

which is contagious or communicable under certain conditions. Just what those are is not clearly understood. The best that can be done at present is to isolate all cases of the disease. The isolation should be prompt and decisive. It is not sufficient that most people visiting the house be kept out of the sick-room, but it should include all who are not absolutely needed in. This advice especially applies to those who have children back at home. This advice is not always sufficiently regarded by some who do not fear the disease and by others who do not believe in its contagiousness. Even though it may finally be shown that it is simply infectious and not contagious, it is better to carefully isolate all cases of the disease. We can only act in the best knowledge that is before us, and it is better to err on the side of safety. It is unlikely that isolation will prove useless in the prevention of the disease, even though the disease were not contagious. The same conditions of infectiousness still exist in the home where the disease first developed. Perhaps back at another home these conditions do not exist. So, above all, keep children away from cases of this disease wherever it is possible to do so.

Measles and whooping cough result in many deaths, especially in the very young. Still, there is an impression, which is rather widespread, that it is better for children to have the various diseases of childhood when they are young. This belief is based upon the fact that in some epidemics, of measles especially, the disease has proved rather disastrous, if not resulting in death at least being associated with some complications of an undesirable character, both in men and women. In the adult, inflammation and destruction of a testicle in men, and a like complication in the destruction of an ovary in women, or, perhaps, simply an inflammation of that part. Still, these are unusual complications in the adult. In the first place, it is unusual for adults to take these diseases under ordinary conditions. Adults seldom take whooping cough, even though they have escaped it in youth. Many deaths result from it in infants; pneumonia being a frequent complication in those of tender years. Both these diseases should not only be reported

to health authorities, but they should be isolated until the period of contagion has reasonably passed. The practice of many children with the whooping cough being allowed to run the streets or ride in the street cars or steam cars should not be permitted. If found doing these things they should be checked, by peaceable means if possible, by forcible means if necessary.

No physician objects to reporting smallpox to the health authorities nor having those cases subjected to a strict isolation. That is provided he has satisfied himself beyond question that the patient has smallpox. There is no objection to this, but there is an objection to his carelessly diagnosing cases of smallpox as chickenpox. Of course, this has not been done intentionally. I think frequently physicians jump at the conclusion the eruption is one of chickenpox without sufficient thought that the case may be one of smallpox. Many cases of smallpox are mild, making it rather difficult to differentiate between the two. The mild cases of smallpox are even more liable to start an epidemic than severe ones, because the patient is physically able to run around in the mild form, but is confined to his bed in the severe cases, thus isolating himself. All cases of chickenpox should be reported. If this is faithfully done the attending physician will be more careful that the disease really is chickenpox and not smallpox. Then it gives health authorities better opportunity to be of assistance to the attending physician in canvassing some of these cases. If they are of an obscure character, experts are sent out who naturally are better able to decide between smallpox and chickenpox by reason of their seeing many of these cases all the time compared to the usual attending physician, who may seldom see a case of smallpox, if, indeed, he has ever seen one.

Diphtheria has come to be so thoroughly understood by the general practitioner that little difficulty arises through the State by reason of his negligence in reporting cases or incompetency in treating them. However, he is occasionally guilty of regarding mild cases of diphtheria as those of tonsillitis. Even though these cases are mild, it is a commendable custom which some physicians follow of having a bac-