

febrile reaction ensues after the injection, tuberculosis exists.

Dr Bryce read a lengthy report on smallpox in the north-western portion of the Province, and in Manitoba. He considered that the following points had been made plain: (1) That the immigrants had been infected in Europe; (2) That the ship surgeons neglect to vaccinate steerage passengers; (3) That at Halifax the port examination for evidence of vaccination is neglected; (4) That the railway company transported two cases many hundred miles after their sickness was evident to the most casual observer.

He recommended: (1) A permanent isolation hospital in each municipality with annex for smallpox or cholera; (2) That municipalities might apply to the Provincial Government for aid under the Charities Act, as a *per diem* allowance for the number of patients treated during the year; (3) That the Immigration Department of Canada be asked to establish at three points, viz., North Bay or Sudbury, Port Arthur or Fort William, and Rat Portage, "houses of detention" for the care of suspects, to be under the supervision of the local Board of Health of the town or district.

The method of procedure in these cases as regarding division of cost, which seems equitable, would be as follows:

1. The local Board, or a committee of two or more, would control the hospital and house of detention.

2. The charges would be levied by them for all patients, on the patient in the first instance, and, if unable to pay, then on the person who is his legal guardian.

3. If a poor person from the municipality, the latter would bear the cost.

4. If from an outside municipality, then, according to the smallpox regulations, such municipality must take charge of the patient, and transmit cost of caring for same to this Board, which, I presume, would apply to the municipality or other authority responsible for his care. This procedure would be the same in the case of suspects.

5. If such persons were from outside the Province, and had transmitted the disease, it seems reasonable that the Provincial Board of such other province would bear the responsibility of collecting the charges.

6. If an immigrant who had passed quarantine, his charges should be borne by the immigration department, if a *bona fide* immigrant to the Canadian North-West.

7. If a through immigrant to the United States, even though ticketed to a Canadian terminus, it seems proper that the railway carrying him should be responsible for his maintenance and care.

The report was adopted by the Board after it had been discussed in committee of the whole. The liability of railways for the care of patients which they have brought from Europe under contract to carry them to certain points was especially dwelt on by the Board.

Correspondence.

The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

THE MEDICAL ALUMNI ASSOCIATION.

A few years ago the above Association was formed with a great flourish of trumpets. All went on well for a short time. A year ago the Medical Faculty underwent a thorough shaking up. The eagle's nest was disturbed, and ever since there have been the sounds of war.

This year the Alumni meeting has not been called. In former years the Alumni Association met on the afternoon of Convocation, and had a reunion and dinner in the evening. This year, however, there have been no such events. Why? Is the *esprit de corps* dead?

Yours, etc.,

AN ALUMNUS.

Hamilton, May 13th.

FOR CHRONIC BRONCHITIS AND EMPHYSEMA.—

R. Ammon. carbonat. gr. iv.

Tinct. scillæ ℥xx.

Spt. ætheris

Tinct. nucis vomicæ ℥x.

Infus. serpentariæ ad ℥j. M.

Sig.—Two tablespoonfuls every six hours.—
Practitioner.