

traced the steps by which it has progressed. After referring to the effects of sanatorium treatment, to the introduction of a system of graduated labor as a substitute for walking exercise, and to the various forms of tuberculin, he considered what were the prospects of the crusade against tuberculosis in England, and how they could be furthered. It was probable, he said, that a large proportion of the two-thirds reduction in our phthisis mortality during the last fifty years was due to such agencies as improved drainage, less overcrowding, better food, more air and sunlight, improved standards of cleanliness, and greater opportunities for play and exercise. Other beneficial factors were town-planning schemes, and improved education by tuberculosis exhibitions and teachers. Turning to the question of treatment, he claimed that the dispensary system introduced by Dr. Philip was of the greatest use, as home visitation of the consumptives and connecting them with philanthropic and other agencies was thus secured. He suggested that the out-patient departments of consumption hospitals ought, if well organized, to fulfill the same functions. Few cases were fitted for admission into a sanatorium, and the consumption hospital was the proper place for most members of the working classes, who seldom came up for treatment, except when they were in an advanced stage of the disease. After treatment in hospitals they might improve sufficiently to benefit by removal to a sanatorium, which was intended to receive consumptives in early stages, and able to take exercise.

"I am convinced," Dr. Williams concluded, "that any comprehensive scheme for dealing with consumption in this country, should include the establishment of a large number of consumption hospitals scattered over the country in close connection with dispensaries and sanatoriums, and as a further link in the chain, some form of labor colonies and exchanges should be available. The task of further reducing and abolishing tuberculosis is not a hopeless one, but it does not lie wholly with the doctors. It lies also with those who have it in their power to remove or lessen the principal causes of tuberculosis, namely, the overcrowding of our cities, the way to open spaces and ventilation, the insanitary houses, the lack of a good supply

of water and pure milk. If all these defects were remedied the number of phthisis cases would be comparatively small. The Government and the Local Authorities could insist, too, on the removal of advanced cases of consumption to a hospital or infirmary, and thus do away with one chief source of infection, and we should soon see a rapid fall in the number of contact cases and in the mortality tables."

British Society of Medical Officers of Health.

The annual meeting of the British Society of Medical Officers of Health was held in London recently, when Professor Bostock Hill, Medical Officer for Warwickshire, delivered his presidential address.

He prefaced his address by a graceful acknowledgment of the honor conferred not only on himself, but his father, Dr. Alfred Hill, who was not only the first president of the enlarged Society of Medical Officers of Health, but the father of the British Medical Association. Proceeding to trace the evolution of the Medical Officer of Health, he made a brief reference to the wonderful sanitary administration of Rome in the height of its power, declaring that from the point of view of civilization and of municipal government, a greater disaster probably never befell the world than the fall of Rome, for on this event much of the carefully elaborated municipal work perished, and succeeding generations had slowly to endeavor to raise again a system of public health administration. Coming to modern times, he remarked that the nineteenth century must ever be memorable as that in which modern hygiene was born, and that in which the medical sanitary officer first came into existence.

In the first decades of the century the most important sanitary work accomplished was undoubtedly the passing of the Act for establishing the registration of births, deaths and marriages, which enabled the statistician for the first time to collect statistics in a scientific form on which should afterwards be based the present administrative system of public health. Between 1848 and the year 1872 the main work in the evolution of the medical officer of health was educational. Facts accumulated, based on statistics and the progress of