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# CANADA

# MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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*An Essay on the Contagion, Infection, Portability, and Communicability of the Asiatic Cholera in its relations to Quarantine; with a brief History of its Origin and Course in Canada, from 1832.*  
By W. MARSDEN, A.M., M.D., ex-President and Governor of the College of Physicians and Surgeons, Canada East; Honorary Fellow Medico-Botanical Society, London; Corresponding Fellow Medical Society, London; Honorary Fellow Montreal Pathological Society; Honorary Fellow Berkshire Medical Institute and Lyceum-Natural History; Honorary Fellow Medico-Chirurgical Society, New York; Member by Invitation of the American Medical Association, &c., &c., &c.

On the 6th of July, 1849, John Wilson, the celebrated Scottish vocalist, who had before charmed the citizens by his chaste and classical rendering of the songs of the Border, arrived in Quebec from New York where cholera was prevalent, with the intention of giving a farewell concert, before returning to "Bonnie Scotland." On the 9th of July, the walls of the city were placarded over with huge posters, headed, "Wilson's last night." Little did his friends imagine how truly ominous were these words. At the moment that the *élite* of the city was gathering to attend his farewell performance, the doors of the concert hall were closed against them, and a notice on one of the entrances announced the fact that all that was mortal of John Wilson the vocalist, had passed away.

On the morning of the 8th July he went out on a fishing excursion to one of the beautiful lakes north of Quebec, but was soon compelled to return to town with diarrhœa. He sent for a physician, took to his bed, and died at one o'clock, a.m., on the 9th of July of well-marked Asiatic Cholera.

The circumstances connected with this case form a brief episode of themselves on the infectious character of Asiatic Cholera.

On the evening of the 6th of July, he met a party of about a dozen of ladies and gentlemen at the residence of one of the leading citizens of Quebec, George Okill Stuart, Esquire, Queen's Counsel, then Mayor of the city; and within one week from that day, four of the party including Mr. Wilson (and one of them the lady of a Baronet), were among the earliest victims of Asiatic Cholera.

Mr. Wilson died at the St. George's Hotel, on the *Place D'Armes*, kept by Willis Russell, also proprietor of the Russell Hotel, Palace Street. Being the family physician of Mr. Russell (although I did not attend Mr. Wilson), I strictly enjoined him to destroy or cause to be destroyed or buried all the body and bed-clothing of deceased, as well as the bed on which he died, and to have the rooms thoroughly disinfected.

The medical gentleman who attended Mr. Wilson, although a distinguished physician and surgeon, was a decided non-contagionist, and pooh! poohed! my suggestions. On Mr. Russell hesitating how to act, I told him that I should feel it my duty to warn any of my friends of the danger of visiting his hotel, if he refused to adopt the prudent precautions I had suggested. Having prevailed on him to follow my advice, the clothes and bedding were removed, and (as I then supposed) destroyed, and I superintended the thorough disinfection of the premises. There was no other case of cholera in the hotel.

Now for the sequel. A waiter named Francis Roberts, to whom the clothing had been given by Mr. Russell to be destroyed, fearing no danger, and thinking the clothes too good to throw away, took them to the gaol where he lodged with his son, who was one of the turnkeys, and hung them up in a large room, known as the chapel, to air. Here Sunday services were performed, and in the week days it was used by the turnkeys and their families as a general recreation room. On the following day, Roberts had an attack of cholera, but got better. On Tuesday, instead of remaining quiet at home, he went down to St. John Street to see a friend, a watchmaker and jeweller, named Teasdale, with whom he remained an hour or two. On his return to the gaol, he had a relapse, and died of cholera the same night. The next day Teasdale was attacked with cholera and died, and his wife also. The same day Miss Browning, a daughter of another of the turnkeys in the gaol, fell sick, and after a severe attack recovered. On the same day, the 13th, a prisoner named John Baker, who had been allowed to range about the corridors, and into the chapel, was attacked and died. On the Sunday following, Miss Mary Ann Browning, another daughter of the turnkey's, was attacked at eleven o'clock, a.m., while at the chapel, and was brought home, and died at ten the same night. After this, a number of cases occurred in the gaol.

I have now traced the fatal consequences of the cupidity of poor Roberts in preserving the clothing, and will relate the circumstances connected with the bedding, which is still more remarkable. Mr. Russell at first, doubting the soundness of my views on contagion, and seeing that the mattress on which Mr. Wilson died was a very large one, and perfectly new, (the hotel having just been re-opened and re-furnished for the season), ordered Barthelemie Blais (a jobbing upholsterer who worked for him), to carry the mattress down to the Russell hotel, Palace street, then unoccupied, and place it upon a promenade gallery on the roof of the building, which was done. There it remained for several weeks exposed to all weathers, when one day, cholera having nearly disappeared, Blais reminded Mr. Russell that the mattress was still out upon the roof, and proposed to pull it to pieces, to tease out the hair, wash and dry it, burn the tick, and make it up anew. Mr. Russell, who had forgotten the circumstance till reminded by Blais, ordered him to destroy it. Blais thereupon asked Mr. Russell if he would allow him to take it home and make it up for himself, as the cholera was over, and he had no fear of sickness; to which Mr. Russell replied, "Take it away and do what you like with it, but do not bring it back here." He took it home, and next day ripped open one end and commenced taking out the hair. This was about nine o'clock, a.m. He sickened before he had been ten minutes at work, and died in a few hours, and was buried the same night, leaving the mattress just opened as I have described, and as it was shown to me by his widow the next day before it was finally destroyed.

Another striking case of infection from clothing occurred this year, which was related to me by the Health Officer.

A French Canadian was employed by the Board of Health to destroy cholera clothing, bedding, &c., and was engaged in destroying and disinfecting at the house of one Maingui, where twenty-three deaths had occurred. Whilst so employed, he found a coat apparently new or nearly so, and thought it too good to destroy. He tried it on, found it fitted him, kept it on, and went home with it. He sickened that night, and died the next day of cholera. Mr. Baker, my informant, the active and intelligent Deputy Health Officer, assured me that cholera had not in any solitary case broken out a second time in any house in which the process of disinfection had been carried out by the Board of Health since 1849.

A precisely similar case occurred in a poor man, who had been a sort of pensioner on the bounty of Mr. Blumhart, a well-known citizen of Quebec, who died of Asiatic Cholera. At his death the suit of clothes he wore when he was attacked, were given to this man. Proud of the

gift of a superb suit of clothes, he put them on for the first and last time, on the following Sunday morning, and went to mass. After service he returned home, was attacked with cholera and died the same night.

On the 23rd of July, Mr. John Howison, a well-known citizen, died in St. John suburbs of Asiatic Cholera. Mr. John Codville and Mr. Lortie, two of his friends, visited him during his illness and remained a while with him. Lortie attended Howison's funeral that evening, and next morning was a corpse. Mr. Codville died during the same day. On the morning of Lortie's death, of which I had just been informed, I was passing his door, and saw a mattress and a quantity of his clothing on the boards near an open window, and a number of children, eight or nine, rolling and tumbling among the clothing. Finding that it was bedding and clothing that had been about the person of the deceased, I ordered the children away from the place, warning them of their danger, besides notifying their parents. Of these poor unsuspecting little ones so lately full of life and glee, five died of cholera within thirty hours.

A nearly similar occurrence took place in another part of Quebec. In the rear of Clapham Terrace, a fashionable part of the city, a Mrs. O'Connor died of cholera. Her straw bed, bedding and clothing were thrown into an adjoining open piece of unoccupied ground. A number of poor children in the neighbourhood were seen rolling among the bedding. A lady, patient of mine who lived in one of the houses on the terrace, and knew my ideas on the infecticus character of cholera clothing, made it her business to watch and investigate the facts, and reported that four of the poor children who were known to have gambolled among the infected clothing, died of cholera. These are assuredly strong cases of the infection from cholera clothing.

Having now tracked the disease through three invasions, we come to the fourth, which occurred in 1851. There I saw and attended the first case that appeared. It was in the person of a gentleman from the United States, of German extraction, who with his friend was attacked with Asiatic Cholera, at Sword's hotel, St. Lewis Street, and died. The place was thoroughly disinfected by the active and efficient Health Officer, Mr. R. Symes, and no other case occurred there during the season. The next case strongly favours the doctrine of contagion. One of the waiters of the hotel who waited on the gentleman above mentioned, was sent to Mr. Drum's cabinet warehouse, to order a coffin, &c. As his wife lived in a small bye-street called "Ancien Chantier," on his way to the cabinet maker's, he called in to see her. She was the next victim and the first case of cholera known or reported among the citizens, and she died two days after the gentleman at the hotel. There was no other case

of cholera then in that locality, nor had there been any other previously.

Fearful of being tedious, and having shown the origin of cholera in 1851, I will proceed at once to describe the invasion of 1852. Down to this time each successive attack in Quebec had been less extensive and fatal than the previous one. In round numbers, the deaths from Asiatic Cholera were nearly as possible as follows :

In 1832.....	3,450
“ 1834.....	2,500
“ 1849.....	1,180
“ 1851.....	280
“ 1852.....	145

The first case in 1852 occurred on the 25th of September, in a man named McKnight, who had been working on board the American ship “Advance,” of and from New York, which vessel had had a death from cholera on board, on the voyage to Quebec. The disease communicated rapidly to six other persons, who lived in the same lodging-house, in Champlain Street, with Mr. McKnight, and among them were two sailors who belonged to the “Advance.” Of these seven cases, five died. The last case in 1852 occurred on the 9th of November, being about six weeks from the commencement of the outbreak. The comparatively small number of cholera cases this year may be attributed to the fact that the first case occurred late in the season, when the weather was becoming cold, and there was little or no emigrant or transient population in the city.

We now come to a most interesting and important period in the history of Asiatic Cholera in Canada in 1854. When the disease re-appeared as in 1832, 1834 and 1852, it again laughed at Quarantine Laws, and for the same reasons: viz. “The utter inefficiency of the system adopted.” A repetition of the events of previous years took place. A few days after the arrival of a vessel at the Quarantine Station at Grosse Isle with cholera on board, the disease appeared in the city, and soon travelled all over the country.

(To be continued.)

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*Principal causes of the Mortality of Montreal, and Modes of Prevention.*

BY WILLIAM H. MONDELET, M.D., Licentiate of the College of Physicians and Surgeons, C. E.

#### STREET CLEANING.

The duties of this highly important branch of the Hygienic department are but imperfectly performed. The system employed for its accomplishment is liable to become itself a source of nuisance.

No department of the city administration is more seriously defective, or calls with a louder voice for reform. Our streets are, in many places, throughout the city, at different seasons of the year, intolerable nuisances. Among the causes of an increased mortality, they undoubtedly play an active part.

If the health of the city is to be maintained, the streets must be kept clean and preserved from the accumulation of offal. It is the decomposing and disgusting refuse from houses and yards that loads the atmosphere with the poisonous elements of disease. In our frequented thoroughfares, in our narrow streets, where an overcrowded and less cleanly population reside, it acts with tenfold power. The practice of emptying pails of dirty water into the street is carried to a great extent in certain parts of this city. Such a practice should not be tolerated. It has been well observed that the streets are the reservoirs whence we are supplied with fresh air, and if the air is impure in them, it is impure everywhere; consequently, that which should at all times be a benefaction and an appliance for health, is oftentimes an intolerable agent of mischief. Pure air is essential to health, and just in proportion as our streets are kept clean, so will the purity of the atmosphere be promoted. Observation and experience have abundantly shown that the health of the population is always in proportion to the purity of the atmosphere. It requires no further argument to prove the necessity and value of ample provision, and this provision vigorously applied for keeping our streets clean.

It is one of the finest public essentials for the preservation of the health of the city. Let the authorities look carefully to this department, which has been so unfaithfully carried out, or so shamefully neglected. It may be, that the existing ordinance in street cleaning is sufficient for every emergency, and that the failure is in the manner of carrying it out. Various propositions have been made for an improved plan in carrying out this cleaning. That more frequent cleaning by the brush, scraper, and a freer application of water, are necessary, does not admit of a doubt.

Having the work on our principal streets and thoroughfares performed by night, or in the morning, before sunrise, seems to be practicable, and would be highly advantageous, especially to the business community. The Paris system, which is considered a thorough one, is confided to the mayor and his police. The work is done early in the day, by contract. The citizens are taxed separately, for the cleaning done before their own doors, at a cost of about two dollars *per annum*, the police being held responsible for collecting the tax, and having the work perfectly performed.

