

large practices for patriotism and a keen desire to serve their country should have British fair play. They above all others should be consulted in any rearrangement contemplated of the Medical Services, whether abroad or at home.

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**Canadian Casualties** numbered 59,911 on the 31st of October, 1916. They were tabulated as follows: Killed in action, 9,457; died of wounds, 3,477; died of sickness, 490; presumed dead, 1,027; wounded, 43,245; missing, 2,245. The Militia authorities have not published the number of Canadian prisoners in the hands of the Germans. The remarkable small number of deaths from sickness should be a stimulus to recruiting; for, when a man enlists to fight for his country, he does not wish to be laid by the heels by the unseen enemies of mankind, the germs and the bacilli. Had like conditions prevailed on the western battlefront as in other campaigns, there would indubitably have been a largely increased list of deaths from sickness; but the splendid work of the sanitary service units, the public health men of the army, and the care and skill bestowed upon the sick, and, not the least, inoculation against typhoid fever, have produced these really excellent and wonderful results. It has been stated on the best authority that only one Canadian soldier so far has died of typhoid fever, and that soldier absolutely refused inoculation, though inoculation is compulsory in the Canadian Overseas Forces. All told, in the British Army, up to August 25th, 1916, there have been but 1,501 cases of typhoid, which were finally diagnosed as such—903 among inoculated men, and 508 among uninoculated men. There were 166 deaths, 47 in inoculated and 119 among uninoculated. In the same length of time there were 2,118 paratyphoid cases—1,968 among inoculated and 150 among men who had not been inoculated. In this latter list there were 29 deaths—22 among the inoculated and 7 among the uninoculated. Practically 99 per cent. of the British forces are inoculated; practically all the Canadian forces.

War, like surgery, is a red business. If the surgeon had to be surrounded by friends of the patient when operating, cautioning him to be provident in his cutting, careful in his spilling of blood; if he had his attention distracted from the object in hand by the excited and sympathetic friends of the patient—what sort of a successful operation would he perform? The good general will not have his men slaughtered needlessly. The greater the casual-