

rectly by contact. It appears probable, however, that the infection was already widely disseminated in this country sometime before a serious epidemic was recognized.

Despite the fact that there is still some uncertainty as to the nature of the micro-organism causing pandemic influenza, one thing is certain, that the disease is communicable from person to person. Moreover, judging from experience in other disease, it is probable that the germs whatever its nature, is carried about not only by those who are ill with influenza, but by persons who may be entirely well. Everything which increases personal contact, therefore, should be regarded as a factor in spreading influenza.

Much was heard last winter of the use of face masks. Though the use of suitably constructed masks will reduce the interchange of respiratory germs through inhalation, it must be remembered that there are many other paths by which such germs are transmitted from person to person. Soiled hands, common drinking cups, improperly cleaned eating and drinking utensils in restaurants, soda fountains, etc., roller towels, infected food—these are only a few of the common vehicles of germ transmission. The use of face masks appears to make people neglect these other paths of infection, and so the use of face masks has not been attended with the success predicted for them. If we would be more successful in combating influenza greater attention must be paid to the factors just enumerated.

The question of most practical and immediate interest is the probability of recurrence in the near future. Recurrences are characteristic of influenza epidemics; and the history of the last pandemic and previous ones would seem to point to the conclusion that this one has not yet run its full course. On the other hand this epidemic has already shown three more or less distinct phases and has been more severe, at least in mortality, than the three-year epidemic of 1889-92 facts which justify the hope, though not the conclusion, that it has run its course already.

It seems probable, however, that we may expect at least local recurrence in the near future, with an increase over the normal mortality from pneumonia for perhaps several years and certainly we should be, as far as possible, prepared to meet them by previous organization of forces and measures for attempted prevention, treatment, and scientific investigation.

There should be no repetition of the extent and distress which accompanied last year's pandemic. Communities should make plans now for dealing with any recurrence of the epidemic. The prompt recognition of the early cases and their effective isolation should be aimed at. In this connection, attention is called to the fact that the cases may