It is exceedingly important that measures be taken to secure the regular cleaning of the more obscure and narrower streets, in those densely populated neighbourhoods where, during the past years, it has been shamefully neglected, and where it is more necessary, as a sanitary appliance, than in the wider and more central thoroughfares. The gathering of street dirt into heaps, along our highways, and retaining it there for hours, fermenting under a temperature of 75° and upwards, and exhaling offensive and pestiferous gases, constitutes a nuisance prejudicial to public health, and in connection with the accumulation of filth in many neglected streets and lanes, which is alike unhealthy, is a cause of complaint made almost daily during the summer months. Under proper management by the supervisors or contractors, there is no reason why these nuisances should occur. Similar accumulations may often be found piled up near the inlets to the sewers, after cleaning out the lumps. The only remedy, for the impediments, is to require the supervisor to remove the *débris* simultaneously with its being gathered into heaps. An ordinance to this effect, should be rigidly enforced.

The proper disposal of street dirt is another sanitary evil that deserves impartial consideration.

As a fertilizer street dirt is invaluable, and would compensate the corporation, if they had the control of it, in establishing a dumping ground beyond the city limits, where it could be deposited, and disposed of at fair prices. The present system adopted by some contractors, of occupying wharves for a place of deposit, and allowing the dirt to accumulate for a number of weeks, in hot weather, has become of late a frequent cause of complaint, and is liable to create a nuisance prejudicial to health, by loading the atmosphere with offensive exhalations. The docks along the river, in front of our city, are the spaces formed for the use of shipping. While these offer a desirable accommodation for our commerce, and constitute an economical arrangement for the loading and unloading of vessels, those a little below the city are the most perfect receptacles for sewer refuse, for every description of river filth that floats backwards and forwards with the current, also depots for dead animals and human excretions. From our earliest history they have been arraigned as a fruitful cause for the spread of epidemics, which have from time to time ravaged our city. People have complained of them, declaring them to be nuisances prejudicial to public health, and recommend general cleaning; and still they exist with all their impurities, sending forth their *miasma*, inviting disease in its most malignant forms, as painful experience, during more than one fatal epidemic, has proved.



The unhealthy condition of these polluted and stinking docks is no imaginary nuisance in the mind of the corporation. They are disgusting evils, revolting *reservoirs* of mud and filth, sure causes for an insalubrious atmosphere, and an active agent for the spread of pestilential diseases. Another part of the city which should call the attention of the city authorities is the swampy part of upper St. Denis, although, from what I since hear, great pains have been taken to drain off the water.

#### WATER SUPPLY.

It would appear almost superfluous for me to utter a word on behalf of the vital importance of an abundant supply of water as a sanitary agent, and as a preservative of health. The plentiful supply of pure water is a matter of the utmost consequence to the inhabitants of a large city.

Among the complicated arrangements of civilization, few are of higher importance than those which relate to the command of water. Whether for dietetic or domestic purposes, for the bath, or for carrying away the corrupting refuse of our towns and cities, a liberal supply of good and wholesome water is an indispensable requisite. Admitting the necessity, I intend in the following pages to give some account of the water works, baths and other sanitary provisions, adopted in reference to the supply of water in ancient and modern times, dwelling on what seems more especially applicable to the wants of our populous localities.

Water, as explained under chemistry, is a compound of Hydrogen and Oxygen, and is, when pure and under the ordinary temperature of the atmosphere, a transparent liquid, without taste, colour or smell. In nature, however, it is never found in a state of purity. In the ocean, it is salty and brackish, from the presence chiefly of chloride of sodium; in springs it is either carbonated, that is, it contains carbonates, or sulphates, from the presence of sulphuretted hydrogen, chalybeate, from the union of the sulphate or carbonate of iron, and so on, according to the nature of the mineral ingredients through which it percolates. When it holds in solution a chemical compound, it is said to be hard.

The impurity of water may thus arise either from chemical union, or other mechanical mixtures, with other bodies. The latter can generally be removed by filtration; but when the union is chemical, distillation is necessary to produce a pure liquid. Under the ordinary pressure of the air it absorbs carbonic acid gas, and to the presence of this gas, our ordinary spring waters owe their agreeable flavour.

Fresh water, as distinguished from that of the ocean, is attained from rain, springs, rivers, lakes, or wells, and is characterised by peculiar properties, according as it is obtained from one or other of these sources.

Rain water, if collected on mountain districts, and far from dwelling-houses, is perhaps the purest of all; but if collected in the neighbourhood of towns, it is found to be largely impregnated with soot and other extraneous substances, and the rapidity with which it decomposes, demonstrates the presence likewise of organic matter. Being soft, it is valued by the housewife for washing, but is unfit for internal or culinary purposes, without undergoing rigid filtration. Unimpregnated with mineral substances, its action on lead is more rapid than that of other substances, and it should therefore never be kept in leaden vessels.

River water, which is a combination of rain and spring waters, is often well fitted for general purposes. Its impurities are more of a mechanical than of a chemical kind, and may be removed by careful filtration. Much, however, depends on the soil and district through which the river flows, meadows and forests yielding organic matter, and factories and towns regulating heterogeneous impurities, not to be got rid of by any ordinary process. Water drawn from fresh lakes is less turbid than that from rivers, but is always largely impregnated with vegetable or animal matter. Well or pump water is attained either by boring or sinking shafts into the rocky *strata*. It must of necessity, like spring water, partake more or less of the mineral ingredients through which it percolates, and not unfrequently is injured by the pumps, pipes and other apparatus by which it is raised. Reservoirs or tanks are necessary appendages to most water works, and require to be constructed with skill and care. Occasionally they are little more than simple excavations, the excavated earth forming the retaining banks; but they are generally lined with masonry, and if very deep, the embankments should be very strongly constructed, as serious accidents may arise from their breaking down under pressure of the water. As the pressure of any given amount of liquid can be calculated with precision, there is no excuse for the engineer who blunders, either as to the proper slope or weight of a retaining embankment. Constant supply or high pressure is obtained by having the source from which the supply is attained, at a considerable height above the town, so that, by the force of gravitation, the water may be delivered at the highest house, or, failing this, steam power must be applied to raise it to reservoirs at such a height, or to force it at once into the pipes.

Large reservoirs should be furnished with water outlets, to prevent damage in case of freshets or land floods.

As I have already stated, waters are more or less contaminated with chemical or mechanical impurities. To get rid of the former, there is no cheap available process on a large scale, and therefore if they prevail

to such an extent as to render the water unfit for ordinary use, the water must simply be avoided. In the laboratory, the chemist can, no doubt, readily effect a separation of these impurities; not so in the large supply necessary for a town's consumption, though several ingenious methods have from time to time been proposed. Mechanical impurities, on the other hand, as sand, mud, and the like, can be rapidly got rid of by filtering, and that the more perfect the slower the process. Passing water through layers of sand and gravel, is one of the simplest methods. To these are added potsherds and charcoal, the latter destroying all *feta* and putrefaction. The manner of distributing water in towns, by the ordinary main and service pipes, may be either intermittent or constant. The intermittent or periodical system consists in laying on the water, as it is termed, at regular or irregular intervals—once a day or once in two days, as the case may be. Of course, in the interval, no water can be drawn from the service pipes in the interior of houses, so that means must be adopted for storing away a sufficiency for domestic requirements during the time the supply is withdrawn.

Montreal city is supplied with water by the water-works, which pump up the water to the reservoir at the foot of the mountain, whence it is distributed to every house in the city. But is the supply sufficient? No! At times, to repair a small branch pipe, a part of the city is deprived of that useful agent. The fact is well known that the present capacity of the water supply is inadequate to the demand. At certain seasons of the year, too, when its use is most required and most essential for general and personal cleanliness, its deficiency is sometimes alarming, and this scarcity furnishes a just cause of complaint.

The free use of water by the citizens, as a preservative of health, demands an increased supply adequate to the wants of the consumer. During the warm months there should be an abundant supply for all purposes. For the general health of the population it is required: For sanitary measures, as washing the gutters, flushing the inlets, there ought to be a sufficiency to allow every plug in the built-up sections of the city to be started for half an hour every day, under the direction of the police. The existence of a considerable waste in the use and application of water, calls for rigorous municipal supervision. Nor is this heedless waste without a serious inconvenience to these localities where the surface drainage is imperfect. The inundation of the streets and gutters, and the filtration of moisture into the subsoil, must become a cause of disease.

The nuisance occasioned by the frequent and indiscriminate flooding of pavements with water from hoses, should be condemned. The washing of pavements should be placed under specific police regulations,

in order to prevent what is certainly a sanitary benefit from becoming a sanitary evil. I would therefore urge that steps be taken for the correction of this public grievance. The inadequacy of the present system of water supply has been referred to the engineer of the water department. The necessity for more extended mechanical or other arrangements to meet the supply that the steady growth of our city suggests, is a subject that should arrest the early attention of the Corporation. Interested as I am in all questions of sanitary improvement, I cannot refrain from urging upon the city authorities the wisdom of inviting suitable investigations of systems and plans for further improvement.

Moreover, impure water used as a drink is a common cause of disease. River or pump water near towns often contains decaying vegetable matter, and even animal, inducing cholera and typhoid symptoms. Hard waters which are impregnated with some of the salts of lime, render the bowels costive, and are supposed to favour the production of calculous deposit, may induce dyspepsia and diarrhoea: waters containing iron are constipating and heating. Any kind of impure water if being used as drink, may gradually affect the processes of digestion, nutrition and assimilation (Williams' principles). The epithet mineral is applied to all waters which contain a sufficient quantity of foreign matter in solution to affect the taste or smell, or which differ from the common spring or river water of the country in which they occur by a difference in their temperature. Heat, being one of the most remarkable circumstances by which spring water is distinguished from another, attracted the attention of men, and accordingly it is to hot spring waters that we find the earliest allusion in ancient writers.

#### VENTILATION.

This important measure, highly important to the conduction of public hygiene and health-preserving mode of the population of Montreal, should also receive the attention of the Board of Health.

Air, confined within a limited space, is generally subject to the operation of causes which affect its salubrity in various ways. The exclusion of oxygen, one of the most important gases for the maintenance of life, becomes apparent. In its place, carbonic acid is formed. The effluvia from living bodies, and especially those labouring under disease, are capable, if continued, of originating various affections, and, if a due amount of purified air is not admitted, are capable of propagating numerous malignant diseases. One of the most potent causes of disease is deficient ventilation. This is especially true of northern latitudes, where the rigour of the climate, for a great part of the year, enforces

defensive measures against cold, and calls for a large supply of artificial heat.

In Canada, for six long months every year, we are held weather bound, and compelled to throw ourselves at the feet of the black *hyperborean Juggernaut*, the stove. How many rise from their devotions in the spring, with pale faces and sunken chests, which it takes all the summer to restore to normality! how many only rise to fall a prey to that insidious and inexorable death, consumption!

Every spring there is new activity among sanitary commissions; they have been specially active of late years, when the approach of the great scourge of cholera has been proclaimed on all sides of us. This activity is often only of the tongue, but still there is agitation and cries of "beware," and people, as in the presence of death, take heed for a while, and try and keep their houses and bodies in order. If, after a while, the cholera does not come, there is a relapse and an amnesty of dirt and bad diet. The summer passes, and winter draws nigh, and sanitary commissioners grow dull and lay in their firewood. They do not consider that, with our glorious out-door atmosphere, thousands of men, women and children are poisoned every winter, all through contempt of the greatest of the luxuries that God gives to his creatures. It is a fact that lectures on hygiene, moral, mental and bodily, sermons, temperance addresses, "feasts of reason," discourses on gymnastics and muscular development, are furnished (every winter) to crowded audiences, who all the time they are drinking in instruction, are drinking also in one of the most deadly poisons. Many a time have we denied ourselves the pleasure of being present at some public entertainment, because we did not relish the idea of breathing the air that had passed through the lungs, some of them less or more diseased, of some hundreds or thousands of people. All the science or learning in the world will not keep us from closing our nostrils against the admission of impure air when we can obtain it unadulterated. In saying this, we consider ourselves representative of a few. Only a few, we believe, for it is wonderful how many men, some of them doctors in medicine, fail to realize the deadly effects of the air that is breathed for, at least, two-thirds of the winter, by a vast majority of our population. With all the benefits of advancing civilization, we seem, in this respect, to be considerably in rear of the heaven-inspired wisdom of the savage.

