who have a history of the disease in the family with the proportion of children who are perfectly healthy and yet have relatives with the disease, it will be found that there is not sufficient evidence to justify us in concluding that tuberculosis in the parent particularly predisposes the child. Our statistics on this point compare very favorably with those of the Hospital for Ruptured and Crippled in New York. They have found that only 25 per cent. of some thousands of cases examined have any trace of tuberculosis in the family history, even a smaller proportion than we find here in Toronto. Of course, it may be suggested that the getting of a family history depends largely on the house-surgeon who admits the patient. It is a well-known fact that people dislike very much to admit that there is any hereditary disease present in the family, and it is possible that if the admitting physician is not careful he may overlook some small clue that would lead to a definite discovery. With this possibility in mind, during my term on the admitting department, I went very carefully into the family history of each case, with a result that in only one out of ten consecutive cases admitted was there any history of tuberculosis whatever. In view of these facts, I think I am justified in concluding that in determining whether a child is or is not to have osseous tuberculosis, family predisposition is of not very great importance.

But there is another factor which has a strong influence in determining whether an attack by tubercle bacilli shall be successful or not. This is the condition of antisepsis of the body fluids to disease germs in general.

It is a matter of common observation that weak, sickly parents beget puny, ill-nourished children. The parents of our tubercular patients are particularly noticeable as a pale, tired-out sort of people, not necessarily tubercular, but having simply that unhealthy appearance that indicates a low state of vitality. Naturally the children of such parents start out in life with a very small stock of resisting power to the onset of disease.

Added to this inherited predisposition are usually found many factors which still further tend to diminish the vital resisting power. The most potent of these is poverty. The majority of our patients have been ill-fed, dirty and ill-clad all their lives. Their hygienic surroundings have been of the worst variety—bad heat, bad light and bad ventilation combining to reduce still further their already small stock of vitality. As a natural result, over one-half of our patients were delicate children from birth, the parents giving histories of difficult feeding during infancy, a slowness of the growth and physiological development of the child, and a marked susceptibility to infectious disease. Usually the category of