J. Burdon Sanderson, M. D., F. R. S. &c., of Oxford University, in a lengthy paper said:—"We have seen it to be exceedingly probable that about 40 per cent. of the children that die in hospital die tuberculous. I have already expressed my belief that in some of these cases the disease is congenital—dependent on causes which have operated before birth. Some infants are probably infected by inhalation of the tubercle bacillus, notwithstanding that pathology affords little evidence of it; but for the rest. I cannot resist the conviction that the consumption of unboiled milk during the years which follow weaning must have its share in bringing about this fatal prevalence of the disease. The character of soil with which phthisis seems most commonly associated is according to Prof. Finkelnburg, of Bonn (who showed on a map the distribution of the disease in Germany), a moory soil with stagnating and high-standing water; thus agreeing with the conclusions of Bowditch and Buchanan regarding the influence of soil-humidity on the death-rate of phthisis.

As to infectiousness, Dr. Joseph Coats, pathologist Glasgow Infirmary, in an exhaustive paper (Brit. Med. Jr., Oct. 31), says:—I have assumed the standpoint of tuberculosis as an infectious disease. This is now the unalterable position of all pathologists. I must say that I see little trace as yet of this attitude on the part of

the practitioner and the general public,

Arthaud gave some noteworthy statistics and personal observations on this subject at the recent Congress on Tuberculosis in Paris. Of thirty-five workmen forming the major part of the personnel of the municipal electric works, he found thirty-two the subjects of tuberculosis. Four of these are known to have been tubercular previously to their admission to the works, but twenty-three have contracted the disease since being so employed. The period of incubation would appear to be about two months. M. Arthaud directs attention to the extreme importance of this question of tubercular contamination in workshops and dwellings.

At the late Annual Meeting of the American Climatological Association in Washington, D. C., Dr. E. P. Hurd said:—Tuberculosis is the least contagious of all the microbe diseases—The question of soil is primordial and fundamental; it occupies the first place in prophylaxis and treatment. And no therapeutist can do good work in combating phthisis who does not start from this datum. It is needless to say that there is no medicament yet known which, introduced by the mouth or subcutaneously, can by any direct bactericide power arrest the development of either experimental or spontaneous tuberculosis...Knowing that tuberculosis is simply a blight which smites imperfectly-nourished tissues, I would urge that the efforts of the therapeutist be directed to the element of cellular weakness rather than of chasing the will-o'-the-wisp of a bacillus. Evict one hungry brood, and another more voracious and more malignant will take its place.

Relative to Prevention, Dr. Arthur Ransome, F.R.S. said:—That the disease was curable was proved by the facts that (1) the post-mortem examinations of persons dying from other diseases afforded unmistakable evidence in from 25 to 50 per cent. of spontaneous cure of tuberculous disease; (2) by the testimony of many physicians, among whom the speaker was one, he had satisfied himself that in the large majority of cases a fatal issue was brought about not by one or two, but by repeated invasions of the bacillus from an unhealthy environment . . . Since phthisis was curable, and since it was known that many persons did recover from it, the number of susceptible persons must be very large, and the necessity for preventive measures the greater. Tuberculosis was communicated occasionally by direct personal intercourse, more frequently by the milk or flesh of tuberculous cattle, by the inhalation of tuberculous dust, and by residence in an infected house or urban area. As preventive measures he advocated (1) notification of cases; (2) disinfection of fomites, spittoons, and houses; (3) provision for ample hospital