We admit a deadly foe into our houses, our halls, our churches; sit with him, feast with him, sleep with him, laugh with him, treat him as a friend, or at any rate a harmless acquaintance. This foe is vitiated air. People are constantly "catching cold" during the winter months

and it is his "evil communications" that cause the apprehension of that thief of all mundane comfort. Over heated rooms, with air-tight windows, apparently constructed for the rehearsal of the "black hole tragedy;" churches where the breath of life is considered too good a thing for sinful lungs; public halls, the very thought of which, on festal occasions, is disgusting; factories and schools, and workshops, in which the confined inmates lose all vital energy,—it would seem almost unnecessary to bring these under the notice of sanitary commissioners. And yet we are convinced that these rooms, and churches, and factories, and halls, and school-buildings thus ventilated, are literally hot-houses of disease, not only of body but of mind. An ordinary man requires from seven to ten cubic feet of pure air every minute; and this supply again is as necessary to health as wholesome and sufficient food. It would be easily shewn by statistics, how far short of this quantity it is the lot of most people to obtain, and yet it is quite possible for every house to be ventilated, and so as to have its warmth procured, that it should not interfere with the proper supply of pure, fresh air. In some localities, of course, the outside air is affected with nuisances of various kinds; but a proper sanitary oversight, and the due enforcement of hygienic regulations, would soon clear the atmosphere of pestiferous taints. It is the duty of municipal authorities to attend to these matters. The attention they receive in Montreal is very limited. But the internal evil, that which, we believe, adds more fearfully than any other to our returns of mortality, it is the duty of every proprietor, and householder, and church warden, and school commissioner, and employer, to consider and to remedy. The Inspector General of Military Schools in England, who has given this subject considerable attention, makes the following remarks on a system of ventilation which is generally considered harmless. "It is highly objectionable to admit any great quantity of cold air by ventilators at the baseboard of the room. I have had on many occasions to close them up, as I have found coughs, sore throats, and sore eyes, traceable to them."

(To be continued.)

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*Case of Obstinate Constipation, caused by Eating the Fruit of the Wild Raspberry.* By GEORGE J. POTTS, M.D., Surgeon, &c.

A boy, æt. seven years, son of Mr. MacDonald, residing in the township of ThurLOW, Kingston Road, a few miles from Belleville, was observed by his parents to be suffering some pain, which they took to be

an attack of inflammation of the bowels, and resulted in my being summoned to the child on the morning of the 22nd July. On my arrival at the residence of Mr. MacDonald, I learned from the mother that the child had been unable to defecate for more than ten days, and, on further enquiry, elicited the fact, that he had not had any evacuation from the bowels for several days before his mother discovered the cause of the boy's suffering. She gave him a dose of castor oil as soon as possible after recognising the difficulty. The oil never operated. The child was observed to get thin (waste in flesh) day by day, but made no complaints of pain except when making attempts to defecate. The father was from home, and the mother being in very poor health, but little notice was taken of the child, especially as there were no complaints made. On examining the child, I was forcibly struck with his appearance: he looked like one in a state of starvation, free from pain and thirst, had no appetite, but occasionally in the afternoon of each day had a constant inclination to relieve the bowels, which, however, on attempting, always produced intense agony induced by the screams; this was always accompanied with painful erections of the penis and inability to pass urine. Pulse 100, skin cool, but was occasionally in a state of perspiration, especially after attempts to relieve the bowels; tongue clean, and slightly redder than natural; the belly was not enlarged. The course of the intestine could be distinctly traced, and felt under the fingers like a well-packed dry coil of sausage. The bladder was distended, and its outline was easily observed above the pubes; no vomiting nor bad symptoms of any kind. The rectum at its outlet, the verge of the anus, was intensely congested, tender, and in a state of passive inflammation, bordering on the gangrenous condition, much distended, and, as I afterwards found, firmly impacted with a dry hard mass of excrementitious matter. These were the general symptoms and history as far as I could trace them. I had taken the precaution to bring with me one of Davidson's elastic enema syringes, and, being fully satisfied from my examination that the inflammation did not extend along the anus, I prepared an enema, made of soap suds and castor oil  $1\frac{1}{2}$  pints, and attempted to inject it, but could only get the nose of the delivery tube inserted about an inch, which grated against the hard impacted faeces; consequently as fast as I streamed the enemata into the rectum, it returned without carrying with it any faecal matter. The introduction of the nose of the syringe was attended with agonizing pain, and made the little fellow roll about on the bed. I persisted, however, for five or six minutes, for the purpose of relieving the anus, and succeeded in introducing my finger, well oiled, with the object of breaking down the contents of rectum, but could not

succeed ; small fragments of the dry seeds of the raspberry fruit, however, were detached, and on mentioning this to the mother, she informed me, for the first time, that the child had been eating freely of this fruit for some time. I now concluded that the rectum and perhaps the greater portion of the gut was impacted with the accretions of this seed. On making a second examination, the anus was so sensitive, and the poor little fellow cried so much when I approached him, that I put off any further interference for a couple of hours, directing a warm bath to be given, enjoining perfect rest and friction, with warm castor oil over the abdomen, and left. In three hours afterwards, provided with a scoop made under my directions, in shape somewhat like a tea-spoon, the handle being longer and round, and the scoop narrower and oblong, I then made a final and successful effort in removing the entire contents of the rectum, proceeding, as in the first instance, with the enemata, made in exactly the same manner, only increasing the quantity to a gallon, or more. After a relaxation of the anus by the action of the tepid suds, I introduced the scoop, and in a few minutes succeeded in crushing down several chunks as large as beans ; then washed out the rectum with a full stream through the instrument directing its force on the impacted mass, and then the scoop, alternating the enemata and scoop at intervals for an hour, at the end of which time I observed a tendency in the rectum to expel its contents, which I encouraged by getting the child to sit on a chamber. The pain on doing this amounted to torture, when attempts were made to bear down, and I was under the necessity to prevent him making the effort ; he had such a dread of the instrument, his father was obliged to lift him from off the chamber. On making examination with the finger, the very same impaction existed, no alteration in the position of the mass, for I was not without hopes that the effort to expel the contents of the gut, would produce a descent of them at last. Continued enema and scoop as before, at intervals alternately, and was at last rewarded by obtaining a voluntary discharge of excrement in the form of a roll, about four inches in length by one inch in diameter, which actually shot from the rectum. Seeing this, I suspended the further use of enemata and scoop, which was now no longer required, having spent in all, from the commencement of the use of the scoop, one hour and a half in effectually dislodging the obstruction ; ordered a dose of castor oil, a dessert spoonful, to be repeated every three hours, until operated, a warm bath to be given at once, and enjoined perfect rest. The following morning, patient up and about, free from suffering. The castor oil acted after the second dose, inflammatory symptoms and tenderness of anus subsiding, appetite returning, and in all respects patient free from danger.



In commenting on this case, it is interesting to bear in mind the length of time, fourteen days at least, without any evacuation. The solidity, hardness and dryness of the impacted mass, the distension of the rectum, and, what seems very singular, the entire absence of inflammatory symptoms, excepting only at the extreme verge of the anus. The wasting, loss of appetite and starved appearance suggests the reflection, whether the non-irritating character of the raspberry seeds was due to the otherwise healthy condition of the child, or to the specific non-irritating properties of the seeds themselves, the emaciation being the result of deficient nutriment, and the loss of appetite to the fact that the alimentary canal was loaded, and, therefore, unable to admit of any further supply from the stomach.

In a somewhat parallel case that came under my care some time ago, the impaction of the rectum resulted from eating the wild strawberry, but in this case there were all the usual symptoms of acute inflammation; the enemata was used very cautiously, but attended with the happiest results; the obstruction continued six days, and only the first portion of the contents of the rectum had to be removed by the scoop, which in this case was the handle of a tea-spoon.

I am inclined to the opinion that the absence of inflammation in the first case now cited was due to the non-irritating properties of the raspberry, and in the latter case to the irritating action of the strawberries. The opinion is advanced, not only from the comparison of the two cases above reported, but also from the therapeutical effects of the raspberry, either the juice or the decoction is an excellent remedy in the first stages of the ordinary bowel complaints of the summer season; its peculiar action seems to depend rather on the properties it possesses in correcting the secretions, than from any constringency that may exist in either the seeds or decoction of the leaves.

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### LONDON CORRESPONDENCE.

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The time is rapidly approaching for the annual meeting of the British Medical Association, which takes place this year at Oxford. A large gathering is expected, and amongst the visitors who have intimated their intention to be present, are several American physicians of note, such as Dr. Gross and Dr. Pancoast, both, I believe, of Philadelphia. If the weather proves as warm as it is at the present time, then I suspect that those who attend the meeting, like myself, will prefer to ramble in the

cool rooms of the Bodleian Library and other interesting spots, in preference to being pent up in hot rooms listening to papers that all can read in the pages of the journal of the Association. *Apropos* of the warm weather, with its high temperature, 84° and absence of rain, I may observe that some knowing ones say that there has not been such another hot summer since the year 1818. Most assuredly I have experienced nothing like it since I took up my sojourn in England. To give a good idea of what it really is to the readers of your journal, it can be compared to nothing else but a warm Canadian summer, minus the frequent thunder storms with plenty of rain, which are rare enough here. The usual summer diseases are prevalent, but on the whole we have no reason to complain. Several fatal cases of sunstroke have occurred, which perhaps says more for the amount of heat than anything else. Cholera we have no reason to fear, I trust, and there are no accounts of its prevalence, either, in neighbouring countries. Many persons in this country have been gratified to read in English journals, copied from Quebec papers, the notice of the handsome testimonial presented to Dr. Marsden of Quebec, for his labours in the cause of sanitary reform. No one in Canada is so well worthy of this mark of attention, for Dr. Marsden has been all his life an energetic and laborious investigator, which honorably reflects upon the country and city to which he belongs. Conferring upon him the honorary degree of M.A., by Bishop's College, is a graceful act, that reflects honour upon the college. In this country, conferring honorary degrees upon distinguished, worthy and deserving men, is the rule, and not the exception. May it be so with the colleges of the Dominion of Canada.

In the June number of your journal is an editorial article upon the Medical Practitioners (Colonies) Bill, which I have read with some attention, because the substance of it, I may say, I communicated to His Grace the Duke of Buckingham, in a letter dated April 25th, and at the same time I forwarded a petition to the House of Lords, in favour of the original bill, which His Grace kindly consented to present. Unfortunately, just before this, a deputation from the General Medical Council, and one from the Parliamentary Committee of the British Medical Association, waited upon the Duke, and they succeeded in having the bill so modified, as merely to confirm privileges which were already possessed independently of the mother country. In my letter to the Duke I strongly denounced the unjust and unfair system which exists under the "Medical Act" of rejecting the Colonial degrees for registration, when the holders of them really possessed higher qualifications than many of the possessors of degrees and diplomas from the

mother country. I characterized it as an act of gross tyranny on the part of the framers of the Medical Act against the Colonies. I trust some members of Parliament of the Dominion of Canada will take the subject up, and bring in a bill for reciprocity of registration. If they will not recognize Colonial degrees here, which are superior to a host of English qualifications, then let the Canadian Legislature refuse to recognise British degrees, unless the holders are submitted to examination. Surely the colonies do not require the Home Legislature to enact laws for them on Medical or general education. And the colonists may rest assured the public neither desire, nor would dare to force legislative enactments upon them, unless in relation to penal subjects.

My letter to the Duke of Buckingham and my petition to the House of Lords were not made public. I did not desire it, but I trust that your editorial in the number of your journal for June may be seen by some of the members of the Medical Council, Dr. Quain for instance, who has always advocated the recognition of colonial Medical degrees. The liberality of the Canadian system is well worthy of imitation, and the profession has long been well regulated in Canada, indeed years before anything of the kind was attempted here. Here there is so much rivalry, that one college thinks itself better than its neighbour; and although some, such as Oxford and Cambridge, possess the prestige of antiquity, their graduates neither make, nor are they at all looked upon as the best practitioners in the healing art.

The College of Physicians held its annual soiree on the 10th June, and was attended by the *élite* of the profession. Of the great variety of objects exhibited, the most interesting were: Microscopes showing some re-actions of Brucine; Thallium and its salts; Pratt's patent Pterotype, or Type-writing machine; Carre's new Ice-making machine; and the Decomposition of water by Heat. The college, it appears, still continues to give great dissatisfaction in the selection of names for the fellowship. Some of these days there will be open revolution within its walls.

The name of Dr. Ramsbotham will, no doubt, be familiar to many a Canadian student, as the author of an excellent standard work on midwifery, that will long maintain its place in Medical literature. He had retired from practice and lately died at Perth, greatly respected and deeply lamented.

An old Canadian student, in the person of Mr. Cecil Percival Stone, turned up lately in London, whose name is worthy of mention in your pages. He abandoned physic, took to the sword, and entered as an ensign in one of the regiments of the Line. He has been in India for

many years, where he served with distinction in the 77th regt. as a Lieutenant, although I believe he is now a Brevet-Captain. His medical knowledge has made him a valuable officer, for he has held some high positions out in India.

