

should so inconsistently raise the pean of victory for surgery and bacteriology. Believe me, this is not done in an envious or carping spirit, but merely to illustrate the fact that in the matter of the successful treatment of disease, the surgeon and the bacteriologist have undoubtedly made greater strides than the physician, though in the purely scientific aspects of professional knowledge I think it must be admitted that the physician has at least equalled the attainments of his surgical colleague.

The chief advances in medicine (using the term in its restricted sense) have been in the elucidation of obscure points in etiology, the more accurate description of the clinical phenomena of disease, and the improvements of methods of diagnosis.

To a few of these I would especially like to draw your attention. The field being so vast and the labourers so many, it would be impossible to do justice to the whole subject, and I trust you will forgive me if I take as illustrations a few of the more common affections which form the bulk of the daily experience of the physician.

Among these, pulmonary tuberculosis claims the first place on account of its extensive prevalence and the prominent place it occupies in the mortality statistics of nearly every country on the face of the globe. Since the epoch-making discovery of Koch, nineteen years ago, there is surely no one, whose opinion is worth considering, who does not recognize that tuberculosis has been finally and definitely removed from the group of so-called constitutional diseases, to occupy its rightful place among the specific infective diseases.

The recognition of this fact has profoundly modified our views in many directions. Heredity as a factor in the transmission of tuberculosis has lost ground in proportion to the ever multiplying proofs of the frequency of infection, and though it cannot be denied that a certain bodily condition, made up of many as yet imperfectly defined elements, does form a favourable soil for the growth and multiplication of the tubercle bacillus, it also cannot be denied that an individual inheriting such a bodily condition, if removed from all the known sources of infection and placed in a suitable environment is not more liable to develop pulmonary tuberculosis than his more favourably constituted fellow-being. Many of the so-called hereditary cases of pulmonary tuberculosis are nothing more than examples of family infection, one member after another of a family becoming infected through a period extending perhaps over many years. Most of us could cite cases in support of this view; I know of several that can be explained satisfactorily in no other manner. It would be interesting to know whether this method of family transmission, what might be