

much dwelt upon by statisticians of various countries, should not be considered apart from the school-room, which is operative during such seasons when these diseases are most prevalent. Children in schools are brought into more intimate contact than adults are in any walk of life, and they remain in contact for a much longer period of time, often being crowded into a room the ventilation of which probably is not of the best. They sit in close contact; they communicate in a much more intimate manner than the conventional adult would, and with child-like confidence and simplicity interchange not only their garments, caps, mufflers, coats, and sometimes wraps, but even their toys—girls sometimes their chewing gum. The mouth organ, the kazoo, the rubber judy squeaker, whistles, pea-shooters, string, stick candy, and the like, are often found among the contents of a child's pocket. The methods in which children use lead pencils, wetting one end to mark with, chewing the other in "maiden meditation fancy free;" cleaning their slates sometimes not in accordance with sanitary regulations; interchanging books, and a common drinking cup, will be sufficient to indicate to an ordinary reflective mind that if these diseases are dependent upon organisms which are lower forms of vegetable life, and amenable to influences similar to those affecting higher forms of vegetation, seed, soil, and season, these are certainly splendid opportunities for the seed to be disseminated, if seed exists.

In addition to the above there is another very important and altogether different side to the question, and one which is so frequently operative through the medium of the school. I refer to mild cases of these diseases which possibly have proceeded without having been seen by any medical attendant, which have never been suspected by parent or teacher, and which constitute in the school-room a fruitful and continuous source of infection, operative sometimes for many weeks, and which is, in my opinion, unquestionably the source of epidemics in schools in 99 per cent. of cases, and is frequently overlooked whilst the teacher and even the sanitarians proceed upon a tour of investigation in the drains, the ventilation, and the cellars. I could furnish almost numberless illustrations of this; every medical man who has had anything whatever to do with school infection is aware how often a mild case of scarlet fever, never diagnosed, never treated, never suspected, has returned to school in the stage of desquamation, spreading the disease broadcast. The same can be said of sore throats, sometimes very simple sore throats, so mild that no doctor was required, with, however, sufficient exudation, and secretion issuing therefrom, teeming with the specific micro-organism of diphtheria, furnishing seed enough to infect the school and lead to its closure; and, worse than all, the child with