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THE

# CANADA MEDICAL RECORD:

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## *Original Communications.*

### THE QUESTION OF PROSTITUTION AND ITS RELATIONS TO THE PUBLIC HEALTH.

By CASEY A. WOOD, C.M., M.D., M.C.P.S.O., Attending Physician to the Western Hospital, Professor of Pathology in the Medical Faculty, University of Bishop's College.

The revival of the old question—what shall we do to prevent the spread of syphilis?—seems probable. Twenty years ago the advisability of adopting restrictive measures in the treatment of prostitution was discussed with some warmth. The majority that carried the Contagious Diseases Act and that applauded the licensing system is dwindling down, and the belief gains ground that it is more by indirect and moral means that the desired object is to be attained than by legislative measures.

Several papers lately written, notably that by Drs. Allison and Ashton ("The Failure of Legislation in Limiting the spread of Venereal Diseases," read before the Philadelphia County Medical Society, April 22nd, 1885), will be likely to provoke discussion of the whole question. The following article is reprinted as a contribution to such discussion, and as the writer has not since seen fit to change or modify views expressed when it was first written (November, 1880) it is given entire, with his apology.

Whatever action may be taken regarding them by the people at large, whatever influence may be subsequently exerted by public opinion, questions of hygiene are primarily the property of the med-

ical profession. For example, it is rarely that we have to thank the priest, with his time occupied with matters of another world, and caring little for things of earth; nor the statesman, with his attention taken up by affairs apparently more important; nor even the laity, who have ever exemplified the proverb, "what's everybody's business is nobody's business"—we have seldom been indebted to any of these for the inauguration of whatever progress has been made in a single department of sanitary science. No fact could add more to the dignity of our profession, because, in consequence, it must prove to all candid observers that, as a rule, medical men really hope and work for a permanent lessening of the diseases that infect the race.

The statement that the primary discussion of any measure to improve the health of communities and individuals has almost always been introduced by medical men might be supplemented by showing that the conclusions arrived at by them have always formed an important factor in determining action taken by the authorities to remedy the trouble under consideration. It is a fortunate circumstance, perhaps, that such is the case in the questions about to be ventilated in this article, for the same spirit of false modesty which prevents a proper discussion by the laity of many a vital question affecting the social economy has relegated the treatment of prostitution and its attendant evils to whomsoever cares to occupy himself with it. With this double warrant there can be no reason why the matter should not be freely and fully discussed in the pages of a medical journal, no reason why the medical scientist should not decide what measures will have the greatest influence in

limiting the spread of prostitution and in neutralizing those moral and physical maladies it so uniformly gives rise to.

*"Fornicatio autem—nec nominetur in vobis sicut decet sanctos,"* wrote Paul to the little church at Ephesus, but probably he never imagined that in later times a whole people would arise who, while tacitly ignoring the spirit, would scrupulously insist upon its *literal* obedience! But only in these latter days, for, "in the good old days when George the Third was king," Fielding was the popular novelist, and everyone read and openly discussed the questionable ways and doings of his heroes and heroines. Nobody then saw harm in reading Richardson (who, by the way, was a clergyman), nor is it probable that any great harm came of it because of that very fact. There were no "expurgated" editions of Shakespeare then, because it was held that to call a "spade" by any other than its proper name was quite unnecessary and likely to mislead. The author of "*Vanity Fair*" frequently draws one's attention to this change in public sentiment. For instance: "Ladies, I do not say that you are a society of vestals,—but the chronicle of a hundred years since contains such an amount of scandal that you may be thankful you did not live in such dangerous times. No, on my conscience, I believe that men and women are both better; not only that the Susannahs are more numerous, but that the Elders are not nearly so wicked. Did you ever hear of such books as '*Clarissa*,' '*Tom Jones*,' '*Roderick Random*,' paintings by contemporary artists of the men and women, the life and society of their day? Suppose we were to describe the doings of such a person as Mr. Lovelace, or my Lady Bellaston, or that wonderful '*Lady of Quality*,' who lent her memoirs to the author of '*Peregrine Pickle*.' How the pure and outraged nineteenth century would blush, scream, run out of the room, call away the young ladies, and order Mr. Mudie never to send one of that odious author's books again! You are fifty-eight years old, Madam, and it may be that you are too squeamish, that you cry out before you are hurt, and when nobody has any intention of offending your Ladyship. Also, it may be that the novelist's art is injured by the restraints put upon him, as many a harmless honest statue at St. Peters and the Vatican is spoiled by the tin draperies in which ecclesiastical old women have swaddled the fair limbs of the marble. But in your prudery there is

reason. So there is in the state censorship of the Press. The pages may contain matter injurious to *bonos mores*. Out with your scissors, censor, and clip off the prurient paragraph!"\*

While we may believe with Thackeray, that people now-a-days are "of a cleaner conversation," we cannot close our eyes to the fact that, if we do not hear of and see so much moral uncleanness it is, to some extent, because it is disguised and hidden, and not because it has ceased to exist.

