

more often alone, in the dark and even at cross purposes, have nevertheless all reached the same point, and today each finds his co-workers beside him. Much of the work done has consisted in clearing away the fallacies built up by tradition, but construction-work has gone on also, and it is now possible to formulate the results.

The essential change is this: The old public health was concerned with the environment, the new is concerned with the individual. The old sought the sources of infectious disease in the surroundings of man; the new finds them in man himself.

The old public health sought these sources in the air, in the water, in the earth, in the climate and topography of localities, in the temperature of soils at four and six feet deep, in the rise and fall of ground-waters; it failed because it sought them, very painstakingly and exhaustively, it is true, in every place and in every thing *where they were not*.

The new public health seeks these sources—and finds them—amongst those infective persons (or animals) whose excreta enter the bodies of other persons.

The old public health failed to find the sources of infection; it also failed in most instances to find the routes of transmission. It is true that public water-supplies were detected as at times transmitting infection; but milk was hardly suspected twenty years ago, and flies, suggested in 1887\*, were not seriously considered until the Spanish-American war; mouth-spray \* \* and

\*Wm. H. Welch: Address at the Annual Meeting of the Medical and Chirurgical Faculty of Maryland 1887, quoted in "Sewage and Local Drainage."—Waring, 1889.

\*\*By this is meant the fine droplets thrown out from the mouth in speaking, singing, laughing, sneezing, coughing, etc.