

to grow and reproduce. The child's oral and nasal mucous membranes, which probably alone form the portals whereby organisms enter and cause disease, should be as healthy as possible, no decaying teeth, no adenoids, no enlarged tonsils, nor chronic inflammations of the nose and throat. There is no greater or more useful office in public health work than that filled by the medical school inspector and nurse.

Milk is a splendid culture for the most of the pathogenic organisms, and Scarlet Fever is no exception. Of 253 milk-borne epidemics collected by Trask, P. H. and Marine Hospital service, and occurring since 1895, 179 were typhoid fever; 51 were Scarlet Fever; and 23 were Diphtheria. It was thought for a long time by some authorities that possibly certain diseased conditions of the cows' teats might produce milk epidemics of Scarlet Fever. This has never been generally accepted. Every milk epidemic comes from some previous Scarlet Fever case coming in contact with the milk. Therefore, no scarletinal patient should be permitted to come in contact with milk, the production of milk, or any product of milk, for several weeks after his release from quarantine.

Milk should be delivered (as at all times) fresh and cold to the patient, in order that the number of bacteria will be few and preferably in paper containers, which may be burnt. If this is not possible the milkman should pour the milk from his vessel into the patient's vessel, taking care that nothing comes in contact with his can. There must be no exchange of vessels be-

tween the milkman and the infected house.

The housing of people must be considered in every outbreak of infectious disease. It is impossible to isolate the patient from the rest of the family in a one or two-roomed hovel. In the absence of a temporary hospital, all that can be done is to quarantine the house and permit the disease to run its course through the members of the family. It is to be hoped the day will soon come when people will live healthy happy lives midst sanitary surroundings, as Dr. Reid, P.H.O. for Nova Scotia, stated in a paper on the sanitorial treatment of tuberculosis, published in *The Public Health Journal for July, 1911* (a paper that every physician who is interested in public health work should read):

"We must make every residence a sanitarium and every factory, work-shop or office must be conducted on sanitary lines, and this is not only feasible, but the expense may be comparatively trivial."

In conclusion I would like to say that the health department renders physicians every possible assistance to prevent the spread of all infectious diseases and supply you with the most recent information available on all public health topics. In return, it is your duty to assist the health department by giving prompt notification of your infectious diseases and by observing all the laws and regulations of such a department. There must be perfect harmony between the medical profession and the public health authorities with one object in view and that object should be what is best for the public health.

---

## NOTES FROM PRESIDENTIAL ADDRESS, 12TH ANNUAL CONVENTION CANADIAN ASSOCIATION FOR PREVENTION OF TUBERCULOSIS.

BY PROFESSOR J. GEO. ADAMI, M.D., F.R.S., MCGILL UNIVERSITY.

Apart from the mere carrying out of health regulations, the matter of Tuberculosis has to be approached from the scientific side, or more accurately from the side of applied science. It is essential, that is, for us to be sure of our cases and to make our diagnosis by the most modern

and accurate bacteriological methods, and here the university has to come to the aid of the city and the state. It used to be thought that the university did its duty if in its laboratories it trained the physician. Dr. Frank Westbrook has developed a better path. As Professor of Bacterio-