

can only trust that time will prove that it possesses some definite value. Later still that our professionally agnostic brethren may not starve for want of food, an Italian professor has enunciated that Koch's tubercle bacillus is not the cause of phthisis but rather an uncouth octapoid micro-organism of his own finding. Well may the general practitioner raise his hands in despair and wonder what he can believe.

But experience has shown that in tuberculosis as in other things, prevention is better and surer than cure. Statistics are piling up year by year, adding proof where now none is needed, that recognizing tuberculosis as an infectious disease and treating it accordingly, a definite gain can be recorded. Education of the public has already advanced so far that more positive steps should be enforced. Compulsory notification as in other infectious diseases, proper disposal of infected excreta, disinfection of infected dwellings, etc., should be rigidly carried out and the same positive results would be attained throughout the country at large, as already obtained in the few places far advanced enough to follow this self-evident line of action. A resolution should be passed by the present meeting, urging the various provincial Governments to introduce the necessary legislation, and I venture to affirm that coming from so influential a body of scientists, the suggestion would be adopted. And, if adopted as I already have said, the educated sentiment of the public would not obstruct but rather would uphold the action of the authorities. Perhaps this body has already taken such action, but until the various authorities have adopted the suggestions, I consider it the duty of this Association to yearly reiterate the advice. Then finally will begin an era of diminution, until as some of our more optimistic brethren affirm, fifty years will see the extinction of the Great White Plague.

Councilman's pronouncement as to the causative agent of Variola still remains unchallenged, while more recently Mallory, of Boston, has described a protozoan which he has named *Cyclaster Scarlatanalis*, which he believes has causal relation to Scarlet fever.: In the winter of 1902-03, Mosher of the Kinderspital in Vienna, announced the discovery of an anti-scarlatinal serum prepared from a coccus constantly found in the throats of subjects of that disease. His statistics, covering several hundreds of cases, both mild and severe, were, as such statistics usually are, certainly favourable; but he failed to prove his coccus as the cause of the disease, and the consensus of opinion inclines to believe that the favourable results were due to the combatting of the influences of a mixed infection. The same favourable results can also be obtained by use of the antistreptococcic serum, which re-agent in other forms of infection has not the wide use among the profession that its virtues demand.