Mr. Richard Quain is the new President of the College of Surgeons, and his election has given general satisfaction. Sir James Simpson lost his election of Principal of the University of Edinburgh by a single vote. Dr. Burrows has been re-elected President of the General Medical Council: he will increase his popularity by exerting himself to do common justice to the holders of colonial degrees. It is expected there will be several medical M.Ps. in the next parliament, and of various names mentioned is that of Dr. Walsh, who would prove one of the ablest men in the House, if elected.

In one of my letters last year, I offered to be the medium for communicating any paper at the next meeting of the British Association for the Advancement of Science, to be held at Norwich on the 21st August. Nobody, thus far, has responded to my appeal, but I hope again to send you another letter after the meeting with all the latest news in science. It may interest your readers to know, that it is reported that Ethnology is to be taken away from the section of Geography, and added to Anthropology. The study of Anthropology is steadily extending all over the world, and numerous societies are forming everywhere.

London, July 22nd, 1868.

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## REVIEWS AND NOTICES OF BOOKS.

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*Atlas of Venereal Diseases.* By A. CULLERIER, Surgeon to the Hôpital du Medi, &c. Translated from the French, with notes and additions, by FREEMAN J. BUMSTEAD, M.D., Professor of Venereal Diseases, College of Physicians and Surgeons, New-York. To be completed in five parts. Philadelphia: Henry C. Lea. Montreal: Dawson Bros.

We have to acknowledge the receipt of the first three parts of this really most admirable treatise from the pen of one of the first syphilographers of Europe, and re-published at Philadelphia, under the editorial supervision of Dr. Bumstead, who, perhaps, above all others on this continent, is an authority on the subject of syphilitic diseases. It is to be completed in five parts, and will contain about one hundred and fifty beautifully coloured figures and twenty-six large plates. Judging from

the parts that are already in our possession, we have not the slightest hesitation in saying that the work promises to be very valuable—the text is printed clearly and the illustrations leave nothing to be desired. Its author is the successor of the now famous Ricord at the Hôpital du Midi, and at this celebrated charity as well as at the Lourcine, where he was for many years chief, ample opportunity has been afforded him of studying in all its varied forms the subject of syphilis. Part I opens with a somewhat lengthy introduction, in which a very interesting and instructive history of syphilis is given, with excellent directions how to study the disease. He very forcibly points out the value—nay, the necessity which exists in this disease, as in all others, for clinical observation. It is especially necessary, however, in diseases of a syphilitic origin; for in making a diagnosis you have two things to contend against, viz., ignorance and falsehood. These, according to Hunter, were his greatest obstacles to the study of venereal diseases. The latter portion of this part is devoted to the history, causes and treatment of blennorrhagia in man, and is exhaustive. In alluding to the proneness that some persons have to contract the disease, he says, “It is natural that persons of a lymphatic temperament, which predisposes to catarrhal affections, should contract blennorrhagic discharges more readily than those differently constituted. But anatomical formation plays a greater part in this matter. Thus a long prepuce which has the advantage of protecting the glans from any traumatic injury, and from friction, preserves, as a consequence, all its delicacy of organisation, and thus predisposes it to take on inflammation during coitus, at the same time that it retains the pus in contact with the meatus; while, on the contrary, when the glans is habitually uncovered, contagion is less easy. Again, upon the still disputed question as to whether the menstrual fluid is a source of contagion, he says, “The influence of menstrual blood upon the developments of this disease is not so clearly demonstrated: it is usually a few days before, and a few days after the menses, that certain women are dangerous.”

Part II continues the subject of blennorrhagia, giving at considerable length its treatment; also vulvitis, vaginitis, metritis, ovaritis, vegetations, &c., and concludes with an introduction to soft chancre.

Part III contains the description of soft chancre and its treatment, and also embraces hard or indurated chancres. So far then as the work has been published we notice that he (Mr. Cullerier) advocates and supports the doctrines of Ricord, in regard to the non-syphilitic, and non-specific character of blennorrhagia or gonorrhœa. He claims it to be a purely simple inflammation. The doctrine of duality as advanced in 1852 by M.

Barsereau, claiming that the two diseases are the action of the same poison, producing by reason of some constitutional peculiarity, in one case an infecting sore always followed by constitutional syphilis—in another the local non-infecting ulcer, known as chancreoid—is warmly asserted by our author. He advances no proof, simply saying that he had almost been converted to the dualistic theory, when cases occurred (which he does not give) which caused him perplexity, and that finally he more firmly than ever embraced the doctrine of unity. This portion of the work receives a very careful dissection from its translator, Dr. Bumstead, who as we all know, is a strong dualist. He attempts to show, and we believe has succeeded in doing so, that while M. Cullerier clings to the doctrine of unity—that when he comes to the treatment of the two varieties—he is practically of the same mind as Dr. Bumstead.

So far as this work has reached us, it promises to be one of great value. It being, we think, a fortunate circumstance that its translation has fallen into the hands of one so thoroughly posted in the ancient and modern doctrines of syphilis as is Dr. Bumstead, whose notes, we consider, very much increase its value.

The illustrations are really very excellent, being executed by the litho-tinting process. They certainly are superior to any we have yet seen on this continent—in fact rival very closely, we are informed, the original French productions. The publishers have done their work in a style which leaves nothing to be desired.

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## PERISCOPIC DEPARTMENT.

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### Surgery.

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#### POSITION IN THE REDUCTION OF INGUINAL HERNIA.

By Dr. JOSEPH B. BOND, Yarmouth, Nova Scotia.

Several years ago, I had a case in which the patient could not reduce an inguinal hernia while lying in bed either on his side or on his back, but as soon as he stood on his feet there was not the least difficulty. If, on removing his truss before going to bed, he neglected to apply his hand to the part and allow the rupture to protrude, he had always to get upon his feet before he could reduce it. Soon after this I was called to a case of strangulated inguinal hernia. After making every effort in the usual way to reduce it, I directed the patient to stand up; I placed

myself (also standing) behind him, and encircled his body with both my arms, grasped the tumour with both hands, and effected in a few minutes what I had failed to accomplish in as many hours. Since then I have had many cases of inguinal hernia in my own practice, and several where I have been called in consultation, and have never failed to effect a reduction in a few minutes in the way I have described. I have never seen this means tried in the Hospital in Philadelphia nor in the London Hospital, although in both these institutions I have repeatedly seen all efforts fail to reduce an inguinal hernia without an operation. Nor have I ever seen it recommended in any surgical work.

My object in sending you this communication is to ask my medical brethren of the metropolis to give the erect posture in the reduction of inguinal hernia fair trial, and to publish the results. In femoral hernia the erect posture has never succeeded in my hands—in three cases I have been obliged to use the knife—in inguinal never. I will not attempt to account for the use of the erect posture in the reduction of inguinal hernia, nor for its failure in femoral. It may be thought that the erect posture favours reduction by causing syncope, but in only two cases do I remember that a feeling of faintness was complained of. In the last case (only a few days ago) the patient, an old man, fainted and fell as soon as the gurgling began to be felt, and I finished the reduction whilst he was prostrate.—*Medical Times and Gazette, Jan. 4, 1868, p. 23.*

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#### USE OF PAPER FOR SURGICAL DRESSINGS.

Dr. Addinell Hewson (*Penn. Hospital Reports*) struck with the fact that paper has been used in the place of lint as a surgical dressing in the recent campaigns of the Prussian army, tested its practicability at the Pennsylvania Hospital, and, after numerous experiments, has settled on the common newspaper as being the best and the cheapest substitute for lint, linen rags, or muslin.

The advantage of economy is no small consideration, as a yard of good patent lint costs thirty-three cents, while a sheet of paper which equals that article in usefulness as a surgical dressing, costs only one cent.

Dr. Hewson uses also Manilla paper coated with a thin layer of yellow wax, in the place of oiled silk. In this way a saving of from four to six hundred per cent. is gained, besides affording the advantage of discarding everything appertaining to the dressings each day, by which one source, at least, of renewing contamination experienced in the employment of oiled silk is avoided.

## OPERATION FOR PHYMOSIS BY DILATATION.

The *Gazette des Hôpitaux* describes a new method of treating phymosis in infants without the use of the knife, devised by the distinguished surgeon, Nélaton. The infant is placed under the influence of chloroform or ether, and a sound is introduced beneath the prepuce, to ascertain the presence of any adhesions. The blades of a three-bladed forceps, well oiled and warmed, are then carefully inserted between the prepuce and glans, and then suddenly separated. A sensation of a resistance overcome is perceived, somewhat similar to that observed in the dilatation of the same for stricture. The forceps are withdrawn, and no difficulty is experienced in pushing the prepuce behind the glans. Some slight and superficial scratches are perceptible on the glans, but involving nothing more than the mucous membrane. There is no vessel divided, no hæmorrhage, no cutting. A simple dressing is applied. A little cold cream is smeared on the prepuce, which is replaced in its natural position. Five or six times a day it is pushed behind the glans, especially at the times of micturition. For a day or two the child is kept in bed, the swelling which appears after the operation subsides in twenty-four hours without special attention.

The operation has been tried in four cases, with constant success. They were all young children. In one instance it was used on an adult, but failed. But the procedure can doubtless be modified so as to be successful also here.—*Philadelphia Medical and Surgical Reporter*.

## REMOVAL OF FOREIGN BODIES FROM THE EAR.

From a Report on Hospital Practice by the Editor of the *MEDICAL TIMES AND GAZETTE*.

The method we are about to describe is so simple that probably it may have occurred to others, and it has indeed been recommended, in print, by Mr. Hutchinson some time ago. It has, however, not yet found its way into our best manual of Aural Surgery (Toynbee, by Hinton), which advises the disappointing plan of syringing, whilst others still recommend the dangerous use of forceps or scoop. Instead of trying either of these, let the surgeon take six inches of fine wire, and double into a loop; then, having the patient placed on his side, pass the loop into the ear as far as it will go, and turn it a little gently. At the first or second withdrawal the foreign body will come out in the loop. The wire being flexible gives no pain, and cannot possibly do damage. It is almost certain to find its way round the foreign body, however deeply the latter may be placed, or however closely it may fit the cavity. Mr.



Hutchinson asserts in its advocacy that it is very much easier to use, very much safer, and lastly that he has several times succeeded with it in cases where other means have utterly failed. The scoop he regards as especially likely to do mischief, since it involves pressure against the wall of the auditory canal. There is in the London Hospital Museum part of the temporal bone of a child who died in consequence of a small bean having been forced by the scoop through the membrana tympani into the inner ear.—*Medical Times and Gazette*, March 7, 1868, p. 261.

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## Medicine.

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### ON THE PRINCIPLES OF TREATMENT OF DROPSY.

There are two objects to be aimed at in the treatment of dropsy: these are, 1st, to remove if possible, the original and exciting cause of the dropsy; and, 2nd, to remove the dropsical accumulation. If we can accomplish the first of these objects, the second is generally attained with it. The dropsy will soon disappear with the removal of its exciting cause. For instance, the slight anasarca which occurs in chlorotic young women is a result mainly of the poor watery condition of the blood; and the dropsy quickly passes away when the quality of the blood is improved by nutritious diet, fresh air, and exercise, with the use of iron as a tonic, and perhaps an occasional aperient.

In the treatment of acute renal dropsy, it is important to bear in mind the relation in which the dropsy stands to the renal disease; and it is especially interesting to observe the phenomena which occur during the progress of recovery. In particular, there is one phenomenon which deserves notice in connexion with the general pathology as well as the treatment of dropsy. I mean the copious flow of urine which occurs spontaneously during convalescence.

In cases of acute renal dropsy the urine is at first scanty and of morbid quality, being often high-coloured from admixture with blood, always albuminous, and usually containing numerous casts of the kidney-tubes. The scanty secretion of urine is the cause of the dropsy, and the secretion of urine is scanty because the flow of blood through the kidney is obstructed and the structure of the gland changed, the tubes being filled with desquamated epithelium, and with blood and fibrin which have escaped from the gorged Malpighian vessels. Now observe what happens during the progress of cure in a case of this kind. The patient we will suppose to be placed in circumstances favourable for recovery: he is confined to bed; has a scanty diet; the loins are dry-cupped, or mustard and

linseed poultices are applied there; and means are taken to excite the secretory actions of the skin and bowels, and thus to lessen the work of the kidneys. Soon the secretion of urine begins to increase, until, in the course of four or five days, perhaps, the quantity of urine, which at first had been less than half the natural amount, becomes three times as great as the standard quantity, no diuretic medicine of any kind having been given.

