be done on a central office basis, and on the strength of that the municipality could apply to the Government for aid. The money so spent would be returned in later years by a thousand-fold. In conclusion, Dr. White stated that the crowning achievement of the sanatorium officials in Pittsburg had been the securing of the appointment of a municipal health commission.

There was a brief discussion on the address, and Dr. White was tendered a hearty vote of thanks.

ECONOMICS AND SUCCESS IN THE TUBERCULOSIS CRUSADE.

At the evening session Prof. Adami, of McGill University, spoke on "Economics and Success in the Tuberculosis Crusade" to an audience which completely filled the auditorium. He spoke of the present knowledge of tuberculosis, and of the practical application of that knowledge in stamping out the disease. The problem he considered essentially a pecuniary one. The main data or factors in the problem he stated thus:

"The infection is singularly widespread throughout the community. It is conveyed in the main from individual to individual, but only when the disease is what we may term open —that is to say, when it attacks the lungs and provokes a discharge of bacilli—is it within the limits of the possible to eradicate the disease. That being so, what are the more economic methods? How can we insure thorough action with the least cost to the community? For, admittedly, if the disease and the danger of infection be so widespread, the cost of eradication cannot but be a very serious matter. The disease is so widespread that, save for the benefit of the individual, it is useless to keep data of individual cases; so many centres of infection are thereby left untreated that no material benefit accrues to the community at large. The magnitude of the problem and of the work before us is appalling, and it is necessary that at the outset we should realize it.

"A large general hospital post-mortem examination here in Canada reveals that every other case shows evidence of having been infected with tuberculosis. The observations of Nageli and others show that in certain crowded communities of the old world practically every individual who attains to the age of 30 bears evidence, slight or extensive, of having been affected. I do not believe that here in Canada conditions are quite so extreme. It is amply sufficient for present purposes to be able to lay down positive evidence that here at least one out of every two adults has experienced a tuberculosis infection. The Canadian census of 1901 gave a mortality of 18 per 10,000 of the population from