

revaccination at the age of twelve had nearly freed that country from small-pox. London was at this moment, in common with the rest of the United Kingdom, singularly free from small-pox, in comparison to other zymotic diseases, for last year—1886—out of 4,149,000 inhabitants, there were only 20 deaths from small-pox, against 2,077 from measles, 685 from scarlet fever, 2,834 from whooping-cough, 606 from typhoid, and only 13 from typhus fever. In Ireland no fewer than 222,029 persons died of typhus fever between 1841 and 1851, combined with typhoid.

A complete system of prevention for the infectious fevers included the isolation of patients during illness and convalescence, the isolation of suspected persons until the period of incubation was over, and the disinfection of clothing, bedding, furniture, and contaminated articles. Sir Thomas Watson's bequest to the profession in this matter advised immediate notification of all cases of disease, instant isolation of the infected person, disinfection of clothes, etc., and lastly, quarantine to keep out disease at our ports. Quarantine had long kept the plague out of Europe, the yellow fever out of New York, and the cholera out of our seaports. The extreme difficulty of preventing the spread of scarlatina was due to the fact that its contagiousness was greatest probably at the end of six weeks or two months after its invasion; and hence in Leicester, where a very successful effort had been made to stamp out small-pox, the effect on scarlet fever had been small. The treatment of such diseases in hospitals, he had no doubt, if carried out well, would extinguish such diseases entirely. In Leicester the working classes allowed themselves to be sent in family parties to the isolation hos-

pital without the city, and were kept there until a medical certificate was given to them of freedom from contagion.

The cattle plague was a good example of the way in which such fevers were allowed to spread, so long as medical men had not made up their minds what to do. The moment that it was agreed to isolate the infected animals in that disease, which was done summarily by destroying them, the disease was at once stamped out; and small-pox might in like manner be stamped out in six months in the United Kingdom. The isolation of all patients with such fevers should be compulsory both for rich and poor, because otherwise it would not be observed. Small-pox, typhus and typhoid fever, diphtheria and scarlet fever should all be isolated in such hospitals, and, of course, cholera and plague and yellow fever. When the patients were removed to the isolation hospital their homes could at once be disinfected by some capable sanitary authority at the public expense. The flooding of the drains in epidemics of typhoid and Asiatic cholera with some disinfectant or germicide was of great importance. Both the householders and the practitioners in charge of the case should be required to send in a notice of the existence of a case of infectious fever. With regard to the prevention of syphilis, which caused so many diseases and so many deaths among all civilized countries, it had been found that the Acts which were used for the purpose of extinguishing syphilis were inadequate, because they only applied to women and left men free. The better plan would be to punish all persons who infected their neighbours with such contagion with either fine or imprisonment, according as the contagion was spread