

The second step is a study of the source or exciting cause, and for this there must be two essential pieces of information, a map or plan of the afflicted district, with all known cases and dates of onset. The other is a chart, showing essential facts in connection with all cases, such as names in order of occurrence, age, sex, dates of onset, residence prior to illness, sources of water, milk, ice supply, the eating of shell fish and other uncooked foods, sanitary condition of premises, screening of doors and windows, general cleanliness, etc. Also measures in prophylaxis and disinfection.

Upon careful study of all this information, if due to water supply, there will be a uniform distribution over the entire map and by a gradual increase in the number of cases. If the rise is in winter the evidence will strongly point towards the water. If well water, the cases will manifest themselves in clusters. If due to milk, the milk route will be ascertained, and if slowly progressive have in mind a "carrier" at the dairy.

There is a chain-like sequence of the cases in secondary infection which requires the closest scrutiny.

The practising physician is the one man who can materially aid by promptly reporting all cases of communicable diseases.

FLY-BORNE TYPHOID FEVER

According to Dr. C. E. Terry, City Health Officer of Jacksonville, Florida, water in that city is completely eliminated as a factor in typhoid fever. Jacksonville is supplied with artesian well water, from wells of an average depth of 1,000 feet.

Since January, 1910, milk, too, as a factor could be eliminated, as only three cases traced to this source occurred in the spring of 1912. With the two main factors removed, some other common condition had to be sought to account for the undue prevalence of the disease.

The conditions existent—8,500 privies—favored fly transmission, as not one was properly protected against flies.

In August, 1910, all privies were ordered screened or made fly-proof. To avoid contact cases, the sick room was also screened. In 1911 the cases numbered 158, against 329 in 1910.

Of the 158 cases in 1911, 88, or 55 per cent., were imported from surrounding rural districts.