

EDITORIAL NOTES.

IF HEALTH OFFICERS of municipalities would kindly send us an early copy of their annual or any other report, we would often be enabled to obtain notes therefrom which would be suggestive and useful to our co-workers in health promotion. Will all medical officers please bear this in mind.

WITH THE NEXT NUMBER of this JOURNAL, volume twelve will commence. We desire to make it more a local,—i. e. Canadian, organ, as indicated above, and trust to be in a position to devote somewhat more time to editorial work; although it will still continue the purpose to make the JOURNAL, as heretofore, a "Review and Record of Sanitary Progress" throughout the world, giving a synopsis or notice of every thing worthy of space.

THE EDUCATION, Training and Qualification of the Medical Officer of Health was the subject of the address of the president, H. F. Armstrong, F.R.C.S., &c., at the November annual meeting of the Society of Medical Officers in England. It is a subject which has received a good deal of attention in Great Britain. There the Sanitary Institute (of Gr. Brit.) is the only public body which holds examinations and grants certificates in public medicine, and it is chiefly for inspectors. Universities there grant degrees of course in State Medicine and kindred subjects, relating to the work of health officer. The President (as above named) says: "There was a growing feeling that the medical officer of health should no longer be allowed to learn his profession after his appointment to office, and gain his sanitary knowledge, perhaps after a series of ghastly failures, at the expense of the community by whom he was engaged." He said, while "the necessity for acquaintance with sanitary science by all medical men was already recognized, how much more was a thorough knowledge of preventive medicine incumbent on those who chose it for their profession? This was now becoming felt even by the public."

IN CANADA even, while the standing of the medical profession is as high as in any other county, so long as the present relations between it and the public continue, and the public regard the physician chiefly as a CURATIVE rather than a PREVENTIVE agent, so long will a somewhat different education and training for the medical health

officer be necessary. We therefore would urge that the time has come when this question should receive consideration in this country. A sort of post graduate course in one or more of the medical schools, for example, would probably provide the best necessary training. But this would require improved facilities in the schools for teaching this special Branch. With a good organized body for teaching, examining and granting degrees or certificates in public medicine, public health or sanitary science, the health officer would be placed on a proper footing, and he would then no longer, as Dr. Armstrong said, have "to grope his obscure way with uncertain step."

FROM THIS we have just written, no one we trust will be ungenerous enough to think we in any way reflect upon the efficiency of the medical health officers of Canada, for we think, and have no hesitation in saying it, that as a class there are none superior in any country. But when a physician who has been in the active practice of cure only, assumes the position of medical officer for a municipality, he is naturally at a loss for a time: and we think, with Dr. Armstrong, that he should learn well this specialty before, rather than but "pick it up," so to speak, as best he can, after his appointment; for we think the present short course in the schools at best gives but imperfect fitness for so responsible a position.

THE ANNUAL REPORT of Dr. Griffin, Medical Officer of Brantford, which is before us, in the Brantford Courier, gives evidence of much good work, and evidently gives, as it should, great satisfaction to the citizens. Relating to typhoid fever, the doctor reports that circulars were issued early in July advising the public against the use of raw water and strongly urging the previous boiling of all drinking water during the summer and autumn months. A large number of families acted on the advice and cases of fever were probably thus prevented. Numerous enquiries among the 89 reported cases in the year show that few if any of them practised boiling their drinking water, and it is a reasonable supposition that had they all done so we should have had a less number of cases. The location of the 89 cases is recorded, and 58 or nearly 65 occurred in situations where the sanitary condi-