

most reliance as regards the control of pulmonary tuberculosis, I should arrange them somewhat in this order—1. The education of older children in principles of health, and the periodical physical examination of all school children with a view to improving the health of those prone to tuberculosis, or who may already be suffering from the disease in an unrecognized though not unrecognizable form. The direct and indirect results which would accrue from this would soon make themselves felt in the direction of an unwillingness on the part of the people to occupy slums or to dwell in places where the sun rarely penetrates. It would also result later on a return to local and perhaps central administrative bodies of representatives who were more alive to the importance of the public health aspect of their duties than is always the case at the present time. 2. Some such system of compulsory insurance against sickness and invalidity as obtains in Germany and which, it is important to note, makes for the provision of sanatoriums, the support of those threatened with illness, and the general well-being of the poorer classes. 3. Better housing and improved conditions of employment of the working-class,—i.e., more light, more air-space, better ventilation, and greater cleanliness in the home, the workshop, and the factory.”

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#### THE TRAINING OF THE SURGEON.

Prof. William Stewart Halstead, in the September number of the *Bulletin* of the Johns Hopkins Hospital, discusses the important subject of the training of the surgeon. As Professor Halstead is one of the world's foremost surgeons, one turns naturally to see what he has to say.

He starts out with the statement that, “pain, hæmorrhage and infection, the three great evils which had always embittered the practice of surgery and checked its progress, were, in a moment, in a quarter of a century (1846-1873) robbed of their terrors.” He then goes on to speak of the great progress that has been made since 1873 in the evolution of antiseptic principles in surgery.

Much attention is devoted to the “intimate interdependence of physiology, pathology and surgery.” These have each aided the advance of the other two. Physiology lays the foundation for pathology, and pathology in turn for surgery. Again, surgery has done much for physiology and pathology. Harvey's great work on the circulation of the blood, and the discoveries of Malpighi on the capillaries which completed Harvey's, were the foundation on which surgery was destined to build. These advances enabled surgeons to understand hæmorrhage and the proper means of arresting it, and led to the advances and dis-