is a direct communication by an open staircase between the flats. I can speak with some confidence on this point, because I have frequently had the opportunity of making a comparative trial, and failed in the measles to limit the disease to the first affected member of the family, and this even in cases where there was no communication between the members of the family in the early stage of the case before the occurrence of the measles rash.

I think the comparative fineness and lightness of the particles shed from the skin of the measles patient may account for this difference. These fine particles are not so readily intercepted. There are no facts on record which enable us to decide with certainty how far the infective particles of measles and scarlet fever may be carried through the air without losing their infective properties, but what I do know of the spread of these diseases leads me to believe that they speedily lose the power of infecting in the open air. There is no evidence on record to show that they can retain their virility for any distance in the open air.

In the case of small-pox we have facts recorded which justify us in saying that the infective particles shed from the skin of the small-pox patient can be carried by air currents not only throughout the whole atmosphere of a dwelling, but for considerable distances around the dwelling without losing their infective proper-The observations of Mr. W. H. Power on the influence of ties. the Fulham small-pox hospital on the neighborhood surrounding it, seems to me to justify the opinion which he expressed in his reports to the Local Government Board that "There is evidence, alike from the experience of 1881 and of 1884, that small-pox has on occasions spread round the hospital to houses at all points of the compass in such a way that its spread cannot be accounted for unless its contagium has been conveyed through the general atmosphere." The facts recorded in these reports seem to prove that the infective particles of small-pox may be carried for at least a mile through the general atmosphere without losing their infective properties.

We shall now pass on to consider the second class, *i.e.*, those communicable diseases, the infectious particles of which are usually shed in the liquid or semi-fluid discharges from the throat, stomach, or bowels of the patient. The principal members of this class met with are : Typhoid fever, cholera, diphtheria and tubercular disease of the lungs.

The possibility of *aerial dissemination* of the infective particles, by air currents, in these diseases, depends on the drying up of the liquid matters and the dissemination of their contained particles in the form of dust. As long as the infective matters shed from patients suffering from such diseases remain in the liquid form, there is no danger of infection by breathing the air in the vicinity of the patient.

The real reason why smells from fresh typhoid excreta do not produce disease is that the gases which produce these smells do not carry with them the infective particles; and the true reason why they do become infective after the lapse of time is