

named Gottlieb Ziebe was taken off one of the boats running to Montreal and placed in quarantine at Grosse Isle as a cholera suspect. The reason for the suspicion has not been given me. Probably his arrival from an infected district, or the peculiar condition of his stools, aroused suspicion. The medical superintendent, writing on March 23rd last, states that "the patient is physically in good health, having no symptoms whatever, but carries, however, germs of cholera." He further adds that "repeated bacteriological examinations have given positive results as to the presence of the cholera germ."

Four months and more have passed, under rigid supervision, since the danger-carrying condition of this Russian was discovered. It would appear that it is permanent, and that the man is doomed to perpetual isolation, far from kin and country. This case is interesting, but it is none the less full of menace and food for serious thought. Germ-carriers are probably few and far between, still it is possible that they are not so rare as one would imagine. A germ-carrier might exist in our midst for years and not infect others, if the opportunity and conditions for infection did not present themselves. Cases of "walking typhoid" show peculiar features, and are, in a way, related to those of the germ-carrier.

Who can say, positively, that the headache and malaria of "walking typhoid" may not cease and the disease develop no further? Who can say that the germs becoming immune in their own human habitation, may not remain, and become a source of danger to the habitations of others unimmune to attack? It is not possible; in fact, is it not in evidence, that, after recovery from a germ-caused disease, the patient may carry for an indefinite time potent germs for outside evil-doing, although these same germs are powerless for further ill-effect to the patient him-

self? Have we never faced mysterious outbreaks of infectious maladies whose origin was obscure or unaccountable?

Related to the foregoing words is the subject of the ever-occurring infectious and contagious diseases of childhood. Year after year our children suffer from measles, scarlatina, mumps, whooping-cough, diphtheria (the last not strictly a child's disease, still its most frequent victim). Why? Where is the starting point? In town and country, by lake-side, sea and river, through hill and dale, year by year our children develop one or more of these diseases. Why? Neither climate nor changes of climate can cause scarlatina, measles, etc. A country village, with its sparse population breathing pure air, escapes not the swinging cycle of children's diseases any more than the town, with its crowded alleys. Death gathers its helpless little victims each year from every town and village. We give our dear ones to the Destroyer and hypocritically and falsely acclaim—"God's will be done!" It's the Devil's will that has been done, through our passive co-operation, through our unintelligent criminal inactivity.

In all communities of people there should be an efficient sanitary officer, vested with absolute authority for the control and prevention of disease. It (the authority) should be a one-man power. He should be free from interference by municipal lay governance. His work should be judged and inspected, when necessary, by a chief county sanitary inspector, whose sole work should be to supervise the labors of his sub-officers. These community sanitary officers should devote their whole time to the control and prevention of disease, and not engage in the ordinary practice of their profession.

If the conditions briefly sketched above were inaugurated the infectious diseases of childhood, with their annual tale of sickness and ever-recurring toll of death, would become a thing of the past.