Tobacco affords a solace and obtunds anxiety none the less among women than among men, but it more decidedly manifests its evil effects in the case of women. It most commonly affects the vision, producing weakness of sight, or, as we technically term it, *amblyopia*. A disordered taste in the mouth, and a want of a correct and sharp taste, and sometimes hardness of hearing appear to be traceable to tobacco. The weakness of vision is the most common affection of this kind, and the cause readily admits of demonstration. A person subject thereto cannot so well read small print after a pipe as before smoking. This difficulty as to the eyesight is often noticeable and is readily acknowledged when pointed out. Muscular tremors and weakness are also effects of smoking the weed.

Tobacco injures the tone of the stomach, and gives rise to or aggravates any existing tendency to dyspepsia. It does this undoubtedly in the majority of instances more by its effect upon the nerves than owing to the expectoration of saliva. With the stomach debilitated there is of course a faulty nutrition. Anæmia, palpitation of the heart, neuralgia, nervous rheumatism, torpidity of the bowels, &c., follow in the train of this dyspepsia. There is great muscular weakness, though there may be little or no loss of flesh, and singularly enough very little desire for food. Probably tobacco acts in some measure like opium in lessening the metamorphosis of tissue. Smoking undoubtedly allays the pangs of hunger, and may postpone the desire for food to the next meal.

Besides manifesting itself in a deficiency of tone in the stomach, liver and bowels, tobacco exerts a special influence on the heart, which is often the seat of an excruciating pain. Functional disease of the heart is a consequence of smoking, owing probably to impairment of the heart nerve-centres and a lessened contractility in the cardiac muscle fibre. In the same way the functions of the liver, stomach, and bowels are impaired. The same great cranial nerve, the pneumogastric, supplies both liver and stomach; and the ganglia and branches of the sympathetic, which supply heart, stomach, liver and bowels, are no doubt affected in common in the tobacco smoker, just as the muscular coats of the stomach and bowels may be expected to share in the muscular debility of the heart. An impression prevails with most people that tobacco is good for the asthma. In pure nervous spasmodic asthma there is ground for this impression; but in cardiac asthma smoking is most injurious by reason of its effect upon the heart. Broadly speaking, it may be said that tobacco is sometimes good for the lungs, but always bad for the heart.

Several cases have come under observation in which the effect of tobacco on the heart in women have been strikingly manifested. I call to mind that of a woman who reluctantly gave up the pipe on my recommendation, and thereafter improved; but, getting rid as she thought of her heart disease, she took to the pipe again and the nervous heart affection soon returned.

Again, with respect to the lungs, tobacco may in certain cases alleviate asthma and spasmodic cough, but by lowering the system it undoubtedly predisposes to phthisis. This is a heavy charge against tobacco, but it is justified by observation and experience. It is painful to the thoughtful man to witness so many young boys with pipes and cigars in their mouths in the streets, and to reflect that by the excessive consumption of tobacco these thoughtless and misguided boys are laying the seeds of future disease.

There is a prevalent opinion among the vulgar that smoking tobacco serves as a protective against contagion. I was once met by this argument from an old farmer's wife who was smoking her pipe with great complacency and satisfaction. There was no use in denying such a comforting opinion to her; but it is scarcely necessary to say that the idea has no trusty foundation. I have witnessed also a similar futile use of tobacco at a post-mortem, when a terrified friend of the deceased in a medico-legal case, deemed it his duty to superintend the doctors, and held to his nose every now and then a large and fragrant "plug" of tobacco. This opinion of the protective powers of tobacco is, however, answerable for many women addicting themselves to smoking.

It may be held that as the deleterious effects of tobacco are more manifested in the frail and susceptible organization of the female than in man, that we have in their case a general proof of the hurtfulness of this substance. Observations made in the case of women may be compared to observations made in physical science with finer and more delicate instruments than those which are usually employed. It is like employing a chemist's delicate and finely graduated thermometer, and attaining results thereby which would fail to be shown so accurately on a brewer's coarser instrument. In this view the conclusions drawn from observing the effects of smoking among women are valuable as establishing the fact that habitual smoking is deleterious.

Kingston, August, 1873.

CORRESPONDENCE.

