

runners the instant they reached the goal. Poisoning was suspected, but the autopsy revealed nothing beyond foetid matters in the stomach and intestine, very dark blood in all the vessels, extreme softening and a dark tint of many muscles that had become infected, and extravasations of blood into the mucous membranes and the skin. Cadaveric rigidity and putrefaction set in rapidly.

This sudden death from over-exertion is really self-intoxication by carbon dioxide, which is formed more rapidly than the lungs can inhale it. Exposure to the sun and "cold strokes" are also examples of subacute disease from overwork. In other words, intense heat and severe cold are agents that quickly transform otherwise normal efforts into sources of disaster.

As work produces waste, an explanation of the morbid effects of fatigue is not far to seek. Within the organism the results of muscular activity, as Peter has pointed out in this connection, are creatine, creatinine, lactic acid, and certain nitrogenized uncrystallizable extractives; while brain at work produces leucine, cholesterolin, etc. Retained products of life and action, of brain or muscle, prejudicial to function and to life, clog the system when the excretory organs are oppressed or fatigued. The entire nutrition suffers, owing to the insufficiency of oxygen due to this accumulation of waste. Blood thus charged injected into animals has caused all the symptoms of overexertion and even death. The flesh of animals hunted or driven to death is often poisonous to those who consume it, from a like cause.

Overwork, then, alters normal physiological and chemical processes. It paves the way for the germs of infectious disease. It prepares the soil necessary to the formation of noxious organic compounds and innocuous microbes may develop organic disease conditions.

THE MEDICAL HEALTH OFFICER, HIS POSITION, &c.

OFTEN the words—"The Medical Health Officer," are used when the three words, "the Medical Officer" would be enough. In connection with municipal or other health function, the term "Medical Officer" is sufficiently clear, less labored and not superfluous; the word "Medical" being now well understood as being directly associated with health.

In a municipality the Medical Officer is, as Dr. Seaton, (F.R.C.P. &c., and lecturer on Public Health, St. Thomas Hospital,) at the last annual meeting of the British Medical Association, said, the "Keystone of the administrative arch." And in order to attract competent men the position of Medical Officer should be one of independence and dignity, and should be sufficiently remunerated.

If the suffering public could only clearly comprehend how much they would gain by giving more power to the Medical Officers in reference to sanitary questions, they would soon become more liberal in this respect, and also in their remuneration for the medical services.

In the Sanitary Record (Nov. '91.) for example, Surg. Major Evatt, M.D., &c., draws attention to the fact that in India the governorship of the gaols and the medical officership are combined in the one person of medical officer with great advantage and economy to the state. "When one thinks of the mass of persons in high official appointments who are controlling, governing or directing human affairs, and yet that not one of them may know anything whatever of human life and its mechanism, one is not surprised at the want of sympathy with suffering humanity too often found amongst them." "And in all the opposition met with by medical men in urging sanitary reforms on the world, or in improvements in life's conditions,