

side the province in which the medical officer was registered; or in case of a suit for damages being brought against one of these companies in any province beyond the limits for which the chief medical officer's registration extended, what would be thought by the public if the Court refused to hear his evidence because he was not a registered practitioner in that particular part of the country? Yet, as the law now stands, in some of the provinces he, in the first instance, could be fined, and in the second his evidence would be of no legal value. Under these circumstances I think it the duty of the Medical Council of each province to consider this matter fully, and not only consider it, but adopt some means to remedy the evil, injustice and absurdity of the present state of things.

Let us then as members of this National Medical Association throw aside all minor differences of opinion as to provincial rights, and use our influence individually and collectively to attain this object, and like the two great political parties unite, as they did twenty-five years ago, for the noble purpose of bringing together under one government the scattered provinces under the British crown in North America, into one great Dominion, in whose capital we now meet. So let us assimilate, unite and bring together the different systems of medical education as now existing in these provinces, and form one great universal system with a standard so high that it will carry with it not only the respect and admiration of the people of this country, but secure the recognition it would deserve from the universities and medical councils of Great Britain and the continent: and just as Canada is destined to take her place among the most progressive and enlightened countries of the earth, so her sons, who are graduates of her universities and registered by her medical councils, shall take their stand among their confreres from the older countries in the world's medical congress, and feel proud to be called Canadians.

The address of Hooper & Co. was incorrectly given in their advertisement in the "Annual Announcement" of the College. It should have been 43 and 45 King Street west.

THE TREATMENT OF TUBERCULOSIS.*

BY J. E. GRAHAM, M.D.,

Professor of Medicine, Toronto University.

Notwithstanding the great discoveries that have been made in the etiology and pathology of pulmonary tuberculosis, we have not yet found a specific remedy, nor are we able to cope more successfully with the disease in its advanced stages.

Under these circumstances it is of the greatest importance that we should enquire into the best means of preventing the spread of the affection as well as of checking its progress in the individual at the very earliest period.

Fortunately, in both of these departments great advancement has been made.

I shall therefore devote a great part of this paper to a consideration of the prophylactic and hygienic management of pulmonary tuberculosis.

In looking over the literature of the disease, one is again reminded that advance in any science is often made rather by fits and starts than by a continuous rate of progress. After a discovery there is often a standstill or a little retrogression, then a second advance much greater than the first.

It is somewhat surprising to read that the contagiousness of tuberculosis was well known in the time of Galen, and that Valsalva and Morgagni exercised great care in the dissection of tubercular subjects for fear of becoming infected.

During the latter part of the last century a rigid law existed in the north of Italy, whereby the clothing and bedding of a patient who had died of tuberculosis were destroyed by fire. Even in Portugal a similar law existed at that time.

In 1782 the King of Naples made an edict compelling all patients suffering from tuberculosis to be sent to hospitals used for that disease alone.

In Florence, and other Italian cities, the public was warned not to visit tubercular patients.

In Germany, in 1780, Wickman declared that consumption was contagious.

It is singular that all this should have been forgotten, and that only after the most convincing proof of contagion, the result of bacteriological observation, are we now seriously attempting to prevent the spread of the disease from one indivi-

* Read at Meeting of Canadian Medical Association, Ottawa, Sept. 21st, 1892.