

months, the mother having died at that term, of general tuberculosis, it showed no signs of infection either in its lungs, kidneys, liver, or the epiphysal ends of its bones. Professor Wolff, has also made a large number of observations, by inoculating gravid animals with anthrax bacilli and with vaccine, and in no case did either poison show itself in the fetus. The results of his inoculations of the tubercle bacillus are not yet known in full, but so far as is known they point in a direction quite opposite to the theory so strongly insisted upon by Koubasoff, that after inoculation, the bodies of the fetuses showed bacilli in large numbers. While Wolff does not deny that tuberculosis may be hereditary, he insists that such transmission must be of *extreme infrequency*. Why then do the offspring of consumptive parents so frequently die of consumption that it has come to be regarded as a rule of nature that they shall so die. If the bacillus be applied to an open wound, infection rarely takes place. Most practitioners must have received, times without number, the infection of consumption into their lungs, and into wounds on their hands; but how few contract the disease, without having the hereditary taint. The life history of this particular organism may have something to do with this result. It is a slowly developed organism, requiring about ten days when cultivated artificially before it begins to grow. Now if applied to an open wound it will almost certainly have been removed by washing, etc., before it has time to establish itself. But if injected under the skin, at first local tuberculosis develops itself, to be followed later, by a general infection. So in the case of the lungs. When a healthy individual inspires the materies morbi, it is removed by expectoration, before it has time to establish itself and grow. But when a portion of the lung remains consolidated for a length of time, as after a catarrhal pneumonia, then the tubercle bacillus finds a suitable nidus, and time to grow, and foci of infection are thus established. In fibrinous pneumonia the exudation into the alveoli breaks down much more rapidly, and the peccant matter is thrown off before it has such opportunity of development as from its slow growth is necessary. Thus it would appear that the disease is not *per se* hereditary, but the pre-disposition to such conditions of the lungs as favor the reception and growth of the cause of the disease, is hereditary.

This idea is at one with the known results of the action of various remedies which experience has shown to be beneficial in the treatment of consumption, as arsenic, the hypophosphites, etc. They act probably by inducing fatty degeneration of the cells in the alveoli of the lungs to be followed by their removal by expectoration in a shorter time than would ordinarily occur. So also it is known that persons having patches of lung tissue consolidated may live indefinitely without infection, if at sea, or in mountainous, or other districts, where the infecting organism is either altogether absent or extremely rare. This view of the matter leads naturally to the consideration of the advisability of sending distinctly tuberculous patients to health resorts. It would appear that being once infected the process must go on, though the more favorable conditions of life found in such resorts, and more robust general health there enjoyed, would undoubtedly give them a margin of life they would not otherwise enjoy.

#### THE ANNUAL MEDICAL BANQUETS.

The fourteenth annual banquet of the Toronto Medical School was held in the Rossin House on the 12th Nov. About 150 students, and a large number of guests sat down to an excellent menu. Mr. N. J. Glassford occupied the chair, and most ably fulfilled his duties. His address was listened to with great attention and greeted with applause. The Lieut.-Governor in response to the toast of "The Queen," gave one of his most happy speeches. He recalled to the students the time when nearly all the medicine of Toronto was contained in Dr. Widmer's buggy. Dr. Richardson responding to the toast of the "Universities and Colleges" was greeted with prolonged applause. He believed in the advisability of having a medical faculty in connection with Toronto University. Rev. Dr. Potts responded for Victoria. Hon. G. W. Ross made a few remarks on the educational system of the Province. The delegates from the sister institutions were well received, and succeeded in impressing upon the assembly the importance of the several institutions to which they belonged. Dr. Graham insisted upon the needs of the Toronto General Hospital, and believed it would not be perfect until it controlled half a million of dollars.

Dr. O'Reilly in answering for the hospital was