

## CARE OF THE FEEBLE-MINDED.

We are glad to be able to state that progress is being made in this very important matter. The committee has been pressing the claims of the feeble-minded upon the attention of the Hon. W. G. Hanna, and, we feel, with a good deal of success.

That such a class of persons exists in the community, there is no doubt; nor can there be any doubt that these unfortunates are not responsible for their condition. In many instances the parents and guardians of these defectives are not in a position to properly care for them. It, therefore, becomes the duty of the state to do so.

But the money question, like Banquo's ghost, ever comes to the front. This must be faced. In the end it will be cheaper to isolate these defectives, than to leave at large, doing wrong and propagating their like.

## GUARDING THE HEALTH OF THE SOLDIERS.

Dr. G. G. Nasmith, who has done such excellent service in the sanitation of the British Army in France, has been telling up of some of the conditions there. He informs us that the ditches on the roadsides, and the lowlands, are good breeding-places for the mosquito. He states that the wells are shallow and soon become exhausted. Much of the country is low and covered with surface water. This finds its way into the trenches, and causes much trouble to the engineers to effect drainage.

Typhus fever has almost disappeared, and the inoculation of the troops has decidedly restrained typhoid fever. The disease that gave most trouble was an epidemic of mumps. This occurred at Salisbury.

The chlorination of the water is an outstanding feature in the care of the health of the soldiers.

The bottle fly gave much annoyance to the men, and, perhaps, was an agent in the spread of disease. In dealing with the methods of preserving the health of the troops, Dr. Nasmith made the following statement:

"The men's health is controlled as follows: Every morning there is a sick parade, and the medical officer goes over the cases. He sorts out the men into minor sickness and threatening ones, the latter cases being sent back to the advance dressing station, which is usually from one to two miles back of the firing line. There a man is allowed to be around, and his case is diagnosed. At night, the ambulance takes him back to a larger hospital, usually situated in a chateau, school, nunnery, or even a field. The diagnosis is confirmed there, and the man may be kept