

The medical college which properly endows a chair in pathology will, other things being equal, be the most successful in securing students. We are inclined to put too much money in buildings. It would be better, in my opinion, to retain a first-rate man, by paying him a proper salary, than at once to build a pathological laboratory. A really good man will be sure to find room and apparatus for his work.

In reading the accounts of coroners' inquests, we are often astonished that general practitioners are required to give opinions on *post mortem* appearances, sometimes of a very obscure character. How can it be expected that one who does not perhaps see more than two or three *post mortems* a year can make a proper report in any case for a coroner's jury? Under present circumstances, *post mortems* cannot be made in any other way. If a pathologist were appointed for each district, whose business it would be to make such examinations, the result of coroners' inquests would be more valuable than is at present the case. We would then have a class of men who would have an excellent practical knowledge, and who would become good members of our society. The specialist in pathology might be better supported than he is at present by the general profession. How frequently some of us send specimens without enclosing any fee. It is true that, in many cases, no money is obtainable, but in others a fee could be secured if asked for.

These are matters which may perhaps seem scarcely what might be expected in an address before such a society as this, but they are of a practical character, and of great importance to the development in this city of the science in which we take so much interest.

The majority of our members are not pathological histologists, but rather students of clinical work. We must not forget that the study of pathological processes, as they take place in the living subject, are really more important than the study of the results as they are found on our *post mortem* tables, and that the careful observation of these processes are equally the work of members of this society. It is probable that enquiry for the future will be made in the direction of the chemical and microscopical examination of the fluid secretion and excretion of the human body when the subject of disease, rather

than into the microscopical examination of dead tissue.

It is therefore pleasing to know that we have all work to do, whether in the microscopical, chemical, or purely clinical field. During the past year our indefatigable secretary undertook to receive descriptions of specimens to be presented, had a number of copies printed, and distributed to the members. In this way each one obtained beforehand a good idea of the programme, and was able to direct his reading accordingly. It is to be hoped this year, when the secretary takes so much trouble to provide us with the programme, we shall not only hand in reports of specimens, but also to some extent read the literature, so as to enter into the discussion with more profit.

[It will be gratifying to our readers to know that since the delivery of this address, a Bacteriological Laboratory has been established in connection with the Ontario Board of Health, and that a competent man, Dr. McKenzie, has been appointed to manage it.—ED. C. P.]

KOCH'S TREATMENT OF TUBERCULOSIS.

BY PROF. R. RAMSAY WRIGHT.

Communicated from Berlin to the University of Toronto.

Now that you are in a position to observe for yourselves in Toronto the results of the Koch treatment, I shall confine myself in my future letters to giving you an account of such lectures or essays as seem of special significance.

I referred in my last letter to the meeting of the Berlin Medical Society of the 14th inst., in the course of which Prof. A. Frankel and Dr. Korte, of the Urban Hospital, had both of them somewhat depressing cases to record in contrast to the cheerful views of Dr. P. Guttman, of the Moabit.

The discussion was continued on Wednesday night (21st), when Virchow exhibited, without much comment, preparations from an autopsy conducted that morning at the Charité. The patient, a workman of fifty-four years, had been admitted into the hospital in October, suffering from difficulty of breathing, the result of pleurisy of the right side. His condition remained satisfactory until November 26th, when he was subjected to the Koch treatment for the first