

some form of right iliac disease, preceded the fatal appendicitis.

"Simon says: "In all the cases that I have investigated, either in private or hospital practice, I have observed the same pathological evolution, and in cases where a special hygiene was observed and suitable treatment, laxative, instituted, the patient always escaped further accidents."

With these statement, most medical men will agree. Simon recognizes three stages of the disorder, preliminary to appendicitis: 1st. Simple constipation; 2nd. Engorgement and thickening of the cæcum; 3rd. Stercoræmia or constitutional manifestations from retained fæces. It is not uncommon to meet with cases of sudden pain in the right iliac region, with tenderness on pressure. There may be a nervous condition, simulating shock, a rapid pulse with mental anxiety, with or without any elevation of temperature.

Tenseness of the abdominal muscles, with possibly induration of underlying tissues, is usually present. In view of the revelation of the *post-mortem* table these cases ought to be classed as appendicitis. In such cases, flushing of the bowel usually brings to light old hardened masses of fæces. An immediate cause, such as shock, injury or indiscretion in eating, may often be found. Now, appendicitis would not have resulted from the particular exciting cause had not the predisposing condition been present. So if these cases be appendicitis, then it is only occasionally a surgical disease, for the vast majority of such cases recover promptly under laxative and other ordinary methods of treatment.

Right iliac disease is very common. It usually yields to medical measures. Its danger is in progressive appendicitis.

TO THE MEDICAL PROFESSION OF CANADA.

Robert Farquharson, M.D., M.P., long a prominent member of the Parliament of Great Britain, at the late seventeenth annual congress of the Sanitary Association, of which he is president, said "The foundation of all effective progress in preventive medicine must be education." Indeed it has now been found out in Great Britain that much greater progress can be made by educating the masses than by trying to coerce them. In Canada, our Provincial Legislatures may enact laws, and local Boards of Health may be organized by hundreds, and although all this is a good beginning and essential, much more still remains to be done. Sanitary work is but begun when

good laws are passed and local boards organized. These do not create the public realization of their usefulness. Health acts are now in advance of the public feelings. The people often instead of welcoming them take their enforcement as an intrusion and interference with individual rights and liberties. The masses of the people are not disposed to inconvenience themselves by keeping their bodies and premises clean, and their infected families isolated to gratify the whim of their neighbors or even their law makers. They require to be taught that compliance with health rules and regulations will be a direct benefit to themselves, yea, money in their own pockets:—that non-compliance with such rules and regulations is the cause, indeed the only cause, of disease, with all its attendant pains, expenses and loss of time, that wherever there is a high mortality or a high sickness rate, there surely will be found unsanitary conditions or environment which demand attention. In this education of the people, although not at all akin to the education of the schools, it is very desirable that a spirit of emulation be stirred up, in order that the various districts, or municipalities shall vie with each other in showing a low death-rate, and a "clean bill of health" by keeping themselves free from epidemic and other diseases.

It is and has long been the universal opinion of sanitarians that the basis of all public health work and progress, both educational and coercive, is a system of health statistics—of births, marriages and deaths. Beyond this, it has become clear, in recent years, that for the best, or even fair, preventive progress, statements or reports (not exactly statistics, for they cannot practically be complete or accurate) monthly or oftener, of prevailing diseases, especially of any outbreak or cases of infectious disease of importance, are absolutely essential. It will not do to wait for the death returns. Not only the local boards, but the central organization should be early informed of any such diseases. Returns and records of these statistics and reports or statements of prevailing disease would form a vast valuable record, year after year for the Federal—the Canadian government to possess. But to be of practical value, the information obtained from month to month, or oftener especially of prevailing diseases, must be scattered freely amongst the people, at least monthly, as by means of a bulletin. These reports not only show where unsanitary conditions need attention, but they give rise to the desired spirit of emulation amongst the different municipalities. Every community then would have a strong tendency to endeavor to prevent as far as possible any outbreak of disease, each in its own respective locality, and to preserve a "clean bill of health," as ships at sea usually desire to do, for their own credit.

Now it must be obvious to anybody, even if he be not versed in political economy, that it would be much more economical, on the whole, for but one centre in Canada the Federal government, to carry on this work of collecting statistics and reports, recording them, and issuing a bulletin of their condensed facts, etc., than for each province to do so on its own account, while the results in the former case would be incalculably better. If done by the one central government, all the information obtained would be in one central Canadian record, and, more important still, the information conveyed by the returns would then be distributed throughout all the provinces; done by each province, each would only collect and distribute the information within its own boundaries, except perhaps to a few outside officials, and the people of each, would therefore only receive and obtain the information gathered within and relating to their own province; whereas, it is almost as essential for the Eastern or Western provinces, for example, to learn in what special localities any epidemic or prevalence of disease exists in Ontario or Quebec, as in their own provinces, while the same principle holds good with regard to Ontario and Quebec, in relation to the East and West. In short, if