The explanation of this spontaneous diuresis appears to be this. During the acute stage of the renal disease, the constituents of the urine, both solids and liquids, have accumulated in the blood, and have thence been effused into the areolar tissue and serous cavities. Now, urea itself is a most powerful diuretic; and no sooner is the inflammatory congestion of the kidney removed, and the freedom of the renal circulation restored, than the urea exerts its natural diuretic action on the kidney. The copious diuresis thus induced speedily removes the accumulated urinary solids and liquids from the blood, the areolar tissue, and the serous cavities into which they had been effused, and so the dropsy is cured.

The abundant flow of urine occurs without aid from diuretics or drugs of any kind. I have seen it happen while bread-pills alone were given as a *placebo*. Stimulating diuretics, such as squills, or cantharides, or turpentine, are injurious, by increasing congestion of the kidney. The best diuretics in such cases are means which tend to lessen the congestion of the kidneys; counter-irritation over the loins, especially by dry-cupping, hot-air baths and diaphoretics, purgatives, and a scanty diet.

In some cases of chronic renal dropsy, diuretics may be given without risk, but too often without much benefit in the way of removing or lessening the dropsy. A pleasant and efficacious diuretic is the imperial drink made with lemon, cream of tartar and sugar, with the addition of gin, in the proportion of a wine-glass to a pint. Hot-air baths often distress the sufferers from chronic Bright's disease; for the reasons which I have before given, the skin does not readily perspire, and the body consequently becomes painfully heated. Of late, therefore, I have been in the habit of prescribing for these patients a daily packing for two or three hours in a wet sheet and blankets. In this way I succeeded in obtaining a more prolonged and copious diaphoresis, and that too, with less distress, if not with actual comfort to the patient.

In the treatment of cardiac dropsy, while we endeavour to remove the fluid by diuretics and by purgatives which excite copious watery discharges from the bowels, it is desirable to do what we can to sustain the power of the heart by nutritious food, stimulants, and tonics. Little or nothing can be done to repair a damaged valve, but much may be done

to strengthen the muscular walls of the heart, and thus enable it to overcome the impediment to the flow of blood and the consequent tendency to dropsy which a diseased valve occasions. A combination of tincture of the perchloride of iron with tincture of digitalis is particularly useful in some cases of cardiac dropsy.

When other means fail to remove a dropsical accumulation, we may often afford great temporary relief, and prolong life sometimes for a considerable period by mechanical means—by tapping the abdomen, for instance, in a case of ascites; by acupunctures or incision through the skin of the legs for the removal of anasarca.

It is very interesting to note the phenomena which follow upon puncturing or incising the legs in cases of anasarca. There is first a copious drain of liquid from the punctures. Secondly, there is a further exudation of liquid from the over-distended blood-vessels; this liquid also escapes from the punctures or incisions, and its escape is often associated with temporary symptoms of exhaustion, such as a rapid and feeble pulse and a pallor of countenance. Thirdly, there occurs often a copious secretion of urine, in consequence of a more free circulation of blood through the kidneys.

Dropsical accumulation tends to cause a secondary impediment to the circulation by the pressure of the effused liquid from without upon the blood-vessels. And, again, the capillary circulation becomes more and more impeded in proportion to the increasing distension of the veins, which results from cardiac or renal disease. The drain of liquid from the areolar tissue, allowing of a further exudation from the capillaries, thus removes or lessens the obstruction which results from over-fulness of the veins. The general circulation therefore becomes more free, and the greater freedom of the circulation through the kidney, is attended as we have before seen, by a more copious secretion of urine. The greater freedom of the circulation through the kidneys is shown not only by the more copious secretion of urine, but also by the diminished amount of albumen; and not unfrequently when albuminuria has been caused by passive congestion, the result of cardiac disease, the albumen quite disappears for a time after a copious drain of dropsical fluid through the skin.

The free action of a hydragogue—elaterium for instance—is often followed by a copious secretion of urine. The gorged vessels are partly unloaded by the drain of liquid from the bowels; the circulation through the kidneys, as through other organs, consequently becomes more free, and hence a copious secretion of urine, and a rapid diminution or even a complete removal of the dropsy.—*British Med. Journal, March 7, 1868.*

## CARBOLIC ACID A CURE FOR TOOTHACHE.

[A Correspondent writes to the *Lancet* as follows :]

Among the many virtues of carbolic acid is that of giving relief from the pain of toothache. I have tried it in a great many cases, and with invariable success. To one drachm of collodium flexile (B.P. 1867) add two drachms of Calvert's carbolic acid, full strength. A gelatinous mass is precipitated. A small portion of this precipitate inserted into the cavity of an aching tooth gives immediate relief. It may be kept in the cavity by means of a bit of lint dipped in the collodium.—*Lancet*, Feb. 22, 1868, p. 275.

## PEROXIDE OF HYDROGEN AS A REMEDY IN DIABETES.

By DR. JOHN DAY, Geelong, Australia.

[The patient was 36 years of age, and was progressively getting worse, passing as much as five quarts of highly saccharine urine during each night.]

While pondering over the hopeless condition of my patient, it occurred to me that if I could oxidise the sugar that had been taken up in the general circulation, it would be an approach towards the natural mode of elimination by the lungs. With this object in view, I gave half-drachm doses of ethereal solution of peroxide of hydrogen mixed in an ounce of distilled water, three times a day.

To enable me fully to explain the theory on which I base my treatment, would occupy far more of your valuable space than I could justly claim. Schonbein believes that peroxide of hydrogen is  $H O$  antozone, and that the blood-corpuscles possess, in a very high degree, the property of decomposing it, and of transforming its antozone into ozone, without, in themselves, undergoing any very rapid change; and he further believes that ozone is the only condition in which oxygen possesses any active combining properties. Assuming these views to be correct, we should possess in ethereal solution of peroxide of hydrogen, which would be rapidly absorbed, a ready means of destroying, by oxidation, the sugar in the blood, and of also maintaining the animal heat, which, in the treatment of diabetes, is an important consideration. I may observe, that what is sold by Mr. Robbins as Dr. Richardson's ozonic ether is, in reality, a solution of peroxide of hydrogen in ether. This may be readily proved by adding a few drops of it to a weak solution of chromic acid: a beautiful blue colour will be the result, caused by the formation of perchromic acid. This preparation is in every respect similar to that which I have been using, and in the therapeutical effects of which I have now had some years' experience.

I commenced the use of this new remedy on August the 10th, and, as the following extracts from my case-book will show, with most gratifying results to the patient :

Aug. 12th. From 10 p. m. to 10 a. m., passed about five pints of urine. Previously for many months, the quantity of urine passed during the night averaged five quarts.

13th. Quantity of urine passed during the night, rather less than three pints and a half. Thirst not so urgent.

14th. Quantity of urine passed during the night, two pints and a half. Urine strongly acid; specific gravity 1046. Thirst much less urgent.

16th. Quantity of urine passed during the night, rather less than forty ounces. The patient very much improved in every respect. I give her own words:—"I have no thirst now; no more than I had in olden times. I feel that I am cured if it will only last."—*Lancet*, Jan. 11, 1868, p. 45.

#### ON THE EXTERNAL USE OF DIGITALIS IN SUPPRESSION OF URINE.

By J. D. BROWN, Esq., Haverfordwest.

*Case 1.*—Mr. H., a healthy young farmer, aged 23, was suddenly seized with severe pain in the bowels and back. I saw him at the end of seven days. Bold treatment had been enforced by Dr. John Thomas, of Narberth, such as bleeding, sweating, blistering, warm baths, but in vain. A catheter was passed on my arrival, and about a teaspoonful of urine was removed, highly albuminous. His condition was nearly hopeless when we met the next day. Vomiting and nausea prevailed with heavy dull pains, and he was evidently sinking. It was now the ninth day, when we agreed to try the effects of digitalis. It was useless to administer it by mouth, and there was no time to lose. It was the month of May, and digitalis was plentiful. A poultice of leaves, bruised and warmed in boiling water, was applied at 12 a. m. We left, saying that if no urine came away by six in the evening a fresh poultice was to be applied. We had no sort of hope of the patient's recovery, and communicated our opinion to the friends on leaving. By 6 p. m. no urine. A fresh poultice was applied to the abdomen. About 10 that night urine passed. At 4 a. m. I was sent for, and Mr. Thomas who lived nearest, got to the house by 6 or 7. The messenger, to my utter surprise, said that they could not stop him making water. He had then made eight ordinary sized chamber vessels full, and was still making it when he left. We met at 10 a. m., but he never rallied; the drain was too

much. Digitalis had been badly handled by us. We left no guide, no rule, and too much was absorbed. It did well, but went beyond its work. He lived till night.

*Case 2.*—A. R., servant, aged 45, subject of renal calculus and gout, was suddenly seized with suppression, but had no great amount of pain beyond what he usually suffered in passing small stones. I saw him on the fourth day, in consultation. All the usual remedies had been tried in vain. It was winter, and digitalis was given, but not in bold and sufficient doses at first. At the end of the sixth day it was boldly given in large doses, and a poultice applied on the seventh day; urine passed freely, and all went well. He still lives in his usual health.

*Case 3.*—Mrs. L., age 50, subject of renal calculus. Suppression came on, with vomiting and the usual symptoms. At the end of four days, every other plan having been tried, I recommended the poultice. It was winter, but leaves were obtained and applied as usual. I returned in six hours, when two chamber vessels full of urine had been passed. All the symptoms gave way, and for two days she continued to do well. Again suppression came on; she was neglected by her attendants, and the poultice was not again applied. She sank at the end of the twelfth day, no water being passed except for three days when digitalis was in the field.

*Case 4.*—Mr. G., a gentleman about 40, subject to renal calculus, having passed one year ago, in good health up to Friday morning, when he was suddenly seized whilst dressing with intense agony in the right renal region. His medical attendant, Dr. Rowlands, of Carmarthen, saw him immediately, subdued the pains, but, to his surprise and vexation, no urine passed. A catheter was passed; there was no urine in the bladder. The usual treatment (baths, leeches, and opium) was actively employed without avail. Dr. Lewis, Carmarthen, was then called, who persisted, in conjunction with Dr. Rowlands, with the remedies. On Monday, I saw him with Dr. Lewis. I told him of my success with digitalis. He was surprised, but did not like to undertake its management unless in concert with Dr. Rowlands, who was then out of town. We agreed to give it in one-grain doses every four hours until Tuesday morning, when we again met. We then agreed to apply the poultice. It was May, and we procured plenty of fresh leaves. Dr. Rowlands and myself made and applied it. He undertook to watch the pulse, which we took for our guide. It was 109 at 11.30; catheter passed no urine; few drops of blood; poultice applied over abdomen; in ninety minutes, pulse 76; poultice taken off. A call for the chamber vessel; a good stream of water; in twenty-two hours, seventy-five ounces

were passed. Specific gravity 1.15. Acid, slightly albuminous, a little blood, and casts. Improvement kept pace. Friday: Symptoms of stone again, which gave way to the usual treatment. Saturday: Plenty of urine; recovery complete.

*Case 5.*—Mr. R., aged 54, subject to renal calculi, was suddenly seized with symptoms of renal calculi passing off in December, 1867. Mr. Hicks, of St. David's, and Mr. Howell saw him, and used every available means that practice could command for two days, but in vain. Mr. G., of Carmarthen, the subject of the preceding case, being in the neighbourhood, hastened to the house, told the doctor of his cure, and begged them to try it immediately and to send for me. Fresh leaves were collected, and a poultice applied, but having no guide nor experience in its use, it was taken off too soon. I arrived at 4 a. m. Being sixteen miles distant, much time was lost. This was the third day. A catheter was passed, to satisfy ourselves as to the state of the bladder. No urine. I had brought some dried leaves and tincture with me. A poultice was made of  $\frac{3}{4}$ ss of tincture with fresh and dried leaves; poultice applied at 5 a. m.; pulse about 80. At 8.30 a. m., Pulse reduced about 15, and about ten ounces pale, clear, slightly albuminous urine came off. A fresh poultice applied at 10, and I left, with directions to take it off when the pulse came down to 60. Plenty of urine continued to be secreted, and from that time he has continued to improve. Urine is now slightly albuminous and alkaline, in spite of our remedies. This gentleman was much out of health, and had been for two years the subject of renal calculi, nausea, and dyspepsia, but he is much better, and improving under phosphoric acid and iron.

*Case 7.*—Mrs.——, aged about forty, was suddenly seized with suppression of urine. In spite of every remedy, to the fourth day the suppression continued. Severe symptoms were now developed, and a tendency to stupor was amongst them, pulse indicating mischief. It was now decided that they should try the digitalis plan. One ounce of the tincture was mixed with a warm linseed poultice, and kept on overnight. The next morning a large quantity of urine passed. The poultice was kept on the abdomen all next day; urine was plentifully secreted; and from that time she improved and got well.

