

Table giving the total Deaths in Ontario Asylums (exclusive of Mimico) during 1892 from Tuberculosis in a population of 4,231, the total Deaths from all causes being 211.

Period of Residence.	Total Deaths.	Deaths from Tuberculosis.	Percentage of total deaths.
Under 1 year	72	7	9.7
Between 1 and 2 years	25	5	20.0
" 2 and 3 "	40	9	22.5
" 4 and 5 "	19	10	52.6
" 6 and 10 "	16	6	37.5
" 10 and 15 "	15	2	13.3
" 15 and 20 "	24	2	8.3
Over 20 years			
Total	211	41	23.4

various enumerated diseases, leaving 396 of which no record is given. An analysis of these diseases gives the following:

Caries	127
Necrosis	75
Rickets	12
Synovitis	40
Hip Joint disease	78
Tuberculosis of joints	19
Tuberculosis of glands	4
Chronic bronchitis	106
Tuberculosis	353

Under tuberculosis, are included diseases returned as hæmoptysis, laryngeal tuberculosis and tubercular phthisis. In addition to the above list of pneumonic diseases, there were 197 cases of acute bronchitis, and 277 of pneumonia. Of course it is impossible to state how many of the latter proved to be tubercular, but we may fairly assume that there were at least as many tuberculous cases as are included in the above list. Of these the first six cases, amounting to 350 cases, may be considered as not being infectious under ordinary conditions, while the latter three classes, including 353 cases of tuberculosis, may be considered as being most infectious. In other words, five per

cent. of the total inmates of our hospitals suffered from this contagious disease. This would mean that there would be one infectious tuberculosis case for every ward of twenty beds. Doubtless most of these cases were charity patients, as it is not a common occurrence for the well-to-do tuberculous patients, to go to the hospital for treatment, and so would be in public wards.

With these abundant facts before us we may properly consider the question not of whether prophylaxis against tuberculosis is necessary and in the demanded public interest, but of whether it is possible in practice, and whether methods scientifically practicable are likely to receive legislative support and popular approval.

It is manifest that as with the other contagious diseases the elements in prophylaxis partake of these qualities, viz., individual, municipal and governmental.

With regard to individual prophylaxis it is manifest that its extent will depend wholly upon the intelligence of any infected person, his habits of life, and the extent to which he is impressed with the duty of protecting others.

As to municipal prophylaxis, its first measures must be largely of an improved local sanitation. Everything from the drainage of soils and disposal of sewage and refuse, and supervision of the construction and plumbing of houses, to the inspection of factory operatives and work-rooms generally where numbers are aggregated may very properly be included under this heading.

Regarding governmental prophylaxis, it may be said that its scope would seem to mainly consist in giving direction, financial support where necessary, and legislative sanction to municipal efforts for the limitation of the disease in such directions as already indicated, and in addition thereto, in more extended efforts, such as institutions intended especially as homes and hospitals for the tubercularized.

In approaching this latter point in the question of prophylaxis, I am free to confess that had I not been an interested and to some extent an active spectator of scientific progress during the last twelve years, and of the close touch which legislation in Ontario has kept with public and professional opinion during this period, I would feel that I was but giving expression to schemes as visionary as modern attempts to discover the