

least equal to the standard or average as shown in our tables, he may be accepted notwithstanding any taint in the record of his family. In our experience such persons have a small liability to consumption, although not protected from it."

The same trend of opinion can be found in all the more recent works on the practice of medicine. The authors, although devoting some space to the problem of heredity, lay special emphasis on the infectious character of the disease.

Time will only permit a reference to one or two quotations from statistics. In the British Registrar-General's report covering the period from 1850-1880, and giving the annual average of deaths from tuberculosis in 1,000,000 people, we find a larger number of deaths from this disease during the last fifteen years of life—60 to 75—than in the first fifteen years. In other words, the grandfathers seem more susceptible to tuberculosis than their grandchildren. This, since pathology and statistics alike show that childhood possesses no immunity from tuberculosis, appears very remarkable if heredity be a strong factor in predisposing to this disease; i.e., to find in that part of the stream of life nearest the diseased fountain head less danger to the young voyager than there is in the portion left after it has been meandering on for three score years and he has turned his face, now pale and wan, towards the setting sun. Hereditary influences, owing to the innumerable changes that take place in the tissues during sixty years, must be very attenuated factors in these old people.

In an address delivered here in Toronto some few months ago, I think Dr. Bryce was reported as saying that about 80 per cent. of the deaths from tuberculosis in this city were amongst the labouring classes or those following special trades. Now, were heredity a potent factor should not the deaths be more uniformly distributed over the whole population?

I will not go any more fully into the statistics, for, doubtless, this phase of the subject will be exhaustively dealt with in the discussion that is to follow, but will proceed to notice briefly the problems of prophylaxis and curability. The infectious character of the disease is now fully established, and it naturally follows that prophylaxis consists both in avoiding sources of infection and the use of every available means of destroying the bacillus and its products. An article in the August number of the *Canadian Practitioner* shows that the act of coughing, speaking or laughing is sufficient to disseminate the germs pretty widely, hence the necessity for personal cleanliness, antiseptic sprays and inhalations, daily baths, well-ventilated rooms, wholesome food, healthy vocation, temperate habits, and outdoor life. There is another very important factor in prophylaxis which, I think, receives