There may be a difficulty in obtaining leaves collected before seeding time, which appears to me to be the period of most vigour, judging from the fact that Nature concentrates her powers for the multiplication of species, and which at seeding time would pass into the young, leaving all other parts more or less exhausted. I believe from experience the winter leaf is very deficient in power. The tincture, mixed with lin

seed meal, succeeded in Messrs. Rowe and Phillip's case (Case 6); the fresh powder or dried leaves would be equally efficient. The rules of management must depend on the pulse. I have seen no good results till the pulse fell in number; it matters not from what figure; fall it must before any change occurs. In Mr. G.'s case it fell from 109 to 80 in ninety minutes; In Mr. R.'s, from 80 to 65 in three hours and a half. I would strongly advise 60 as a standard from a high number; 40 or 50 from a lower figure—say from 80. Judging from the effects on the circulation, we cannot lose sight of the fact that the arrest of secretion depends on capillary congestion, which in turn might, by pressure, paralyse the nerves. The fact, however, remains that we compel the kidney to resume its functions by diminishing the force of the circulation, lessening the quantity of blood by allowing a much longer interval between each new arrival. Strange, too, it is that in four cases the attack commenced suddenly like a fit of stone, and, in reality, stone came away in each case.

These cases are reported with the object of calling attention to the effects of digitalis in that dangerous disease, and of inducing the medical world to give it a trial. It is not supposed that it will succeed in all cases of that mysterious disease; but it is clear that it has a powerful influence over the renal secretions, and if carefully watched, taking the pulse as a guide, no mischief need be feared. I own there was a want of caution in the management of my first cases—indeed, it was only used as a hopeless remedy—but as the truth broke upon me, it was clearly seen there was a power in use I had not clearly foreseen, and more skill and caution was enforced in its management.—*Medical Times and Gazette*, Jan. 25, 1858, p. 86.

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#### ON THE TREATMENT OF PRURIGO.

By J. L. MILTON, Esq., Surgeon to St. John's Hospital for Diseases of the Skin.

In all forms of this justly-dreaded affection, the remedies which seem to have succeeded best resolve themselves pretty well into six classes.

1. *An alkali*.—Soda, for instance, seems to have always been a favourite ingredient in the prescriptions of the most successful practitioners. I do not attribute much importance to the form in which it is given; perhaps the carbonate, or a mixture of carbonate and sulphite answers best. If there be much indigestion or acidity, ten grains may be given two or three times a day, just after meals, either in an ounce of bitter infusion, with which a little compound tincture of cinnamon or spirit of nutmeg is combined; or it may be administered in conjunction



with aromatic confection and dilute hydrocyanic acid. These remedies should be continued till indigestion is removed. Should no indigestion be present, they may be given up at the end of ten days or a fortnight.

2. A remedy is required which will act on the skin. Sulphur in some form or other is perhaps the mildest and most certain. Antimony, however, in such a preparation or dose as will not nauseate or depress, may also be prescribed with benefit, and I see no objection to combining these remedies with a little nitrate of potass. When the skin is very dry and harsh, as it almost always is, a powder containing these ingredients may be given on going to bed, in a little gruel, or warm whey. Like the previously mentioned remedies, these need not be continued more than about a fortnight.

3. The use of either of these two sets of remedies should be accompanied by a course of medicine which will act gently on the liver and bowels, as, for instance, the occasional use of small doses of iodide of potassium, with rhubarb, either in the form of infusion or pill. A little mercury may be given in the shape of blue pill, combined with soap, henbane, and jalap or colocynth; or as grey powder, with nitrate of potass. Mr. Startin placed mercury under interdict, though I have never seen it do the least harm.

4. But the great internal remedy in prurigo is arsenic, and in all very severe or long standing cases, and in those which do not seem to be benefited by the preceding treatment, I would advise that it should be immediately begun with, and the other remedies used only as auxiliaries, or in the place of the arsenic when it is necessary to interdict it. It may be prescribed in full doses, and when this is done, I am disposed to share Mr. Hunt's opinion that prurigo is not such an intractable disease if properly treated, although I am aware that the statement may be looked upon as a modern heresy, and that Mr. Wilson considers it a stubborn and even a grave complaint in elderly persons. Under the old plan of treatment it seems to have resisted every attempt to subdue its malignity, and, perhaps there were more suicides from prurigo than from all other diseases of the skin put together. Mr. Hunt says:—"Of the entire recovery of a patient thus affected, or even of considerable alleviation of suffering, not one single gleam of hope can be gathered from any author who has written on the subject. And yet there is no truth in the whole circle of medical science more vividly impressed on my own mind, than that, under proper management, arsenic is an effectual remedy for this disease." Mr. Hunt bleeds to faintness in refractory cases before giving the arsenic; in one case he took about seventy ounces of

blood from the arm, and probably fifteen additional ounces by leeches, and certainly, according to his statement, the success seems to have quite justified the means. Lisfranc used always to bleed in cases where the itching was connected with difficult menstruation, and the practice is said to have been very beneficial.

5. Certain remedies which seem to stimulate nutrition in some as yet unknown way. Of these two are well worth a trial—strychnia and cod-liver oil. The strychnia may be given in doses of a sixtieth or a sixty-fourth part of a grain every three or four hours, till a decided effect is produced upon the disease or till nervous symptoms show themselves, when it may be left off. It sometimes acts like a specific upon the pruritus, and when this symptom is once thoroughly quelled, we shall seldom, if ever, have much difficulty in dealing with the remaining symptoms. Nux vomica was a favourite remedy with Neligan, but I believe we are indebted to Dr. Burgess for this mode of exhibiting its active principle. It should not be taken along with any other remedy, whereas the cod-liver oil may be given almost as an article of diet for a long time, and in moderate doses, quite irrespective of any other medicine the patient may be taking. I confess my entire ignorance as to how cod-liver oil and strychnia, may act, and it may, perhaps, save some trouble if I say, once for all, that I am not prepared to offer any explanation of the action of medicines, for the simple reason that in respect to most of them nothing whatever is known for certain, and as to cloudy conjectures and cabalistic forms of speech, I leave them to those who like them. I am content to admire at a distance the person capable of solving such questions as causes and modes of action, as I quite despair of my own ability to do so.

6. A free use of hot baths, especially the Turkish bath. I prefer the latter when it can be used; but when the patient is very nervous, suffering, or supposed to suffer, from disease of the heart, or subject to fainting; when he resides at a long distance from any establishment or baths of any kind, or when expense is an object, the hot bath is our only alternative, and fortunately it is a good substitute. The water should be at ninety-eight or a hundred degrees of Fahrenheit. The patient, so soon as he enters the bath, should scrub himself all over with the flesh brush, lather the affected parts with either the soft soap of the London Pharmacopœia, or Pear's transparent soap, and then let himself down into the hot water, in which he ought not to remain more than three or four minutes. Having dried himself thoroughly, he should apply any ointment he may be using, and dress directly.

But the Turkish bath is the thing; it scarcely ever fails to do good,

and is, perhaps, more peculiarly suited for prurigo than for any other disease of the skin. There are many persons in the habit of sponging all over daily, and who, therefore, have quite made up their minds that they require no other kind of purification. They cannot too soon be undeceived as to the efficacy of water used in this way: it will no more free the skin from soot, dust, dead scarf skin, and secretion, than rubbing a horse gently down with a soft towel will make his coat glossy. To rid the surface thoroughly of these impurities, two things are necessary: free perspiration must be induced, and the skin must be well rubbed and kneaded. Trainers are well aware of this, and when preparing a man for a fight, make him perspire freely, and then rub him down with a hard towel. The vigorous system of cleansing adopted in a Turkish bath is more like that used in training than any other, and will soon open the eyes of those who put their faith in cold sponging only, by bringing away an unexpected quantity of dirty skin. As there is no danger to be apprehended from the use of the bath, so long as the simple precaution is adopted of not staying in too long at first, and always taking the bath on an empty stomach, it can scarcely be overdone. I have known one taken three or four days together without any harm arising from it, and should not anticipate any.

Some most extraordinary objections have been made to it. Mr. Hunt, for instance, expatiates with grim sarcasm on the portentous aspect of things on entering a Turkish bath—the air so hot as to make one fancy that it cannot be breathed without setting the lungs on fire, kneading and trampling on the patient, and the drowning with a deluge of cold water, but he admits that it cures fanciful people of their whims in superlative style. Then one of the whims it will cure them of is fancying there can any harm come from using the bath.

Whatever form of bath be adopted, I would strongly insist upon the necessity for taking it regularly and often enough, and not yielding to any nonsense about baths being lowering, weakening, &c. I dwell upon the subject because the advantage of hot bathing in prurigo generally so soon becomes manifest. If nothing else be gained, free perspiration is promoted, and though this is no panacea, yet it is attended with relief. Prurigo often breaks out in persons who have nothing to reproach themselves with in regard to cleanliness. Mr. Startin, indeed, says, "that the neuralgic itching which some writers consider as a form or variety of prurigo is, perhaps, more frequently met with in the respectable walks of life than any other cutaneous affection." Such persons often seem surprised at being told to make free use of hot baths, but they forget that they do not take sufficient exercise to keep the skin in a healthy state,

and that means which would do very well with men riding twenty miles a-day, or working hard at training, are quite inefficient when exercise is reduced to a gentle stroll. Elderly persons in good circumstances, and people who have retired from business, often seem to think it is hardly respectable to go beyond a steady walk, but prurigo will not yield to such gentle means, and till regular active exercise has become a settled habit, the action of the skin cannot be encouraged. In all cases I think no woollen ought to be worn next the skin.

Mr. Wilson gives generous diet and tonics in this disease, and considers arsenic, properly given and watched, as a specific. Frictions, baths, carbolic acid soap, and juniper-tar soap, are his chief local remedies, but he looks upon the prognosis as doubtful, on account of the exhaustion and suffering which accompany the complaint.

Mr. Startin's treatment of prurigo is that of lichen; he relies chiefly on mineral acids, chalybeates, opium, and ammonia, and has never found benefit from mercury or arsenic; on the contrary, they rather do harm. In a very severe case of prurigo formicans, recorded by this gentleman, twenty drops of dilute sulphuric acid and ten of Batley's sedative three times a day, followed by tincture of muriate of iron, in infusion of quassia, and an opiate at bed-time, proved perfectly successful. These means were, however, seconded by the use of an ointment of white precipitate of mercury and creosote, ten grains of the salt, and a few drops of the fluid to an ounce, and after this a weak solution of bichloride of mercury in creosote water, used warm; later on, the ointment was entirely discontinued, and bisulphuret of mercury was added to the lotion. A strict diet, consisting of milk, bread, and boiled meat, was observed. Mr. Startin finds hot air baths and cinnabar fumigations of great service. Dr. Neligan used to prescribe iron in infusion of hops, with the juice of conium in pretty large doses. He found in the prurigo of old people great benefit from the use of this remedy along with magnesia. Some years ago, Dr. John Waterfield communicated to the *Lancet and Medical Gazette* a paper on the value of tar and charcoal pills, and he now tells me that he has treated several cases of prurigo very successfully with this remedy. Dr. Hillier says that, in some chronic cases, diuretics, "such as the sweet spirits of nitre, decoction of broom, with the ground tincture of juniper and saltpetre," are of benefit. Dr. Purdon communicated to the *Journal of Cutaneous Medicine* three cases in which the bromide of ammonium, in doses of from ten to twenty grains, effected a very rapid cure.

Hebra, who only admits prurigo mitis and formicans, views the malady in its gloomiest light; the picture is filled in with the most sombre tints

that utter despair of being able to do any good can lend. The patient is doomed *tenero de ungue*. The relentless malady begins with childhood; even in his schoolboy days the martyr to it is an outcast; play-fellows and masters alike shun and worry the victim of unappeasable itching. As he grows up, he is expelled from society or becomes a recluse; if he be a working man, he must not sleep in the same room with a fellow workman. He dare not try to establish a home, nor, should he already possess one, can he bring a wife to it. With advancing life the disease acquires more hold on the system, and only leaves him in the grave. Till that hour comes he knows no hope and no peace. The complaint is not difficult to cure, for the simple reason that it is incurable, and all that the physician can do, is to make the patient's condition a little more tolerable. Hebra seems never to have given arsenic a fair trial, and it may be safely predicted that so long as he does not, he will find the complaint as refractory as he describes it to be. He utterly abjures bleeding, purgatives, and starvation, possibly with reason; but in point of fact I know nothing of the disease as spoken of by him, and never read of it in the pages of any other writer. Possibly in this severe, hopeless form it is as peculiar to Austria as pellagra to Italy.

