

BORIC ACID A REMEDY FOR STYE.

Dr. Geo. Reuling says: I have found a simple and effective remedy for stye to be a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid, by means of a camel's hair brush, this painful and annoying affection will be conquered very rapidly—*Virginia Med. Monthly*, October, 1887.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

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SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, AUGUST, 1888.

CONTAGIOUSNESS OF PHTHISIS.

We had the pleasure the other day of a conversation with an esteemed confrère, Dr. Osler, now Professor of Clinical Medicine in the University of Pennsylvania, on the above subject. It has long been our opinion, based on clinical facts, that Phthisis is rather a contagious than a hereditary disease. That is to say, that a man dying of phthisis leaving only one child born after his death, and in another house, free from the germs of tubercle, and from a mother who had not been infected with the disease, such a man, we say, would not transmit tubercle to his child. Such a case rarely happens, but on the contrary, the children of tubercular parents almost invariably have their lungs saturated with tubercle bacilli immediately after their birth. But we maintain that if such children were removed immediately to healthy surroundings, they would start in life with an inherited weak constitution, it is true, but with no specific tendency to phthisis. They would be more liable to contract phthisis on exposure to the germs, just the same as but not more than any other person of weak constitution. There is a general law to be seen in nature, in virtue of which lower organisms prey upon the weaker members

of the higher area. For instance, as long as the green leaf is strong and well nourished, fungi do not touch it. But the moment that from any cause the vitality of the leaf is materially affected, then the fungi seize upon it and soon consume it, leaving nothing but a fibrous skeleton. Now just in the same way when a case of phthisis is imported into a house occupied by a family, in which for a hundred years back no one had died of phthisis, the weakest organized inmates of that house will contract the disease one after the other. The fact that certain members of the family escape only proves that their vitality was strong enough to resist it. Do we not see the same thing during an epidemic of typhoid? We know that the period of incubation of typhoid is only a week or two, and yet it is a common thing to find that the patient had not been feeling well for some months; he had been below par, as they often say.

An argument sometimes used against the contagiousness of phthisis is the apparent immunity of nurses in consumptive hospitals. But this can be easily explained; only the strongest constitutions are engaged in such institutions; and if any of them should show signs of failing health, she would be immediately ordered away.

On submitting the above argument to Dr. Osler, he expressed himself at being thoroughly convinced of the contagiousness of phthisis, and he informed me that he had seen the advance sheets of a work about to be brought out in Philadelphia on this very question. The importance of this subject cannot be over-estimated, more people die of consumption than of any other known disease, and while many other formerly very fatal diseases are rapidly disappearing under the direction of sanitary science, the death rate from phthisis remains almost as great as ever. And yet we feel convinced that it, too, might be made to disappear completely from off the face of the earth, under a proper system of isolation. This of course is out of the question at present; public opinion must first be prepared for it through the profession. It is with the object of calling the latter's attention to it that we have made the above remarks. Let medical men, when taking the family history and previous history of a consumptive patient, no longer rack his and the patient's brain to find a remote ancestor who had the disease, but let him rather enquire as to the surroundings of the patient during the