He had been surprised to hear there were forty towns in which it had already taken effect. [As a matter of fact, there are fifty-six.] This was an indication that it must come eventually to the whole country. It was well the process was a gradual one, and that the matter should be done tentatively, first in one town and then in another, for it was then done with the greatest amount of consideration, to avoid friction either with the medical men or with the public, and experience was gained which would very much facilitate its general adoption, and not produce discomfort or antagonistic feeling. When any more legislation took place on sanitary matters this question must be considered, and when this was so he did not think there would be the opposition to it by medical men that there might have been some years ago.—Sanitary Rec., London, Eng., April, 89.

The lesson to be drawn from the foregoing is, not that notification (even compulsory notification), is not necessary, but that the practice of it requires much thoughtful care on the part of health authorities, in order not to make the practice unpopular and evaded.

In this city there has been, not long ago, some trouble and concealment; although on the whole notification and isolation are practiced satisfactorily. Dr. Canniff, of Toronto, in a paper last year said: The law requires that the physician shall report cases within twenty-four hours after recognizing the character of the disease, and it is most necessary that this should be done to enable the Medical Health Officer to protect the public. The law directs that a placard shall be affixed to the house in which the disease exists; this, however, has not been done in Toronto, except in cases of smallpox, although I recommended it. The Local Board of Health strongly objected to this proceedure, a the citizens generally were opposed t having their houses placarded. I was requested to endeavor by other means to accomplish the object aimed at by placarding. The course which I have pursued is as follows: When a notice of a case of infectious disease is received, an inspector at once visits the place. If the notice has come from some other source than a physician, the report is verified. The inspector then notifies the immediate neighbors of the existence of the disease, and warns them of danger. He also informs the nearest corner grocer or butcher, with the request that he will tell his customers. By this means the neighborhood is soon made acquainted with the matter, and the infected house is in a great measure quarantined. The inspector reports to the Medical Health Officer the facts relating to the attack of the disease; how long it has existed; the position and size of the room occupied by the patient; the degree of isolation; and if a protective sheet, kept wet with a disinfectant, is placed over the doorway. In all this there is no interference with the physician attending, except urging the necessity of isolation, and disinfection may be considered to be such. The inspector keeps a watch of the case to the extent of seeing if the patient dies, and if so, to secure a private funeral. After the patient's death, or after recovery, he is to see that the room is properly disinfected; but the kind of disinfectant is selected by the attending physician. In case the family are unable to pay for the disinfection, it is done by the Inspector at once after his first visit, having learned what school is attended by children from the infected house, he gives notice to the school, and they are not allowed to attend until a certificate from the physician says it may be done without danger to the school. The inspector, moreover, ascertains if there is in the house any book from the public library, and if so, it is carried to the Medical Health Officer to be destroyed, and the Public Library Board is notified. This is done in accordance with a resolution of the Public Library Board. I have thus minutely described the course pursued by the Medical Health Department in Toronto in cases of contagious and infectious diseases, to show that there is a good reason why physicians should report such cases, and to do it promptly.