

an atmospheric or terrestrial condition can produce a phenomenon of such world-wide prevalence. In 1889-90 it was believed by some that world conditions were responsible for that particular outbreak, and today there are people who think that it was due to the weather conditions during the winter of 1917-18. Others believe that the war was responsible, and still others say that it was spontaneously developed in many places at the same time. All these suppositions, unfortunately, seldom stand the test of scientific analysis. It is now believed, with the weight of evidence in agreement, that the immediate cause of the pandemic of 1918 was an infective virus which passed from person to person until it had spread over the entire world. The disease travelled at about the same rate at which people travel from point to point. So far the virus is believed to be an hypothetical one, and its mode of entrance, its leave-taking and period of transmission are still in question. Whether or not the disease is always with us, nobody can answer, but it would seem that it is not unlikely, for a virus which had existed somewhere among persons who had become immune to it could be introduced among strangers to it and attain enormous proportions.

However this may be, the pandemic has shown how quickly infections can travel, how easily they can gain entrance to the nose and mouth, and to what a high degree preventive measures should be carried out. Sir Arthur Newsholme, Medical Officer of Health to the Local Government Board of England, said that until the common respiratory infections are studied and controlled, it will be impossible to understand and manage influenza.

Nobody can answer the question, "Will there be another visitation?" Influenza commonly sweeps in more than one wave. If it is probable that this will be the case, then the great lesson of the pandemic has been to call attention to the prevalence of respiratory disease in ordinary times, the indifference with which we view them, and our inability to cope with them. They must be controlled by administrative procedures and by exercise of appropriate measures of self-protection. Much has been written on the subject of general health and protection, but Major Soper believes that the most essential things to remember are embodied in the following rules prepared last au-

tumn and recommended by the Surgeon General of the Army, published by the order of the Secretary of War, to be given all possible publicity:

1. Avoid needless crowding—influenza is a crowd disease.
2. Smother your coughs and sneezes—others do not want germs which you throw away.
3. Your nose, not your mouth, was made to breathe through—get the habit.
4. Remember the three C's—a clean mouth, clean skin, and clean clothes.
5. Try to keep cool when you walk and warm when you ride and sleep.
6. Open your windows—always at home at night; at the office when practicable.
7. Food will win the war if you give it a chance—help by choosing and chewing your food well.
8. Your fate may be in your own hands—wash your hands before eating.
9. Don't let the waste products of digestion accumulate—drink a glass or two of water on getting up.
10. Don't use a napkin, towel, spoon, fork, glass, or cup which has been used by another person and not washed.
11. Avoid tight clothes, tight shoes, tight gloves—seek to make nature your ally, not your prisoner.
12. When the air is pure breathe all of it you can—breathe deeply.

PHYSICAL EXAMINATION OF THE FIRST MILLION DRAFT RECRUITS.

THE initial selective draft for 1917 presented an opportunity to study the physical constitution of the people of the United States. There were measured and examined physically about 2,510,000 men, of whom 730,000, or 29.1 per cent., were rejected because of physical disability. Between December 15, 1917, and September 11, 1918, over three million men were examined. After July, 1917, recruits were accepted in three groups: the first selected for general military service; the second, for limited or special service; and the third, for service after remediable treatment.

The percentage of rejections at mobilization camps shows a great fluctuation at the different camps; but in spite of the variation in standards of the physical examining boards, it is pos-

sible to show that the incidence of particular defects and diseases in different sections of the country is very different. It has been estimated from fairly complete returns from local boards, mobilization camps, and disability discharges, that during the first four months of mobilization about one-third of the men who were physically examined were rejected on physical grounds, and that during the following eight months about one-fourth of such men were rejected. The Provost Marshal's figures indicate that about twenty-two per cent. of the rejections were caused by some mechanical defect in the organism; fifteen per cent. were rejected because of imperfections of the sense organs, and about thirteen per cent. for defects in the cardio-vascular system. About twelve per cent. were rejected on account of nervous and mental troubles, in part due to abnormal thyroid secretions. Approximately ten per cent. were rejected on account of tuberculosis and severe cases of venereal diseases. About 8½ per cent. were rejected because of developmental defects in physique, about 6 per cent. for trouble in skin and teeth, and about 13½ per cent. for other defects. The rejections at camps following the physical examination of the first million men reveal a different order,—imperfection in the sense organs being the principal defects, mechanical defects taking second place, followed by circulatory defects and diseases, tuberculosis and venereal diseases, skin and teeth, nervous and mental troubles, and developmental defects.

In this report, Bulletin No. 11, a comparison is made between the defects found among men coming from rural and from urban communities, and in detail from four large cities,—New York, Chicago, Philadelphia, and Boston.

RABELAIS, A LITERARY PHYSICIAN.

It is seldom that the medical profession can claim among its ranks a physician whose literary attainments have equalled those of Rabelais, the monk. In a recent issue of the *New York Medical Journal* there has appeared an interesting account of the life, interests, and achievement of this man.

Little is known about the birth, parentage, and early education of François Rabelais, ex-

cept that he was born in Chinon, in Touraine, about the year 1490. He was probably brought up in a monastery, becoming first a Franciscan monk, then a Benedictine monk, and later, a secular priest.

It was probably about the year 1530 that Rabelais began the study of medicine at the University of Montpellier. In 1532, he moved to Lyons. At about this time, he published *Gargantua and Pantagruel*. During his stay at Lyons, Rabelais was engaged to take charge of the hospital patients at a salary of forty pounds *tournois* a year. He merits the distinction of being the first hospital intern whose name has been handed down to posterity. He became physician to the embassy at Rome in 1534, and in 1539 entered the service of Guillaume du Bellay Langey. During 1546 and part of the following year, he became town physician at Metz in Lorraine. In 1547, he went to Rome, where it is thought that he died in 1553.

The writings of François Rabelais reflect his interest in the medical profession, and give evidence of medical erudition far in advance of his time. His works display a wide knowledge of anatomy and of many diseases. His writings are not well known in English speaking countries. *Gargantua and Pantagruel*, his most famous work, is archaic in language and displays the unbridled license characteristic of the sixteenth century. Perhaps the only literary physician who can be compared to Rabelais is Oliver Goldsmith, and his only equal in satirical literature was Swift.

Rabelais excelled in his profession, and far surpassed the physicians of his day in medical lore. He seems to have been successful in his methods of treatment, and gave freely of his knowledge. The profession may justly be proud to claim among its members François Rabelais, perhaps the greatest of literary physicians.

MEDICAL NOTES.

GRAND CENTRAL PALACE.—On September 30, 1919, the Grand Central Palace, New York, which has been used as an army base hospital since last September, will be returned to its owners.