

nutritive and at the same time readily assimilable are furnished to the sick person. Of the advantage of a fairly competent knowledge of such foods, both in their chemical elements on the one hand and in their variety on the other, probably no one can be better aware than myself: and such knowledge has been of infinite service to me, or some grave delusion exists in my mind. We must, too, remember another aspect of the subject,—viz., variety. While we are in health we are apt to growl about lack of variety in our food: how much more, then, the sick man! If the changes can be rung by different forms of meat-broths combined variously with different prepared foods, how much variety can be furnished to sick persons, and with that how much inducement to take that nourishment, so badly wanted and so hard to supply in many instances! Sago, tapioca, and rice or barley can all be placed in a slow oven and baked for an hour without scorching, and so be prepared for use in the sick-room. When the patient is convalescing, a milk pudding can be prepared of such material, which requires but little of the digestive act. Or there are various forms of plain biscuits which are admirably adapted for use with broths or soups (the Channel Islanders always thicken their soups with biscuit broken fine or powdered). By such means a good and, indeed, substantial meal can be furnished to a phthisical person with softening tubercle and a feverish temperature,—a typical instance of enfeebled digestion due to general malaise. And as for gastric catarrh or atonic dyspepsia, such a meal would not be likely either to become enfolded in a layer of mucous or to present any difficulty as to solubility. These may seem very simple matters, scarcely worth putting on paper; but the professional acquaintance with them is not as ample as it might be with advantage to invalids and sick persons. When a medical man lifts his eyebrows or protrudes his lip when “Baby-Foods” are mentioned in relation to dyspeptics and persons acutely sick, the impression he makes on my mind is this: that he has not made a study of the matter of food and its digestion, and that he has yet to learn some matters which, when acquired, will enlarge his usefulness and strengthen his hands when he stands by the bedside of his patient.

DURATION OF CONTAGIOUSNESS IN INFECTIOUS DISEASES.

The only attempt within my knowledge to formulate experience in respect of the duration of infectiousness, is that of Dr. Miller, of Dundee, whose tabulation is as follows:

Small-pox—14 days after termination of scabbing.
Typhus—28 days from inception.
Scarlet fever—7 weeks from inception.

Diphtheria—6 weeks from inception.

Whooping-cough—8 weeks from inception.

Measles—6 weeks from inception.

Small-pox.—As to small-pox, there is practically unanimity in regarding the danger as existing until all crusts are removed; but a few incline to prolong even further the period of isolation.

Typhus Fever.—In relation to typhus, there is less accord. One deems fomites the most important factor in the dissemination of the malady, while the rest lay stress on personal contagion. One regards it as “not contagious after a short interval;” a second advises segregation until repeated baths have followed the complete disappearance of the cutaneous exanthem; a third, somewhat indefinitely, would permit return to school “after complete recovery and disinfection.”

Typhoid Fever.—Those who believe in the direct personal contagiousness of enteric fever are few in number, and I fancy that nearly all of us will agree that the intestinal discharges are all with which preventive medicine has concern. Whether these retain their infectious properties during the whole process of the malady is a question still in uncertainty, and rendered more obscure by the apparent demonstration that the disorder may, under certain undetermined circumstances, be generated *de novo* from ordinary sources of filth-poisoning. At all events, isolation of the person seems unnecessary as soon as convalescence is complete.

The same considerations will apply, I believe, to cholera, with the further remark that, if Koch's recent observations are correct, the germs of this disease appear to be shorter-lived than any other known species, being destroyed not only by desiccation, but by the “scavenger-bacteria,” which conquer them in the struggle for existence in the products of common decomposition.

Diphtheria.—Diphtheria affords a wider debatable ground. To begin with, there are many (among whom my own experience forces me to class myself) who assign the first place in the pathogeny of diphtheria to the filth-poisoning, and doubt its exceeding contagiousness. Of a number of persons exposed to the same pathogenic conditions, it is not surprising that several should succumb; but this is not convincing evidence of transmission from one to the other, and I have seen repeated instances where, despite intimate contact, the disease failed to extend after its introduction into places in proper sanitary condition. One of my correspondents, who has long had charge of a large hospital for children, believes this malady to be feebly, if at all, contagious, and finds it quite safe to remit quarantine “after the disappearance of membranes;” a practical sanitarian, of national reputation, excluding fomites and filth in air or water, does not believe in personal contagion; a distinguished teacher in one of our metropolitan colleges doubts “its communica-