health officer; the second to the remuneration for his services. With regard to the duties of the medical health officer, many people appear to think that they consist in great measure in prying about into back lanes, alleys and back ya ds, seeking for manifest and manifold causes of disease. We need hardly say, such forms no part of the duties of the medical officer, but of those of an inspector, which every board of health should employ. The medical officer's duties are largely of an advisory nature. He is to decide as to what is or is not injurious to the public health. He must be familiar with the Public Health Act, and he should advise and urge the board to adopt all reasonable practical measures for preventing the development and spread of disease. On the outbreak of any epidemic disease his advice is particularly desirable, as relates to isolation, the providing of proper hospital accommodation, disinfection, and to the time when danger from the infection shall be over. His advice should be sought in reference to the water supply, whether of wells or other sources, and to the milk supply, while he should see that inspection of the latter is properly carried out. He may urge the necessity for draining certain localities. In short, he should endeavor to have a good sanitary system adopted by the board for the municipality, and to see that it is properly carried out in all its various parts. The position of a medical health officer who takes a deep interest in preventive medicine is no sinecure.

With reference to the question of remuneration, we would recommend medical practitioners not to demand high fees or salaries when requested to accept the position of medical health officer. To do so would be against the best interest of the public health. At this early period in the development of preventive medicine, it would deter many municipal authorities from engaging the services of a medical man. While this would of course be a much greater disadvantage to the public than to the profession, it is the duty of the physician to consider first the interests of the public or of the community in which he lives. Hence it would be well for him to demand only what that community are willing, rather than what they may be able, to pay. In this way the physician will help to develope a most desirable system, in which the profession will become very generally employed in that branch of medicine which is the most elevating and important of all—that of directly promoting the public health by the exercise of their skill in preventing disease. Notwithstanding the desirability of medical practitioners being very reasonable at first in their demands for such services, we trust that they will at the same time let municipal authorities understand that their services in their behalf are most valuable to the community, when thus associated with boards of health in efforts to prevent sickness, and therefore the municipality must fairly remunerate them for such services. Moreover, to accept a position of the kind at a merely nominal salary, or per diem fee, or honorarium, would be an injustice to other practitioners, which should not be overlooked. The wisest course, then, would seem to be for physicians to demand a moderately reasonable consideration for the commencement, with the view of an increase in the future.

CANADA MEDICAL ASSOCIATIOM.

The eighteenth annual meeting of the Canada Medical Association was held in Chatham, Ont., on the 2nd and 3rd ult., the President, Dr. Osler, in the chair. There was a large attendance of members present. A number of American physicians were also present, and most heartily welcomed to all the privileges of the meeting. Hon. Dr. Sullivan, the retiring President, opened the proceedings by a short speech, in which he congratulated the Association on the excellent arrangements made for the meeting, and the programme which had been provided. He alluded to the very creditable part taken by the members of the medical profession in the North-West Rebellion, and the satisfactory manner in which the sick and wounded were cared for. He also referred in a complimentary way to the President elect, Dr. Osler, of Philadelphia, whom he installed in the chair.

In the afternoon the President delivered the annual address which was listenod to with marked attention. The subject was the history and progress of medical education in Canada. On motion of Dr. Grant, of Ottawa, a vote of thanks was tendered to the President for his able and interesting address. The Association then divided into sections, Dr. Harrison, of Selkirk, being elected chairman of the medical section, and Dr. Edwards, of London, chairman of the surgical section. The