

Exactly the same facts are true of small-pox and some of the other contagious diseases.

Some years ago I was summoned to see a sick baby but a few weeks old. The briefest examination showed that it was a case of small-pox, in the fully developed stage of the irruption.

Where did it acquire the disease? It had never in its brief life been outside the house. The mother, a quite feeble woman, had not been out doors since the babe was born. The father, the only other member of the family, worked in the neighborhood, and had not been away from home to any other place in a long time. They had no visitors except those who lived quite near them. There was no small-pox in New Haven, and had been none in many months.

Persistent enquiry finally elicited these facts: The family had, some months before, removed to New Haven from another city. A former husband of the mother had died of small-pox about two years before. Some trunks and boxes, possessions of her former housekeeping, had been brought with her to New Haven, and not been opened since the death of her former husband until after the birth of her baby. The origin of the disease in this case was no longer a mystery.

There is no limit to the recorded illustrations of the fact that disease germs, packed away from the free access of air in confined places, maintain their vitality for an indefinite time. The story of the grains of wheat found in the wrappings of an Egyptian mummy, where they had reposed some thousands of years, sprouting vigorously when planted in the soil is generally discredited by botanists; it is, however, conceded by them that the vitality of seeds of some forms of vegetable life does not perish for many years. The emanations from the graves of the dead, after hundreds of years of burial, have communicated to the living fatal maladies of which many have died. * * *

Now, we have another class of infectious diseases, of which typhoid fever is a type. You may call upon and cheer up your typhoid fever friend if he is not too sick, or as soon as he may be able to see you, without risk of taking the fever or carrying it to others. That you could not do with your small-pox and scarlet fever friends.

Disgusting as it may appear to you and seemingly impossible, almost the only way one can take typhoid fever is by swallowing some of the excrement of a typhoid fever patient. It has been very satisfactorily shown that the infection from a typhoid fever case is only found in the discharges from the bowels. It is not

floating in the air, given off from the skin and exhaled in the breath, as are the infections of small-pox and scarlet fever. It is only in the stools, and to take the disease one must swallow some portion of them.

The involuntary thought of each one of you is, If that is so I am safe from typhoid fever, for I shall never swallow the minutest portion of another person's stools. Now, do not be quite so sure of that. You may even now be in the practice of swallowing a dilution of other person's stools every day. Some of you, I know, drink water daily from a well in the back yard of your house. In the same yard is a privy vault which receives the daily excrement of all the family. Your neighbors on each side of you have exactly the same accommodation—each a well and a privy vault.

If the excreta of a typhoid fever patient are thrown into a privy without disinfection the fever germs in due time may reach the ground water and be carried to the wells of the vicinity.

Even large reservoirs of water intended for the general supply of a town are not safe from the danger of such infection without constant vigilance. This fact was illustrated in Plymouth, Pa., quite recently, when, in a town of 8,000 people, 1,250 were stricken with the fever and 130 died. The infection of this water was from a single privy located on the banks of a brook running into the reservoir. * * *

Protection from infectious diseases in a community cannot be secured by dependence upon individual voluntary action. There must be authority to compel obedience to necessary sanitary regulations. Individuals acting without order or skilled direction are in most cases a mob. The systematic control of infectious diseases depends upon a few cardinal principles, the chief of which are: First, immediate notification to the health authorities of the occurrence of such disease. It should be as prompt as a fire alarm. Next, the isolation, if necessary, of the sick, and providing for their proper care without exposing others; and, finally, the disinfection of whatever may proceed from such sick persons that might carry the infection to others.

The time will come when a death from typhoid fever will be considered as proper a subject for a coroner's investigation as a death by any other poison. It only requires the rigid application of laws already recognized to reduce to a very inconsiderable amount the sickness and deaths from most of the infectious diseases. By proper means they are preventable, and always some one is responsible for their occurrence.