

changes in pharmaceutical manipulation, etc. etc.

The time for each session is limited and we cannot read many papers at the meeting. We might solicit papers for criticism, although perhaps the time has not arrived for this. If we can make the meetings of the Section instructive and educational, this year's interests will be well served.

Comments are invited on these suggestions and all other recommendations will be submitted to the committee so that we can formulate plans of action.

Respectfully,
E. FULLERTON COOK, Chairman.

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AN APPEAL TO THE WOMEN MEMBERS OF THE A. PH. A.

The Women's Section is desirous of getting in touch with the needs of women pharmacists and urges each member to submit either through the *JOURNAL* or to the Secretary of the Section any conditions surrounding their work which the Association might help to correct.

Women members are also asked to co-op-

erate in the work of the Women's Section by assisting the various committees and offering suggestions regarding present or new lines of work.

The Press Committee will advertise the A. Ph. A. to those whose interest should be secured. The Outlook Committee will seek new lines of endeavor for the Section and investigate all suggestions offered concerning conditions to be corrected. The duties of the Membership Committee are obvious.

While these committee appointments are limited by the Constitution and By-Laws to a few, that by no means limits the number expected to help on these committees. Rather the committee appointments are to be considered as perfunctory, as a bit of red tape necessary in any organization, but the real committees are limited only by the membership of the Section or Association.

The Committees of the Section will be found in the roster published in the January *JOURNAL*, and the officers of the Section will be glad to hear from all members at an early date, so that the Section may do its share to make the Detroit Convention a success.

ANNA G. BAGLEY, Secretary.

PHTHISIOPHOBIA..

Baldwin says that we are reasonably sure of the following: 1. Most adults have received some tuberculous infection. 2. From this they have acquired a variable degree of specific allergy. 3. During ordinary health the tissues repel tubercle bacilli, partly, at least, with the aid of this specific allergy. 4. Reinfection of adults is mostly a superinfection coming from the existing lesions, and due to disease, trauma, overstrain or any cause of "lowered vitality," whatever that may mean. 5. "Finally, as a corollary, adults are very little endangered by close contact with open tuberculosis, and not at all in ordinary association. Childhood is the time of infection, youth the time of superinfection, and that from extension of the primary disease. Qualify these statements as we may, it is time for a reaction against the extreme ideas of infection now prevailing. There has been too much read into popular literature by health boards and lectures that has no sound basis in facts, and it needs to be dropped out or revised. More protection of children and better hygiene for adults are logically demanded, but beyond this the preachments about the danger of infection to adults in the present state of society are without justification from an experimental standpoint." The statements which we have quoted represent not one man's views, but what seems to be the growing conviction of many of the most progressive and thoughtful students of tuberculosis at the present time.—*Journal Am. Med. Assoc.*