In the country we can arrange with our nearest neighbor to do the same, only in this case one must arrange to take his holidays when the other comes back. Even if there is no neighboring doctor it does us and our patients good to be without their doctor for a few weeks, as it gives them an opportunity to realize how much they depend on us, thus preventing them from underestimating our services as they too often do. That which people cannot get is what they want most, and nothing makes patients appreciate their family doctor more than to be in need of him while he is away.

If you have not yet had a holiday this year when this reaches your eye make your arrangements to attend the meeting of the Canadian Medical Association at Banff, or if that is beyond your means pack up your valise and take a trip to the mountains or the seaside, and you will, we feel sure, have no cause to regret the investment.

CONTAGIOUSNESS OF PHTHISIS.

The *Medical Press and Circular*, June 12, contains an article entitled "A Remarkable Decree," commenting adversely on a recent order in the German army to isolate and even remove from the army all soldiers suffering from phthisis. More especially does it take exception to the method laid down for making an early diagnosis. The Minister of War has ordered the chests of the men to be examined once a month, and if they do not reach a certain standard and do not develop with drill and athletic exercise the soldier will be disqualified. We venture to differ from our esteemed English contemporary, as we hold that the disease is decidedly contagious and that it is moreover very difficult to detect it by physical signs at the beginning when isolation should be practised, if it is to do any good. Considering that it is a disease which is almost as fatal as all other diseases put together, and the only one which has so far baffled all treatment, any measure tending towards the stamping of it out is a step in the right direction. We know personally of many cases in which there was absolutely no heredity, but a very strong contagious element, while on the other hand we know of no case where there has been heredity without exposure to contagion either from the parents or from the house in which the case occurred. We venture to say that were it possible to isolate every case and disinfect every house that the next generation would see the disease stamped out. These may be considered advanced views, but they are every year becoming more and more generally received, and we believe that the prevalence of the disease will gradually diminish just in proportion as these views are accepted by the profession at large.

LEPROSY.

A great deal of interest has lately been manifested in this terrible disease, owing to the death at the leper settlement at Molokai of the hero priest, Father Damien, who devoted his life to the moral and physical betterment of the formerly wretched and degraded people. Although he died of leprosy we cannot understand how he acquired the disease. Canada has her leper lazaretto at Tracadie, New Brunswick, where we think there are some nineteen inmates who are looked after by several sisters from the convent of the Hotel Dieu, of Montreal, who volunteered to pass the remainder of their lives there. There is also a physician in attendance who is appointed by the Department of Emigration, under whose immediate supervision the establishment is placed. We have never heard of any one contracting the disease there, though we are personally acquainted with some of the physicians. Neither have any of the sisters who are residing there ever contracted the disease. We have always understood that the disease