In some cases, particularly when prurigo attacks the pudendum, scrotum, or anus, the itching is so intolerable that something must be done locally for it; indeed the itching is the symbol of the malady, the one essential and tangible symptom, and the cure of it is the cure of the disease. Mr. Wilson recommends in a general way that the skin should be frequently rubbed with a damp sponge, dipped in fine oatmeal; after this, the tincture of croton, made by steeping an ounce of bruised croton seeds for a week in four ounces of spirit, is applied; and after this has been done a few times, a lotion of bichloride of mercury in almond emulsion, fifteen or twenty grains to a pint, will often prove very efficacious. Painting the surface with iodine is useful, as is also glycerine applied with a sponge. For the affection of the pudendum, Bateman recommends a lotion made of two grains of bichloride (oxymuriate) of mercury in an ounce of lime-water. Mr. Wilson says the juniper-tar ointment is peculiarly valuable in this variety. In pruritus of these parts injections of very hot water, juniper-tar ointment, blisters to the thighs, and small bleedings, seem, from all accounts, to be the most reliable means of cure. Mr. Wilson has found an opium injection relieve the irritation after all other means had failed. Strong nitric oxide of mercury ointment, and podophyllin in doses of one-sixth of a grain, are said to have proved of great service in prurigo of the anus. Mr. Startin, in a case related in his lectures, where the scrotum was also

affected, directed mucilaginous hip-baths, daily ablutions with yolk of egg and tepid water, the application twice a day of very dilute mercurial ointment, with a few minims of creosote, strict diet, and one sixth of a grain of bichloride of mercury in cold infusion of hops three times a day. The case was very severe, and occurred in an old man; but a cure was effected in little more than two months. In the prurigo of old people generally, Mr. Startin's prescription for external use is a liniment of glycerine and trisnitrate of bismuth or powdered talc, rubbed in with a flesh brush. Dr. Frazer recommends for trial finely powdered camphor mixed with six or eight parts of rice or potato starch, and a small quantity of acetate or carbonate of lead. This is dusted on the skin three or four times a day, its action being aided by calomel ointment. Latterly, Dr. Neligan confined himself almost entirely to chloroform ointment, which seems one of the best, if not the best ever introduced. It is made by mixing half a drachm of chloroform with an ounce of cold cream. I believe this and the following lotion are two of our most valuable remedies.

℞. Hydr. bichlor. gr. iv.; bismuth oxyd. ʒ ss.; acidi hydrocyan. dil. Ph. Lond. ʒ ss.; aq. calcis ad. ʒ viij. M. To be applied warm two or three times daily.

Mr. Balmanno Squire considers that prurigo senilis is always due to pediculi, and we may naturally expect to find that his principal reliance is upon external means. That in some persons pediculi will induce symptoms which might very easily be mistaken for prurigo is possible enough, but that they ever bring on genuine prurigo, a disease in its severer form so generally associated with some deep-seated constitutional disorder, is a very different matter. Mr. Naylor, who thinks the insect cannot produce any form of this complaint, says he has known a very weak nitric acid lotion—half a drachm to eight ounces of water or one of bismuth, a scruple to six ounces of water—prove exceedingly serviceable. He also says that when prurigo is an idiopathic affection the use of chloroform is often of great service, applied either in the form of vapour or of an ointment consisting of equal parts of chloroform and camphor liniment.—*Medical Press and Circular*, March 11, 1868, p. 219.

## Materia Medica and Chemistry.

### LIQUID OXYSULPHATE OF IRON.

Dr. J. R. BLACK says, in the *Lancet and Observer*: "In 1863, an old physician of Tennessee, in return for some civilities, handed me the following *recipe* for what he termed the 'Liquid Oxysulphate of Iron, which he highly lauded, and said that it had been a great favourite with the few physicians who had knowledge of it. Five years' use of it in my practice fully confirms the favourable estimate of its qualities, which it gives me pleasure to communicate and make public.

℞. Ferri sulph.,	3 ij.
Acid nitric,	f. ʒ iij.
Aquæ distil,	f. ʒ jss. M.

"Rub the sulphate with the acid slowly in a mortar, gradually add the water after the sulphate is all dissolved, and filter through paper. Doses from six to twelve drops, in water or quassia infusion.

"I have found this preparation to be one of singular efficacy, in a majority of cases, where iron is indicated. It is also an excellent appetizer, and the most palatable of all the ferruginous preparations. In the proportion of ʒ jss. of the liquid to ʒ jfs. of water, its taste precisely resembles that of alum. But substituting simple syrup for the water, the flavour is seldom objected to, even by the most fastidious. When thus mixed, the dose is a teaspoonful. Besides, it is cheap, easily made, and, with quinine, makes a beautiful clear solution, and a tonic unsurpassed. Those who will use this preparation once, will never feel like again resorting to the so-called elixirs of iron."

### IMPURE GLYCERIN.

The presence of oxalic and formic acids is the great cause of irritation in glycerin; these acids are produced by the action of sulphuric acid upon the glycerin, forming the first mentioned acid, and this in turn acts upon the glycerin, giving rise to formic acid. The most reliable test is nitrate of silver. Glycerin which shows no reaction with this salt is considered suitable in all cases, as it indicates not only the presence of chlorine or chlorides, but is, as well, reduced by acids, which may exist in the glycerin.—*Chemical News*.

# Canada Medical Journal.

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MONTREAL, AUGUST, 1868.

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## LIFE ASSURANCE COMPANIES AND MEDICAL FEES.

The question of medical fees from life assurance corporations has engaged the attention of the British medical public for some years, and so oppressive and unjust were the demands of the companies that the profession were unanimous in refusing to give any information, without the accompanying fee, and also determined in not recommending to their patients the acceptance of a policy in any company but in those who dealt liberally with the profession in paying for the information which they deemed necessary.

It appears the system of procuring information from professional men, gratis, has been adopted by some United States companies who are doing business in Canada. We think it advisable to call the attention of the profession to a series of resolutions which were passed in the year 1849, and which were subscribed to by a number of leading physicians in this city, many of whom are still amongst us. These resolutions supplemented the action of the profession in the mother country, who took up the subject very warmly, and by force of moral suasion obliged the companies to come to terms on this subject. We deem it alone necessary to fairly represent this matter to the companies to induce them for their own safety to adopt the suggestions which these resolutions contain. There can be no doubt of the delicate relative position between a patient and his physician. Circumstances of the most confidential nature are constantly given to the safe keeping of the physician, and no physician can divulge any circumstance entrusted to him without incurring the just odium of his patient and of the community at large.

Competition in life assurance is so keen that assurance companies find it to their advantage to hold out enormous inducements to agents—fifteen and twenty per cent on the amount of premium paid by the assurer goes into the pocket of the agent. It is therefore his object to secure as many applications as possible, but in so doing he does not assume any responsibility. The whole responsibility rests on the medical officer for



the company. In some cases he may feel convinced that although to external appearance the proposer is safely assurable, yet there may be some point in the medical history which requires clearing up before he can give a conscientious statement as to the chances of life. Now in seeking this information we would ask is it for the benefit of the person assuring or for the assurance company? Here is, for instance, a life every way eligible, yet there may exist some obscure feature in the case, some one fact which requires elucidation, and which can alone be obtained from the physician of the party making application. The English companies, when such information is deemed necessary, assume at once the responsibility, and obtain the information they seek, paying the physician his fee for the trouble and for his medical opinion of his own patient. The United States companies, on the contrary, send the applicant with the required paper in his hand and insinuate to the assurer that, inasmuch as it is for his benefit, his doctor ought not to refuse to give the desired information. Thus if the physician refuses he incurs the ill-will of his patient, and if he consents he does so equally, as it is possible that he may have, if a conscientious man, to advise the company of certain facts known alone to him, but which may be prejudicial to the chances of his patient securing a policy.

There is but one way of overcoming this difficulty, and that method is embodied in the resolutions which we publish. The profession individually should be left untrammelled, otherwise their opinion is apt to be biassed. It is not in the nature of things to expect that a professional man will reply to questions which may be damaging to the interests of his patient, and very seriously injure his own prospects of retaining him as his patient, if he knows that the opinion given is first submitted to the inspection of the applicant. Of what use, then, would such a report be to an assurance company, if circumstances are withheld which, if made known, would go far to prevent a policy issuing. The information sought should be strictly between the company and the physician applied to, the answers given should be received by the company in strict confidence, and for this information, the company are bound to pay the same fee which they allow to their own medical referee.

These suggestions have been forced from us in consequence of a circumstance which occurred to us recently. An American company sought to obtain our opinion of the state of health of two of our patients. We refused to reply to the questions, inasmuch as the company refused the customary fee, and furthermore, placed the papers in the hands of the applicants. We were not a little surprised to learn that an opinion had been expressed by two medical gentlemen condemning our action in the premises, and a third

medical man went so far as to fill up the required papers. Here the matter for the present rests, but we certainly hope that a unanimous expression of opinion on this subject will be made by the profession at the meeting which is about to be held in this city. To prove how willing assurance companies are to do what is manifestly right and for their own interests, we may state that a copy of these resolutions were sent by the medical referees to the head office of a large New York life company doing business in Canada, and that the agent received instructions in all cases where it was deemed necessary by the company's officer to obtain the opinion of the private medical adviser of any applicant, the information was to be considered strictly confidential, and furthermore, the customary fee was to be paid by the company. It only requires unanimous action on the part of the profession to maintain our rights, but if there are to be found amongst us members who are willing to submit to a manifest injustice, we cannot wonder at any injustice which may be heaped upon us.—We take the following from the *British American Journal* for the year 1849.

SIR,—I beg to transmit a copy of Resolutions, unanimously passed at a meeting of the medical profession of this city, held, pursuant to notice, on the 16th April, 1849, in reference to life assurance companies.

And have the honour to be,

Sir, your obedient servant,

A. H. DAVID, M.D., Secretary.

Montreal, 18th April, 1849.

The relative position of patient and physician has always been considered, and in truth is, one of peculiar delicacy, as well as of the most confidential nature, and no physician can divulge any circumstance intrusted to his knowledge without incurring the just odium, not only of his patient and of his professional brethren, but also that of the community at large.

*Resolved*, 1. That in the case of a patient referring any assurance company to his former or present medical attendant for his opinion, it being recognized that such medical opinion is sought for by the company, with the concurrence of the patient, all such opinions should be perfectly unbiassed, and the information thus obtained by the company should be considered strictly confidential.

2. That in the opinion of the undersigned, the tendering of a fee, under these circumstances, is but a simple "act of justice" towards the private referee, and as the information thus derived by assurance com-

panies is of the most essential advantage to them, such fee should be paid by the companies at the time of proposing the enquiries, and should be of the same amount as that paid to their own referee.

3. That copies of the foregoing resolutions be transmitted to the agencies of the different assurance companies in this city :

D. Arnoldi, M.D., James Crawford, M.D., George W. Campbell, M.D., Arthur Fisher, M.D., W. Fraser, M.D., Francis Badgley, M.D., L. Boyer, M.D., R. L. MacDonnell, M.D., J. L. Leprohon, M.D., Francis C. T. Arnoldi, M.D., William D'Eschambault, Henry Howard, M.D., A. Hall, M.D., W. E. Scott, M.D., Samuel B. Schmidt, M.D., George D. Gibb, M.D., William Sutherland, M.D., Robert Godfrey, M.D., M. P. Burns, A. H. David, M.D., H. Peltier, M.D., M. McCulloch, M.D., Pierre Davignon, Wolfred Nelson, M.D., A. F. Holmes, M.D., O. T. Bruneau, M.D., L. F. Tavernier, J. G. Bibaud, M.D., A. E. Regnier, J. Emery Coderre, Henry Mount, M.R.C.S.L., Frederick Morson, M.R.C.S.L.

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#### THE APPROACHING MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

Within a few days after this number of the Journal reaches our readers, the annual meeting of the "Canadian Medical Association" will take place in Montreal. The importance of this meeting cannot be over-estimated. Almost a year ago at the solicitation of the Quebec Medical Society, to the members of which all honour is due, a convention of the medical profession of the Dominion took place at the ancient capital. The meeting was large and respectable, there being representatives from all parts of Canada. It was then determined to form the Canadian Medical Association, and with much enthusiasm and great unanimity the work of organization was commenced under the distinguished presidency of the Hon. Charles Tupper, C.B. The object of the society was forecast by the appointing of committees, to report at the next meeting. These committees were respectively, 1st, "To frame a constitution and by-laws for the government of the association;" 2nd, "To consider the question of preliminary education;" 3rd, "To report on such means as will insure a uniform and elevated standard of medical education throughout the Dominion of Canada;" 4th, "To report on the best means of having a uniform system of granting licenses to practice medicine, surgery, &c;" 5th, "A committee on Statistics and Hygiene;" 6th, "To draw up a code of medical ethics for the government of the profession." There is very much embraced within the limits of the duties of these committees;

but we have no doubt each will be duly prepared to render a report at the forth coming meeting.

