

to be observed as to disinfection, both during the patient's illness, and later when the sick-room is vacated.

The memorandum continues:—

*Investigation of sources of infection.*—The possible occurrence of anomalous cases should be investigated. Special attention should be directed to cases of sore throat, headaches, pains in back and limbs, etc., suggesting "influenza." The important share borne by healthy "carriers" as agents of infection should be borne in mind. The bacteriological examination of swabs from persons likely from their history to have acted as "carriers" should be undertaken. The method of procedure is set out in the next paragraph.

*Investigation of possibilities of continued infection.*—The infectivity or otherwise of contacts can be determined by taking swabs from the upper part of the nasopharynx. Swabs from the fauces are of small value. It is important to avoid contamination of the swab by the bacteria of the mouth and fauces. This has been effected by using a swab mounted on a long rod, curved at its distal end, and protected by a metal cannula. The swab should not be extruded until the end of the cannula has passed behind the uvula, and should be withdrawn into the cannula immediately after careful contact has been made with the mucous membrane of the nasopharynx. As the meningococcus does not live long in the swab it is desirable that Petri dishes containing suitable media should be obtained direct from a laboratory and inoculated directly the swab has been taken. The first Petri dish may become overgrown with extraneous organisms, and it is therefore desirable to use two dishes, the second being inoculated from the first by means of a sterile glass rod or other sterile implement. The Petri dishes should be forwarded to the laboratory without delay. Whenever practicable, swabbing should be done by or under the superintendence of the bacteriologist. Inability to secure a positive result from swabbing may be caused by unskilled swabbing or by failure in the subsequent procedure of inoculation of the medium in the Petri dish or by failure to incubate promptly at the appropriate temperature. Negative results obtained with swabs sent by post for transfer to culture media at a laboratory may be due to the death during transit of any meningococci present.

*Precautionary measures as to contacts.*—All persons who have been in attendance on, or otherwise in close personal association with, the patient should be regarded as possible carriers of infection. The duration of the infectivity of contacts is doubtful. It will be a useful rule to regard them as possibly infective for three