

In the current number of *Science Progress* Sir Ronald tells how his method was blocked everywhere by British official inertia and indifference. Having failed to move anyone in the colonies, he says: "Well, at last I determined to make a final appeal to the head of the India Office in London himself. I spent an hour alone with him pleading my cause on behalf of the million people who are said to die of malaria every year in India alone, and of the millions more, mostly children, who suffer from it. He sat before me like an ox, with divergent eyes, answering and asking nothing. Of course he did nothing. He was the personification of the British nation in the presence of a new idea; and as I left I could almost fancy seeing the prophetic handwriting on the wall over his head, 'Mene, mene, tekel, upharsin.'"

Sir William McGregor, who was Governor of Newfoundland 1904-1909, adopted the method when Governor of Lagos, West Africa, in 1901, and he was, says Sir Ronald, "the only high British official who ever grasped the real importance and significance of the general anti-malaria scheme which I proposed in 1899."

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### TUBERCULOSIS

During the war 35,684 Canadian soldiers had been killed in action, and during the same time, 42,920 had died of tuberculosis in Canada.

Dr. Parfitt has given some interesting figures of the incidence of tuberculosis in the C.E.F. The total number of cases during the five and one-quarter years to April 30, 1920, was 8,508. The increase of cases in the last two and one-quarter years was 16 per cent.: The incidence ratio per 1,000 civilian males of military age in Canada in 1915 was 5.3. The incidence is therefore 20 per cent. less in soldiers in 1917 than in civilians in 1915. The incidence ratio of tuberculosis per 1,000 enlisted men in the B.E.F. was 6.14, showing that the incidence in C.E.F. was 128 per cent greater than in the B.E.F. It has been urged that relapse of a tubercular patient was always imminent, and declared that often too hopeful a view was taken of his case.

Back-time jobs are not easily available. Total disability pension should certainly be allowed the sub-standard man who is even up to 80 per cent. efficient. There is a tendency to reduce the pension when the patient appears to be improving. That in itself is often the cause of relapse. The increased efforts to make good the diminished income causes worry, his courage is shaken and morale lowered. The interests of the individual, he felt, would be jeopardized if his pension were not subject