

PREVALENCE OF MEASLES AND WHOOPING COUGH.

From the fact that measles is a manageable disease, and its mortality slight, may be ascribed the little attention shown to its existence as an epidemic in Montreal. From inquiries, and as a result of our own experience, such it is. All through the past winter season the number of cases of which the writer is cognizant has been somewhat extraordinary, co-existing with whooping cough, which has also attacked large numbers. In very many cases children were affected with both at the same time. The mortality of measles, even when complicated with whooping cough, has been so slight as to cause no alarm, and many families have not thought it necessary to get medical advice or treatment. Pneumonia as a sequence has prevailed, but without very serious consequences. Both disorders apparently began in the south end of the city and gradually spread northward where the greatest number are now to be found. We were inclined to consider the cause of its assuming an epidemic form to the coldness of the winter, obliging householders to close their dwellings and deprive themselves of free ventilation, the atmosphere being thereby vitiated, depressing the vital powers of the young, together with intercommunication at school accounting for its spread. We find, however, that other cities have had a like visitation. In New York during the past four months there were reported 2,153 cases of measles, with 402 deaths, or nearly one death in every five cases. This is a large death-rate, but we presume that the reported cases formed but a small portion of the actual number that occurred. We have estimated that there must have been over three thousand children laid up with measles in Montreal, and so appreciably has this been felt by the attendance at the schools that public attention has been drawn to it. From December 1st to March 1st the number of deaths by measles was 91, and of whooping cough 17. No deaths from measles occurred during October and November.

Local and General.

The recent meeting in the Recorder's Court to consider proper quarantine for inward-bound vessels from cholera-infected ports, gave timely warning to the Government and the citizens.

It now remains to be seen whether the suggestions will be acted upon. The history of cholera and its travels plainly shows that the disease can be warded off our shores if the Executive be fully alive to the dangers of the situation, and if they will carry out in practice what experience has proved to be effective in such cases.

I wish I had room to give the whole of the article on therapeutic evidence, published in a recent number of the *Therapeutic Gazette*, by R. T. Edes of Harvard. However here are a few of the observations which will, I am sure, find an echo in the hearts of most of us: "One observation of recovery under any given treatment of any disease which is usually curable by many different plans proves absolutely nothing as to the positive value of such a treatment. It only goes so far to show that it is not fatal; and it may be that such observations can be considerably multiplied without gaining a great deal in force."

How many plans of treatment of pneumonia have been built upon series of cases terminating favorably in from seven to ten days, and yet such a result proves absolutely nothing as to any positive value in the treatment. Negative value they may have, for it is possible to do much worse."

An old medical friend of mine, noted for his Hibernicisms and odd sayings, remarked to me one day: "I tell you that when there are many successful cures for a disease, there is really no specific treatment for it." If I were asked to formulate a rule by which to test the real curative value of a remedy I should say: where the average result of the treatment to be tested is in a thousand cases better than the average result of the "expectant" or hygienic treatment, the remedy tested has positive therapeutic value, and deserves a place in a Pharmacological text book.

I wonder what a Christian Scientist M.D. (or, for the matter of that, a Homœopathic or Hygienic M.D.) would do if called to attend a case of cholera morbus.

Intestinal cramp is not a thing that readily yields either to the influence of the mind, the tenth dilution of arsenicum or the regulation of the diet. In the present and empirical state of things a hypodermic injection of certain anodyne drugs will be found more efficacious.