

teriological examination made, especially if many cases appear in a given locality. This custom should be encouraged whenever possible. In some public institutions diphtheria has continued over long periods under the name of tonsillitis. It is not usual for tonsillitis to continue over prolonged periods, affecting a considerable number of people, more especially in mild weather. The spreading and continuing under all conditions of weather should suggest that the supposed cases of tonsillitis are really cases of diphtheria. An early bacteriological examination would have avoided the hold which such cases have sometimes gotten.

In the way of treatment of diphtheria, to the end of its prevention, the Ohio State Board of Health has established in every county of the State at least three or four depôts for the distribution of anti-toxin at a price not over one-fourth that which the people must pay in the open market for it. Many physicians are availing themselves of the opportunity to get this and use it in immunising those who have been exposed to the disease, but have not yet acquired it. It is sold through an order of the Health Officer in the given locality. This is doing much to check the spread of epidemics.

Membranes croup is diphtheria. It is simply a difference in location. It might with propriety be called diphtheria of the larynx.

I think it has generally become understood that the contagion of scarlet fever clings for a long time to anything that has been exposed to the disease. This is especially true of clothing and books. Many times clothing which has been about the sick-room and afterwards packed in a trunk, and long after transported, without sterilization of any kind whatever, has developed the disease in that manner. Books returned to libraries, or letters sent out under similar conditions, have communicated the disease. These facts naturally suggest the remedy. That great epidemics of scarlet fever no longer take place is due to the fact that health officers have had the unstinted co-operation of physicians in controlling the disease.

Nowhere has the brilliant work of sanitarians been better displayed than in the control of typhoid fever. Without the in-

telligent co-operation of the laity with the medical profession and health officers and public officials it is impossible to control this disease on a large scale. I know of no place where this harmony of action has better existed than in dealing with the different problems looking to the control of this disease. The problems involved in its control have often demanded the expenditure of large sums of money. I have frequently been surprised to see the alacrity with which these questions have been met. Oftentimes large sums of money have been authorized by citizens of the cities that their officials might make expenditures looking to the control of the disease when the idea was wholly altruistic. Notably has this been true where sewage disposal plants have been constructed that they might not endanger the water supply in the town below. They have often spent this money with even a greater willingness to aid towns below them than they were to improve their own water supply where they got the direct and immediate benefit themselves. This is certainly a noble tribute these citizens have paid to themselves for their broad humanity. But typhoid fever is not alone a water-borne disease. It is true, some of the worst epidemics have been caused by typhoid germ laden water, whether in streams, wells, or springs. Where an impure water is supplied to a town, typhoid has been a pretty constant factor for that community to deal with. While the water supply of any community is the principal thing to be considered in controlling typhoid fever, it is not the only one.

In every rural community when typhoid breaks out it is charged to an infected well or water supply. Frequently the charge is true. As you know, the typhoid germs that cause the disease are always contained in the stools of a typhoid patient. Now if it chance, as is so frequently the case, that these stools are thrown undisinfected into an unscreened privy vault in warm weather flies soon fill themselves with the offal containing these germs. From there they soon appear at the dining table or in the kitchen and alight upon food which is exposed to them, thus leaving infection upon it. There is no doubt that this is a frequent way of disseminating the disease. These same flies soon find their