wonderfully so. Their laws for the isolation of the infected, quarantine of the suspected and the destruction of infection were admirable indeed. Later on, however, the growth of communities, the density of population, especially the crowding of people into large centres demanded the more perfect regulation of all laws affecting protection from disease.

Now, curative and preventive medicines go hand in hand, or, at least, they should do so. The time is past when a physician can walk into the house of his patient, ask a few questions, look at the tongue, leave a prescription or a bottle of physic and depart. The education of the public is so general that our patients demand of us that we give them the nature of the sickness, the cause or the origin of the same, the most probable source of it, and the best means of preventing its spread or re-occurrence. This will necessitate the physician being familiar with the most likely mode of infection in a particular disease. Should it be due to a micro-organism, the life history of it should be known, the special disinfectant to which it is most susceptible, and all laws for protection against it. In order to prevent the spread of a disease we must have a thorough understanding of its causation. The causitive factors are numerous, different in nature and degree. We know well that all do not become tuberculous to whose systems the tubercle bacillus gains access. This exciting cause requires other causes to increase the disease-producing power of the micro organism, and to diminish the resisting power of the patient. These exciting and predisposing causes must work together and therefore to prevent disease they must both be warred against. The influence for example of occupation on the prevalence of disease is striking. This is seen in all mortality tables. For example; from one:

(1) Giving the comparative mortality of men between 25 and 60, I take the following:

Gardeners	
Agricultural Laborers	108
File Makers	126
Printers	300
Scissors Makers	193
Clergymen, Priests and Ministers	229
Lawyers	100
Physicians	152
	202

(2) From another table giving the average age at death of men in different occupations, I quote:

Farmers etc	
Ship Carpenters	65.29
Coopers	58.53
Glass Cutters	59.22
Telegraphers, male	43.16
" female	28.80
Clergy	24.43
Lawyers	58.57
Doctors	56.45
	54.99

The crowding together of people has perhaps more to do with sickness and death than any one cause. The increase in the death rate and in the prevalence of disease is in every case, without exception, as far as I can learn, in direct proportion to the increase of the population. From