It is not our intention in this place to offer any opinion or suggestion as to what should be the nature of any one report, but we would venture to express the hope that the individuals composing the committees will approach their work in an exalted spirit of professional candour and mutual esteem. We cannot imagine anything that will be so likely to interfere with a complete development of the Association than a spirit of captiousness, or display of secular feeling, and we are unaware that aught of this nature is to be feared. However, from the very nature of the questions to be reported upon, there will almost necessarily arise some difference of opinion; yet each may state his views with calm dignity, and then let the voice of the majority dispassionately decide what shall be regarded as the wisest and the safest steps to be taken to secure the interest of the whole profession of the Dominion.

It is perhaps a matter of regret that arrangements were not made at the last meeting to secure for the coming one some discussion of a scientific nature with which to occupy a portion of the time. It may not be out of place for us to suggest that it would be desirable that some one or more should come prepared voluntarily to read a paper or open a discussion upon a specified topic.

We are requested to express the hope that members of committees will make it a point to be present on the 31st August, so that their reports may be prepared in time to be presented to the Association immediately after its organization. The profession of Montreal have met and organized committees to look after the entertainment of the associates. So far as arranged it is intended to have a conversazione on the evening of the first day of meeting—and on Friday morning a public breakfast will be given to the Association. At the time we go to press, committees are busy arranging details. An advertisement on our advertising sheet explains the arrangements which the General Secretary, Dr. A. G. Bel-leau, has made with the various railway and steamboat fares.

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#### THE SALARY OF THE MEDICAL HEALTH OFFICERS FOR THE CITY OF TORONTO.

We have great respect for dignitaries, even for city Aldermen, and desire to speak of them with due regard; but it is not easy to do so when we take notice of the proceedings of the City Council of Toronto, at a recent meeting, when considering the question of estimates. There

are appointed for the city two officers of health, medical gentlemen. The report for their salary was to allow each \$600 per annum. Two aldermen, who probably have no idea of the meaning of the word hygiene, strongly objected. "Their services were not worth the money; there was no extraordinary sickness in the city; there were plenty of doctors beside them, and to grant this amount was simply to throw the money away"; which may be interpreted as follows: there is no extraordinary sickness in the city, because the health officers have, by their precautionary measures, prevented it, and there were plenty of doctors beside them, having nothing to do in consequence! Consequently their services are not worth the money. How logical! not to say sensible. The mayor with a correct appreciation of the importance of the duty of these officers, said "they had saved thousands of dollars to the city, and were most attentive to the sick and the poor." Another alderman "moved that the salaries be reduced to \$300 each, which was carried." We would not say to the gentlemen concerned, refuse such an inadequate compensation for your time, and employment of scientific knowledge, but we hope to see the time when such advice would be just. At present it may be well to continue to discharge your duties, even as you have done, and witness the fruit of your labour in the fact complained of by these two pennywise aldermen, that "there was no extraordinary sickness in the city." The time will come, and we trust shortly, when the public will more fully understand the importance of availing themselves of scientific knowledge to prevent disease.

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#### ANNUAL CONVENTION OF THE NOVA SCOTIA MEDICAL SOCIETY.

The annual meeting of the Nova Scotia Medical Society was held at Pictou on the twenty-first day of July, when the following office-bearers were elected, and delegates to the Canadian Medical Convention chosen in addition to those chosen last year:—

President, Dr. B. de W. Fraser; Vice Presidents, Presidents of Co. Societies; Treasurer, Dr. Cowie; Secretary, Dr. Rigby; Cor. Secretary Dr. F. F. Garvie; Council, Dr. Gossip, Dr. D. McN. Parker, Dr. George Johnston, Dr. J. B. Garvie, The Sec'y. "ex officio."

Drs. Moren, Wickwire, and T. R. Almon were chosen as delegates to represent the city and county of Halifax at the forthcoming Canadian Medical Convention, and Drs. George Johnston (Pictou), Hamilton (Cornwallis), and Cameron, (Baddeck, C.B.), were chosen to represent the rest of the Province.

At an adjourned meeting held on the twenty-second day of July the following resolutions were adopted:

Moved by Dr. Wickwire (Halifax), seconded by Dr. McLean, (Colchester):

*Resolved*, That a Committee of five be appointed to revise the Constitution and By-laws of the Nova Scotia Medical Society, and to report at the next annual meeting.

Members elected on the Committee were Drs. Rigby (Halifax), McLean (Colchester), Fullerton (Wilmot), Christie (Pictou), Gossip (Halifax).

Moved by Dr. Christie (Pictou), seconded by Dr. Cowie (Halifax):

*Resolved*, That a committee of three be appointed to report on the general advancement of medicine, surgery, and obstetrics, and to include all cases illustrative of the subjects which they can procure; said report to be presented at the next annual meeting.

Members elected on the committee were Drs. S. Muir (Truro), D. McN. Parker (Halifax), Stephen Dodge (Kentville).

Moved by Dr. Moren (Halifax), seconded by Dr. McLean (Colchester):

*Whereas*, a periodical called the "Provincial Medical Journal" has been published in Halifax, and whereas paragraphs have appeared in various newspapers of Halifax stating that it was published under the auspices of the Nova Scotia Medical Society;

*Resolved*, That this Society totally ignores all knowledge of or connection with the "Provincial Medical Journal."

Moved by Dr. McLean (Colchester), seconded by Dr. MacDonald (Hopewell):

*Whereas*, The Medical School lately established in Halifax does not meet with the approbation of this Society;

*Resolved*, That this Society has no connection with and does not recognize the School of Medicine of Dalhousie College.

Several other resolutions of minor importance were adopted, and it was decided that the next annual meeting of the Society should be held at Windsor (N. S.) on the third, Tuesday of July, 1869.

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#### MEDICAL ASSOCIATION OF THE DIVISION OF GORE, ONT.

The semi-annual meeting of the Medical Association of the Division of "Gore and Thames," took place at Simcoe, Ont., on Wednesday, 15th July, and was in all respects one of the most successful meetings yet held. There were a large number of medical men present from all parts of the Division. The President, Dr. Bingham, read a very able address on the position and prospects of the profession, and the duty they, as members of this Association, owe to the profession by strictly carrying out the

code of medical ethics, by guarding the rights of the profession, &c. The address was ordered to be printed.

Letters of apology were then read from Dr. Workman, Superintendent of the Lunatic Asylum, Toronto, Dr. Covernton, Professors Berryman, Reid, &c., regretting their inability to be present.

Dr. Philip, of Plattsville, on behalf of a committee consisting of himself and Dr. Bingham, of Ayr, read a very able and interesting report upon "the use of the alkaline and earthy sulphites in the treatment of zymotic diseases." At the last meeting of the Association these gentlemen were appointed to draw up a report upon the subject.

On motion the thanks of the Association were given to Drs. Bingham and Philip, for their comprehensive report, and it was requested that it should be forwarded to the *Canada Medical Journal* for publication.

Dr. Turquand, the member of the Council, then addressed the Association, at length, giving an account of his stewardship as their representative, and a full synopsis of matters which had come before the Council at its last annual meeting, and concluded a very able and interesting address by thanking his medical friends for the confidence which they had always reposed in him since his election.

Dr. Clark, of Simcoe, on behalf of Dr. Covernton, who was unavoidably absent, read a very elaborate and carefully prepared paper on the subject of "cholera infantum." He reviewed its history and pointed out the best methods for its prevention and cure. On motion, the paper was ordered to be published.

It was moved by Dr. Cottle, and seconded by Dr. Bowlby: That a delegate be sent to represent this Society at the annual meeting of the Canadian Medical Association which meets in Montreal in September next. — Carried.

Dr. D. Clark, of Princeton, was appointed to report at the next meeting on the epidemic fevers of Ontario. He then moved, seconded by Dr. Bowlby: That a committee be appointed consisting of Drs. Covernton, Hayes and Clark (Simcoe), to report at our next meeting on the crime of *procured abortion*.—Carried.

In the evening, the Norfolk branch of the Association entertained their brethren from a distance to a grand banquet, which was a very decided success.

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#### UNIVERSITY OF MICHIGAN.

It will be observed by the following extract from the annual circular of the University of Michigan that it has successfully resisted the action of the State Legislature who granted aid to the University, conditionally on the establishment of a Professorship of Homœopathy. We congratulate

late the University on the ruling of the Supreme Court of the State. It is a lesson to ourselves to be ever wary and watchful, as legislative action may at any time be brought to bear in the same direction as touching our own educational institutions.

“In consequence of an Act of the Legislature of Michigan at its last session, granting aid to the University on the condition that a Professor of Homœopathy should be introduced into the medical department, much agitation and annoyance have been experienced by its friends; but the Faculty are now happy to announce to the medical profession and all the friends of legitimate medicine, that the Board of Regents, who control the University, at a recent meeting, resolved, with but a single dissenting vote, that under no circumstances should such professor be introduced into the Medical College at Ann Arbor; and the Supreme Court of the State having since decided that all previous action of the Board making provision for the establishment of a school of homœopathy at another place is not a compliance with the law, and such action thus becoming null and void, the Faculty are enabled to assure the profession that the *Medical Department of the University of Michigan is entirely free from the remotest connexion with homœopathy*—that its curriculum will not be changed, and that it will remain, as heretofore, unaffected by any form of irregular teaching or practice.

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#### RECREATION FOR THE PHYSICIAN.

“It is rather a curious fact that our profession, while so earnestly and constantly preaching to their patients the benefits growing out of rest, change of scene, and pleasurable exercise, should be so neglectful of their own health. Medical men need relaxation as much if not more than do the clergymen, and they should not lose any opportunity, at least once a year, of running out of town for a good old-fashioned rural vacation. There are too many among us who are actually below the par of good health, whose need for just such a recreation is imperative. There is a necessity for such to be shut out for a time from their little world of patients, to be able to sleep far away from the startling sound of the midnight bell, and to enjoy that refreshment which regular hours, regular meals, and regular rest can alone give. We hope that many of our readers will be able to enjoy the tempting opportunities which the present summer may afford.”

The above paragraph, we copy from a recent number of the *New York Medical Record*, and we most heartily endorse the sentiments expressed. No class of men are more the slaves of the public than the medi-



cal profession. Early and late, rain or sunshine, without a murmur we are expected to answer every demand made upon us for professional assistance. We must not even stop to inquire whether our services are to be remunerated, without being put down as worse than brutes, and our names threatened to be published broadcast over the land. No class of men, therefore, stand more in need of relaxation than we do, and yet how begrudgingly a holiday is granted. Who is to blame for this? We can but answer that we think it is ourselves. In Canada at least, the physician, until the last few years, has toiled on year after year, until his hair has turned gray in the service, and never thought of seeking that relaxation which he so often prescribes for others, who in reality need it less than himself. Educated therefore as it were, to have the physician never away from his work, patients are apt to, and do grumble if we absent ourselves, only for a few days. This is wrong, nay, more, it is unjust, and if it should continue we have ourselves to blame. It may be a satisfaction to our patients to be able to find us day after day, and year in and year out whenever our services are required, but to our families it is far from a satisfaction to see our health failing simply from the want of a little relaxation. A little courtesy amongst the profession, and all could without the slightest difficulty get a holiday every year or two.

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### TO CORRESPONDENTS.

DR. PHILIP, PLATTSVILLE, ONTARIO.—Your letter of 4th August with list of new subscribers and their subscriptions in advance, has been received. Receipts will be enclosed to each. We only wish a few others of our subscribers would imitate your zeal, and obtain for us new subscribers. You have our thanks. We hope you will continue to use your influence in our favour.

DR. A. BETHUNE, GLANFORD, ONT.—Your communication is to hand, and will appear in the September number.

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### A GOOD JOKE.

The "retired physician whose sands of life are nearly run out," and who was recently spoken of among the "Swindlers of New York," in the *Evening Post*, had a clever practical joke played upon him some time ago. A wag sent him a bag of sand to replenish his wasted store. Those who have had the benefit of his prescriptions may be glad to know of this pleasant assistance rendered the benevolent old gentleman, to enable him so easily to prolong his life and labours.

[The re-invigorated physician has since been married!]  
—*Philadelphia Medical and Surgical Reporter.*