TORONTO AND THE MEDICAL ASSOCIATION.

To the Editor of the Medical Times.

Sir,—I have read with interest and shame the letter of "Urbanus" in your journal of the 23rd, and quite agree with your correspondent in his remarks.

When the Board of Examiners appointed by the Medical Council of Ontario held their first meeting in Kingston, Queen's College, with an hospitality ever to be remembered, invited the members of the board, the students, the profession, lawyers, divines, and the press to a splendid "Academic Dejeuner a la fourchette," and some members of the profession in Kingston treated the examiners to a most agreeable supper party afterwards. The following year the board met in Toronto. What was the return made by the schools and the profession in the capital city of Ontario? To their shame be it said, the members of the board, with a few exceptions were allowed to come and go without a single public demonstration of welcome. Surely such conduct was unworthy of the profession as a body and unworthy of the schools of Toronto.

Hoping that the ball started by "Urbanus" may be kept circulating until the Toronto men are stirred to act and show some proper attention to the members of the Medical Association,

I remain, Yours, &c.,

U.

Toronto, Aug. 22, 1873.

THE DUTCH ARMY MEDICAL SERVICE.

Dr. K. makes an inquiry relative to service in the East Indian Army of Holland. The regulations of this service have not been published in English, though probably information could be obtained from the Dutch Consul General in Canada, or from the Minister of Holland in London. We think our correspondent is in error when he imagines that he would better himself by entering such service. Any young medical man enjoying a moderate practice in Canada has more comforts and better prospects than military service abroad could confer. Besides the risk of climate, it is a drawback to military service that it does not improve one for family practice, which our correspondent would naturally look forward to after his term in the army.

MEDICAL NEWS.

OPENINGS FOR MEDICAL MEN.

(Canada Medical Record.)

For the benefit of medical men who may be seeking for locations, we give the following information, which has reached us from thoroughly authentic sources.

Allanburg, a village of about 400 inhabitants, on the Welland Canal, has no medical man.

Atherly, a village on Lake Simcoe, population 500 and increasing, has no medical man.

Cataract, a village in the township of Caledon, population between 300 and 400, with fine surrounding country, is destitute of a doctor.

Spanish River, district of Algoma, distant from Collingwood, a station of the Northern Railroad, 150 miles, has not a doctor within fifty miles. Population about 200, and increasing.

Ronaldsay, county of Grey, the Postmaster writes, "there is a good opening for a doctor."

North Keppel, county of Grey, has no medical man near it.

Penville, 40 miles from Toronto, on the Northern Railway, has no doctor, and none for miles.

Port Carling, in the county of Victoria, with a rapidly increasing population, has no medical man; the nearest being 22 miles distant.

Rockingham, in the Ottawa district, Postmaster writes, "good opening here for medical man, one badly needed."

The day is not far distant when patients may venture on a railway journey, not only without dread, but with positive alacrity. The term "Houses on wheels" accurately describes the vehicles now serving on Continental lines, and meant to be adopted at home. Saloon carriages and offices connected by covered passages form a "house," divided into dining and drawing-rooms, bedrooms and kitchens. The Empress of Russia's travelling train has a dining room with large oval windows, giving uninterrupted views over the country through which the train passes; while the drawing room is as elegant and the bed-rooms as amply furnished as those of a well-appointed house. The beds are hammocks, protecting their occupants during sleep from the vibrations of the train. On a less luxurious scale, carriages are similarly arranged and fitted up for her Imperial Majesty's subjects.

The Wolverhampton and Staffordshire Hospital may indeed be congratulated on the result of this the fifth year of the simultaneous collections for it. The sum is £100 9s 3rd., being £120 in excess of the largest amount hitherto collected; 93 collections have been made, and though this is a larger number by 13 than in any previous year, still the greater total now received arises not so much from new collections as from the fact that no less than 55 congregations contributed larger amounts than they did last year. This is a most satisfactory evidence of the increasing hold which these collections are taking of the hearts of the people. Wolverhampton, Bilston, Wednesfield, and the country districts have respectively given larger totals than in any previous year, Willenhall and Darlaston alone failing to equal some of their former efforts. The expenses amount to £12 16s. 10d., and the net balance is £987 12s. 5d.