

To Sir A. E. Wright belongs the credit of applying vaccination as a means of preventing typhoid fever.

Statistics available in 1907 were based upon inoculation on British troops in India and South Africa. Sir A. E. Wright quotes figures as follows: Among 19,069 inoculated soldiers, there were 226 cases of typhoid fever—a proportion of 1 in 84.4; among 150,231 uninoculated soldiers there were 3,739 cases, that is, 1 in 40 took the disease. In the inoculated the mortality was 17 per cent., in the uninoculated the death-rate was 25 per cent. The immunity seemed to persist for about two years. Chantemesse reports a death-rate of 17 per cent. in 5,621 cases of typhoid treated in Paris hospitals from 1901 to 1907 without inoculation, and since that time 1,000 cases treated in his wards with cold baths and anti-typhoid serum with a death-rate of 4.3 per cent. Not one fatal result occurred when the serum had been used within the first seven days of the disease. Convalescence was very rapid in patients treated early. This practice has also been adopted in the German army with good results.

Up to the present the evidence would go to prove that the use of anti-typhoid serum is advisable among soldiers and other large bodies of men who are surrounded by unknown or suspicious sanitary conditions. An effort has been made in this address to refer to some things our professions are trying to accomplish for the public in preventive medicine. If to this aim on our part we can add the confidence and co-operation of the public the results will be more satisfactory in the future than they have been in the past. To this combination of profession and laity we can safely add the support of the Legislature, a body elected by the people, and willing to grant what the majority of the electorate desire of them.

The confidence and co-operation of the public can only be secured when they understand the necessity of the work. The surest way of educating the public is to start with the rising generation. The Legislature of this Province now empowers school trustees to provide and pay for medical inspection of schools. To this add the teaching of hygiene in the schools.

The primary object of medical inspection of schools is to prevent children from contracting or giving to others communicable diseases. In the second place the object is to detect mental and physical defects, that they may be properly cared for, and not allowed to interfere with the child's progress in school.

This, followed by teaching in public health as far as their