

come to these physicians in whose diocese many families come and go, such as the boarding-house districts of towns and cities. Here is a Post-office clerk who coughs and expectorates and emits his exhalations in an institution the daily resort of hundreds of citizens and the habitat, for seven or eight hours each day, of many or few employees. He occupies a room at a boarding-house for say, three months, when off he goes to another. Then in a shorter or longer time he seeks new quarters, all of which he infects, none of which, probably, is ever disinfected. He dies. May be, or may be not, his physician sees him through his last illness recommends that the apartments of the deceased be disinfected thoroughly.

Another instance. (True to the life.) Over on A—— Street is an old frame dwelling, lately taken by a young healthy married couple and two hearty children. Within two months of their occupancy of the house the family physician is called to see the older child, who has had "a bad cold" and fever and "won't eat for two weeks. He finds on examination, his little patient suffering from acute tuberculosis. The mother says she has had a "dreadful cough," and examination of her sputum shows the tubercle bacilli. "Who lived in this house before you, do you know?" the doctor asks.

"We don't know, but the neighbors say three of the family died of consumption," the sick woman answers wofully.

The doctor looks around the old frame "shack," and seeing the impossibility of disinfection feels like setting it on fire.

Such instances might be multiplied many times. Every medical man is conscious of this truly awful state of things.

So the following, from Herman Biggs' address at the last meeting of the British Medical Association, shows that the dawn of a brighter day is breaking on the greatest city in the New World.

"The Health Board of New York City first began an educational campaign in relation to the causation and prevention of pulmonary tuberculosis

in 1889. In that year a communication on this subject, presented by the writer and the associated Consulting Pathologists of the Department, as widely published, and leaflets, based on it, giving the essential facts as to the nature of the disease, were freely distributed. No further action was taken at that time, as investigation showed that the medical profession and the public were not then prepared for more extended measures.

"In December, 1893, the attention of the department was again called to the subject by the writer, and it was determined to institute at once more comprehensive measures for the prevention of this disease. The measures then adopted required the notification of all cases of pulmonary tuberculosis occurring in public institutions, and requested reports of cases occurring in the practice of private physicians; they also included arrangements for the bacteriological examinations of sputum, to assist in the early diagnosis of this disease; the inspection of all reported cases in tenement houses, lodging-houses, hotels and boarding houses, and the instruction of the patients and their families as to the nature of the disease, and the means to be taken for its prevention; the inspection of premises in all instances where deaths were reported as due to tuberculosis and the issuing of orders, where it was deemed necessary, upon the owners of apartments which had been occupied by consumptives and vacated by death or removal, requiring that such apartment be thoroughly renovated, by painting, papering or kalsomining, before they were again occupied by other persons; and the education of the public, by wider and more comprehensive methods, as to the nature of the disease.

"Placards were attached to the doors to prevent the reoccupation of apartments which had been vacated by death or removal before the orders requiring renovation had been complied with.

"Under the resolutions by virtue of which these measures were enforced, 4,166 cases of tuberculosis were reported in 1894; 5,818 in 1895, and