

can Health Association, delivered an eloquent address on "Practical Suggestions on International and Interstate co-operation for the Prevention of Disease and for Stamping out Epidemics." The lecturer spoke of the necessity of speaking in a popular manner in order that the people and their officers of health should be brought in close, intimate, and friendly relationship and co-operation. What does the subject mean? Not quarantine. That word has passed and co-operation has taken its place. What is the unit on which we have to act or to take action? It is the family, whether clean or unclean, this is the unit! Our ideal is a clean and healthy family; *i.e.*, a clean person. This is not quarantine, as France shutting out Germany against cholera. It is a household disease. It is the cleansing there; we know that the infection of a disease, say small-pox, may be cultivated, either artificially or externally, indefinitely. Let us discuss one of these diseases, say small-pox—and we know how easily the municipal mind gets frightened at this. This we can handle, but it is those other diseases, diarrhoea, infantum, diphtheria, etc., which are of most importance from their mortality. Forty per cent. of all deaths occur under five years from these causes. Again, take phthisis which causes 11 per cent. of all deaths, and yet we sit down stolidly as if they were to be. See the difference. Think of the great cholera conference at Rome. There they sat and sat and discussed a disease prevailing there only partially and locally, and yet these other diseases pass unnoticed. Now we see the results of sanitary co-operation in regard to cholera and small-pox, in which co-operative and preventive measures have usually taken place. Now we would get the same results if we applied ourselves to co-operation in regard to these other diseases. The terms of Interstate and International co-operation, etc., are only convenient for classification, and do not alter in their nature from that of individual co-operation and isolation. The absence of co-operation was illustrated by an outbreak of diphtheria amongst Norwegians in Minnesota. Compulsory isolation and disinfection were evitable, they were adopted and the disease was eradicated. Other illustrative cases were given, while it was further stated that diphtheria, unlike other zymotics, may be taken again and again. The speaker thought that the public good demanded placarding and isolation, even though a hardship. Better for the municipality that the expenses of such a case be paid. Another good way is one being adopted in many places, especially in towns the size of Lindsay, *i.e.*, to have a small isolation hospital. Another way adopted frequently in Minnesota is to erect a tent and isolate in that. The speaker said these illustrations have been made to show how much can be done by the individuals of the community in aiding the executive officers in doing their work. If the people continue to do this in the 700 municipalities in

Ontario, the example will become even more contagious than any of these diseases and may even spread across the line in spite of the protection tariff, and even help people there as you have helped yourselves.

Dr. J. J. Cassidy then continued in the paper on "How to Prevent Consumption." Dr. Hewitt in discussing this paper referred to the serious responsibilities laid on the Medical Health Officers. He was afraid that methods of compulsory isolation for consumption would be a failure. Dr. C. W. Covernton, of Toronto then spoke, stating the opinion of Italian physicians in favor of having isolated hospitals for consumptive diseases.

Dr. Yeomans, Mt. Forest, then said that the zymotic origin of tuberculosis affects most practically the question of inheritance and curability of phthisis. Dr. McClellan, of Trenton, continued the discussion, stating that it is a question, as yet undecided, as to the best practical methods of dealing with this infectious disease. Dr. Griffin, Brantford, thought that perhaps the subject was one which was beyond our ability to express positive opinions about, and perhaps it was of doubtful expediency for the Association to discuss the question before the general public. He would not be prepared to adopt any enforced isolation treatment. Dr. Bryce continued the discussion, pointing out the zymotic character of the disease from statistics and experiments and clearly indicated the sanitary bearings of the question, and the necessity for teaching the public the precautionary measures to be taken. Dr. Macdonald, Hamilton, made a few remarks concerning the modern advances in our knowledge of this disease. Dr. Cassidy thereafter closed the discussion and pointed out that the task of prevention of a bacillary disease was the subject of the paper and that it was peculiarly our duty to teach and take measures for its prevention.

THIRD SESSION—AUGUST 15th.

The meeting met at 10 a.m. and was opened by prayer by Rev. C. H. Marsh. Dr. Bryce then read the minutes of the last meeting of the Association of Executive Health Officers, which were approved of. A number of regrets at inability to be present were read from Hon. C. W. Ross, Hon. Chas. Drury, Prof. Wright, Prof. Brewer, Senator Paquet, etc.

Dr. Griffin, of Brantford, then ably introduced his paper on "Notes on Inspection of Public Milk Supplies," in an address. He stated that milk inspection is yet in a somewhat immature state, but the necessity for pushing the work is only too apparent to a body like the Health Officers. In his district he thinks there are three difficulties, *viz.*, watering, skimming, and uncleanness, the latter, by far, probably the most important from the standpoint of health. He is quite certain from experience and enquiry, that the watering takes place in the rinsing of the pails with water just before milking. As regards skimming, he believes that it is in