

and dug wells, varying in depth from 8 to 18 feet, were the mode of water supply. Now it was only natural that the soil—if you could call it such—was of a poor kind, being a mixture of sand, clay and debris, and very porous, so that after a heavy rain the wells contained surface water and filth. In one house in this section typhoid fever occurred during three successive years, but since city water has been put into the houses in this district conditions have improved; and now that sewer connections are at hand we look for better things.

Another area which was prolific of typhoid fever was the district bounded by Princess street, the river, Adelaide street and the creek, and several houses in this district have a history of successive and repeated outbreaks of the disease. You ask, Why was this area a bad one? Not because of made up ground, but rather lack of sewerage, combined with the influence of the creek, which is not only shallow and narrow, with no current, but which receives one, if not two, sewers, and the debris from one slaughter house. The Board of Health have again done a good work in having sewers put down here, in having the slaughter house moved outside the town limits, and in having the existing sewers frequently flushed, and the outlets kept free from debris. Careful inspection and close questioning on the part of the medical man failed to bring to light anything of a nature foreign to the area, and therefore the conclusion arrived at was that the successive outbreaks were due to specific causes within the area itself. You can readily see how easy it is for a careless person to so deposit the excreta of a typhoid fever patient in a shallow pit, cover it over with loose earth, and then after a time this earth is disturbed, and the organism placed in a condition to thrive; or again, to spill some of the excreta on the ground before burying it, and neglecting to sprinkle any disinfectant about and upon it. I wish just here to say that I believe medical men are exercising more care in the orders given nurses or people in charge of these cases regarding the disposal of the excreta, and that they have succeeded in making people realize the nature of the infection, the cause of the disease, and the care necessary to be exercised in order to prevent its occurrence and spread. I wish also to say that I believe medical men should be more careful and exact in reporting cases of typhoid, and be more rigid in enquiring as to the probable source of infection. In both the districts in which typhoid fever was prevalent the houses were mostly of frame construction, containing five or six rooms, some of them very small rooms, and I believe the disease in some of them is due to what might be called sick room infection. In the *Sc. Med. Journal*, Sept. 2nd, 1899, there is a long article by Herbert Peck, M. H. O. Chesterfield, and in summing up he says: "Sick room infection is more common than is supposed, and its dangers do not receive the amount of attention they deserve; also that it is much more common in the crowded houses of the poor than in the larger houses of the well-to-do." We know that the linen used in the sick room, especially among the poor, is not changed as often as is necessary, and proves a source of infection; also that the excreta of patients in small houses is frequently subjected to a drying process, which allows of the diffusion of the typhoid bacilli and

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