

they had arisen. The system of separating persons attacked by an infectious disease from the healthy was defective in practice. The greatest difficulty arose from the fact that the friends of patients strongly objected to their being sent to a fever hospital. The remedy for this state of affairs was the compulsory notification of infective diseases by the first registered medical practitioner who saw a case, and the payment to him, on receipt of certificate, of a fee not less than £2 2s. in each case. It should be considered a misdemeanour, and liable to fine, for any person, wilfully to conceal his knowledge of a case of infective disease from the sanitary authorities. In carrying out disinfection much opposition was frequently offered because the people were inconvenienced by the process. To overcome the prejudice and resistance of the public, due in a great measure to ignorance, popular lectures should be delivered regularly at convenient places and hours on subjects such as air, water, ventilation, cleanliness, and the like, so to educate the people and change their attitude towards sanitation, from being one of resistance to being one of assistance.

DR. C. R. DRYSDALE, of London, contributed the following on the same:— Sir Thomas Watson and Sir James Simpson had expressed a conviction, which he shared, that contagious and infectious diseases "might be finally banished from the United Kingdom." Small-pox, typhus fever, typhoid fever, scarlet fever, the plague, measles, whooping-cough, syphilis, and hydrophobia were germ-produced, and it was entirely the fault of society that they were allowed to remain in any modern country. It was only the other day that measles, introduced for the first time into the Fiji Islands, killed about

40,000 of the natives out of a population of 120,000. Those who believe that typhoid or typhus fever might arise spontaneously might be referred to the classical essay by Dr. Bancroft, of London, written in 1812, which showed that no filth or overcrowding could of themselves produce such diseases. Dr. Drysdale believed that, with a few exceptions, most medical authorities held this view. Thus small-pox did not appear to have been known in Europe previous to the eighth century, and had not been known in America before Columbus went thither in 1492. Scarletina first appeared in Arabia, and measles also appeared simultaneously with that disease. Whooping-cough was unknown before the sixteenth century, when it was epidemic in Paris. The plague rarely visited the North of Europe in our day, but killed 68,000 persons in London out of 500,000 in the time of Charles II. There was no case of measles in the Faro Islands for sixty-five years previous to 1846, but when imported, out of 7,782 inhabitants, more than 6,000, old and young, were attacked by it. Syphilis arose in Europe in 1492, and hydrophobia had not been allowed to enter our Australian colonies. Typhus fever, which was very contagious, was almost unknown in some parts of the Continent; whilst typhoid fever also was entirely due to contagion through the excretions, and in this resembled cholera, which was certainly a germ-produced disease. Thus there were fifteen diseases of man and eight of the lower animals that would admit of being stamped out by determined hygienic regulations. For instance, rabies and hydrophobia had been recently stamped out of Prussia by the simple plan of muzzling all dogs; and the adoption of vaccination in infancy and