report referred to, emphasize the importance of tuberculin testing of all milk cows, and the personal interest parents should show in choosing a supply of cow's milk for their artificially fed infants. Don't sit back and feel assured the Board of Health has protected your supply. If from a private source, inspect the animal and methods of caring for the milk yourself. The Board may not know such a cow exists. Ascertain if it has been tested for tuberculosis. If not, telephone the Health Department, and follow up your telephone message to see if your request has been carried out.

Dr. Douglas, of the Winnipeg Health Department, strikes the keynote when he says: "No sanitary improvement worth the name will be effective, whatever acts you pass or whatever powers you confer on public officers, unless you create an intelligent interest in the public mind."

We are very dependent upon the co-operation of the public for any success in health department undertakings. We must, therefore, inform you of the facts connected with our work and ask your co-operation."

Dental Inspector's Outline of Toronto School Work.

Some of the work to be undertaken this year in Toronto Public Schools by Dr. Doherty, Dental Inspector:

1. Continuance of mouth inspection. Notification of defects sent to parents.
2. Lectures to teachers, parents, etc., on mouth hygiene.
3. Talks to pupils on care of the teeth.
4. Preparation of an Oral Hygiene Exhibit, to be left a certain time in each school, with lecture to parents and pupils while there.
5. Pamphlets for distribution among parents.
6. Some bacteriological tests for unhealthy teeth and mouths, for pneumococci, streptococci, tubercle bacilli, Kloebs Loeffler bacilli (diphtheria).
7. Arranging to place a supply of the proper tooth brushes and dentifrice in each school, preferably under charge of the school nurse, to be sold at cost.
8. Endeavor to make some arrangement to have each new pupil, when admitted, required by principal to supply himself with tooth brush and dentifrice, and receive instructions from nurse. A pamphlet, at the same time, to be given or sent to the parent.
7. Supplying the city press with occasional short articles of an educative nature on the importance of mouth hygiene.
10. Tooth brush drill.
11. Using facts relating to Oral Hygiene, such as "Good Teeth — Good Health" when possible, as writing exercises, etc.