typhus, or some other highly contagious disease which is in a *latent* condition. Under these circumstances it is a matter of the highest importance that there should be the means of immediately separating him from the non-febrile patients when the real character of his complaint declares itself. Formerly a notion prevailed that the aggregation of several cases of infectious disease within the same ward, was in itself an extremely mischievous thing, as tending to concentrate the poison and intensify its malignity. This is now known to be a fallacy, when taken as a general proposition. It is quite true that the poison of contagious fevers becomes highly dangerous when it is diluted with less than a certain quantity of atmospheric air. But by allowing a large amount of cubic space (1500 to 2000 feet) to each patient, and providing for the free circulation of currents of air, the concentration of the poison may be entirely avoided even in a ward which contains thirty or forty typhus patients. More than this; it may be broadly stated that it is impossible, in a ward which contains miscellaneous patients, some of them suffering from inflammatory diseases to which anything like draughts of cold air would be highly prejudicial, to keep up a system of ventilation free enough to effectually dilute the poisonous emanations of even a single typhus patient; and, as a matter of fact, the introduction of a single typhus patient into a ward which was quite sufficiently ventilated for general purposes has frequently caused the disease to spread from bed to bed with most lamentable results. A fever ward should, therefore, be a special affair, with an extra amount of ventilation. Where it is possible, the fever wards should be placed in a separate block of buildings, and, where this is not the case, at least the most jealous care should be exercised to prevent communication between the attendants of these wards and those of the wards which contain miscellaneous patients. With these precautions we believe that typhus may be absolutely shut within the walls of the apartments devoted to its treatment"

We would go further, and insist upon separate buildings being devoted to all contagious diseases. It is so at the Glasgow Royal Infirmary.

With regard to the means for disinfection, Dr. Anstie mentions the following:

"Drinking-water is to be disinfected by the processes of boiling and filteration. The water being first boiled, is afterwards to be filtered through charcoal; filters of this kind are easily obtainable, and the neglect of their use is unpardonable when there is the slightest reason to believe that there is a possibility of the water being contaminated by decaying organic matter. The air of rooms cannot be purified without, in the first place, establishing the freest ventilation. But, in addition