

Certain acute symptoms, appearing in the mother, according to William A. Northridge (*Brooklyn Medical Journal*), call for weaning for her sake. These are principally faintness, vertigo, palpitation, weakness, night sweats, languor, tremor and cough. On weaning being accomplished they quickly disappear. In my experience these symptoms come on so late in the nursing period that weaning can be done with little danger to the nursing.

According to Jesse S. Meyer (in charge of *Internal Medicine, Interstate Medical Journal*), Boas does not believe that a tube can be passed through the sigmoid flexure, and states that he has never succeeded in passing a tube further than 15 to 20 cm. In those cases in which it is claimed that the tube was introduced, a half meter or more, it has simply been coiled up in the rectum. This he has demonstrated, not only upon the living, but also upon the cadaver.

Doubtless disease is often the result of draught (A. N. Bell, in *The Sanitarian*)—that is to say—of the passage of a current of cold air sharply across or against a portion of the body that is exposed to it; but the danger of this is greatly enhanced by too close confinement. Persons who habitually expose themselves to an abundance of fresh air rarely suffer from such causes. Some there are, however, on account of apparently inexplicable reasons who are supersensitive to such conditions. But these, above other persons, find their best protection in habituating themselves to a plenary supply of fresh air under all circumstances; by woollen clothing and by particularly avoiding small bedrooms and all such conditions as are engendered by them.

We have endeavored to ascertain (McCrae, Fysche and Ainley, Acute Lobar Pneumonia, *Montreal Medical Journal*) what proportion of the population of Montreal is employed in outdoor work, and this we find difficult, because of the great differences of conditions, due to climate, between summer and winter of 444 cases, 126 (28.4 per cent.) were engaged in outdoor work, 318 (71.6 per cent.) in indoor occupations; if we allow that one-fifth of the population is engaged in outdoor work (this figure is probably too high), the outdoor worker has suffered  $1\frac{1}{2}$  times as frequently as the indoor worker; if we allow that 1-10 only of the population is so employed, the outdoor worker is  $3\frac{1}{2}$  times as liable. In any case, our figures tend to show that the outdoor worker is more frequently attacked.