

sively that from the dust of rooms that have not been inhabited by phthisical patients no bacilli can be obtained—that is to say, guinea-pigs inoculated with this dust never succumbed to tuberculosis. Again, the bacilli can only grow at the blood temperature; evidently, therefore, they cannot multiply under ordinary conditions outside the body. But on the other hand they are endowed with great vitality. They withstand maceration and putrefaction for several days, as demonstrated by Galtier, and, as shown by Baumgarten, Ransome and others, dried phthisical sputum can be kept for half a year or more without the contained bacilli losing their virulence. The presence of the bacilli in the dust deposited from the air in rooms occupied by phthisical patients was determined so long ago as 1883 by Dr. Theodore Williams at the Brompton Hospital. Dr. Cornet, while confirming these last results throws doubt upon them. However, Cornet's own observations were so admirable and so extensive that even if forestalled by Dr. Williams he is worthy of all credit as having established most fully the point in question. In place of filtration or collection directly from the air, he removed the dust that had deposited upon the wall immediately above the head of the phthisical patient's bed, and inoculating this dust, suspended in broth into the abdominal cavities of three guinea-pigs, in each case he obtained very remarkable results. Many of the animals died rapidly, as might be expected, of septic peritonitis, but he obtained a large number of cases in which one or more of the guinea-pigs succumbed to tuberculosis. Thus 38 separate examinations in 7 different hospitals led in 15 cases to positive results, while the dust collected from the neighbourhood of 62 private tubercular patients induced tuberculosis 21 times in one or more of the inoculated animals. When it is taken into account that everything points to the fact that several bacilli must be inoculated in order to induce the disease, solitary bacilli being destroyed by the organism, then these results become most significant.

But Cornet did more than this. If, as these results demonstrate, the immediate neighbourhood of phthisical patients is rich in tubercle bacilli, then that neighbourhood must be especially infectious. Can this be proved to be the case? Very many