advantageous in all such cases. 11th. In regard to carriers of disease our ideas have changed materially within the past few years, the outcome of laboratory work and the epidemiological study of disease. Malaria, measles, influenza, cholera, diphtheria, typhoid fever, cerebro-spinal meningitis, poliomyelitis and tuberculosis, in all of which air is considered a chief vehicle of infection, and even the virus of smallpox is known to have been carried a mile or more from the hospital by the air, and sufficient to infect persons at that distance. What is more natural than that the air, which bathes disease, should prove a direct means of infection. 12th. The thorough examination of food products by veterinary experts in the chief meat establishments of Canada.

As a carrier of disease the house-fly is known to-day to play a very conspicuous part. For fully a quarter of a century, holding these views after presence at large meetings, church assemblies, public street cars and such like, I sponge the face, wash the hands, and carefully rinse the mouth with ordinary water to remove as far as possible, on return to my home, any latent bacteriological action which might develop disease. This simple process I feel confident has added years to my life.

The able lectures of our worthy secretary, Dr. Porter, have contributed much valuable information to the public in chief centres of Canada, thus helping on a noble duty in tuberculosis.

There are occasional difficulties in diagnosis as well as in treatment of tuberculosis. Trials are sad and tests often unsatisfactory, and yet much good has been accomplished. A snap diagnosis is not a safe procedure. Great care and close observation are necessary to prudently estimate the force of the entire facts of each case. Errors in diagnosis occasionally result from the presence of chronic infective endocarditis associated with broncho-pneumonia, low fever and debility, diagnosed as pulmonary tuberculosis, at times a difficult probleb, even with the presence of petechial spots.

The opinion arrived at in the present day by expert leaders in pulmonary disease is that for the next ten years of our lives practice in the refinement of physical diagnosis will not do much harm to either patient or physician. My father, Dr. James Grant, of Glengarry, over forty-five years in active practice, remarked to me as a student of medicine, when a case of cough turns up, with even slight hæmaptysis, "look out for trouble; this is not usually a bleeding from the throat of no significance."

The next important feature is the presence of "fine rales," which are frequently the first physical indications to diagnose, but not hopeless, as many such cases make an excellent recovery, much depending on early treatment.