It is tolerated, but not recognized, or at least only recognized under certain conventional forms. Society is quite candid in this matter. One is not positively commanded not to eat of the forbidden fruit, but the meal must be taken *en règle* and respectably. Shakespeare's poems, the tales of Boccaccio, and the wonderful adventures of Gulliver "smell to heaven," and are altogether detestable—*cela va sans dire*—but, without giving offence, you may (if you judiciously avoid particulars) discuss the merits of Alexandre Dumas and Emile Zola. Or, if it happens that you have a taste for lighter literature, what popular novels will more quickly satisfy that literary appetite than the *entrées* and dessert served up by Rhoda Broughton and "Ouida?"

Nor need you pay much attention to the abuse they have received from the discontented few, for has not Madame Grundy taken these productions under her protection? Is not "socially authorized" stamped on each title-page? What right then have men like Goodell to call them "nambypamby trash" and "printed erysipelas?"

This attitude of society towards *open* discussion of the evils that threaten to undermine the foundations of its structure, has a more practical bearing upon attempts to remedy the evils themselves than is apparent at first sight, because, while it very properly negatives gross and immodest conversation, it has always displayed an unfortunate lack of discrimination in including in the proscription agitations having for their object the eradication of the maladies.

And this absence of a becoming discernment is nowhere more marked than when the trade of the strumpet is under consideration. Here prudery might be forgiven if honest investigation were permitted. But it is not, and has not been, and we are consequently obliged to believe with Charlotte Bronté that "to such grievances as society

\* Thackeray's "*Virginians*, chap. xli.

cannot readily cure it usually forbids utterance on pain of its scorn ; this scorn being only a sort of tinseled cloak to its deformed weakness.”\*

Starting out then with the premise that the endeavor to solve the problem of the social evil must not be hampered either by the opinions or prejudices of the classes for whom the work is undertaken, or by the neutrality of other classes whom we might have expected to have been ardent workers with us, it is yet pardonable to say without the slightest feeling of bitterness, and almost without a sentiment of disappointment, that there is an additional reason why the profession should not shun this particular labor of mercy, for is it not one of its daily functions to minister to the despised, the wretched and the unclean in every shape? Bearing in mind the story related by a Physician who in his day had seen “pass by on the other side” the priest and the Levite, we need not wonder that the “cry of those who have wounds without cause” should still insult their sanctified ears ; that it should still be left to less fastidious hands to pour in the wine and the oil—to less worthy brains to work out the poor enigmas of our lot ! In the case of the man of Samaria we may comfort ourselves with the reflection that his charity probably did not seriously diminish *his* income, and that there was no contumely connected with *his* act of mercy !

Three queries, it appears to the writer, cover the whole ground included in the heading of this article. Side issues, important from other standpoints, force themselves on one’s notice and, while it is impossible always to avoid or ignore them, because they are so intimately bound up with the causes and effects of every social disturbance, they can receive but a passing mention in the space so necessarily limited as the pages of a journal devoted to medical science. (1) Is it possible to repress *in toto* houses of ill-fame and assignation ? (2) If it were possible to suppress *les maisons des dames*, would it be wise to make the attempt ? (3) In the event of prohibition failing to accomplish its object, what measures are most likely to limit the evil of prostitution and to curtail the misery and disease it engenders ?

It is difficult to separate the first two questions, and they may be answered together. The history of every nation that has reached a high state of civilization furnishes us with stories of endeavors

made by the State to wipe out the immediate sources of prostitution, and these attempts are both interesting and instructive.

In the early history of the Greeks we find that one of their laws, incorporated in the code of Draco, imposed the death penalty on adultery. If severity could have accomplished the desired end it ought to have done so in this instance, but so powerless did it prove that Solon, seeing the futility of the measure, established by law houses of prostitution at Athens, and filled them with slaves bought by the public money. These *Dictera*, as they were called, being in a sense public servants, handed over their miserable earnings to the State, and naturally assisted in increasing its revenue. The Romans, wiser in their generation, and profiting, in all probability, by the experience of their Grecian neighbors, seem never to have attempted to wipe out the calling of the harlot. Tacitus tells us that long before his time the prostitute was obliged to register herself at the ædile’s office, where she received a license—*stupri licentia*—in a similar manner and almost upon the same terms as those imposed by existing French laws regulating brothels and their inmates. It must be observed, also, that the Romans exacted in their code the penalty that modern society imposes by its unwritten law upon the unfortunate erring one ; it closed every avenue to reform. “Once a prostitute, always a prostitute,” is a Roman proverb.

Passing to more modern times an instructive lesson may be learned from early attempts to suppress prostitution in France. Sanger, in his admirable work on the subject, tells us that Louis IX. made the first serious endeavor to stem the rising tide of evil in his dominions.

“His edict, which dates from 1254, directed that all prostitutes, and persons making a living indirectly out of prostitution, such as brothel-keepers and procurers, should be forthwith exiled out of the kingdom. It was partially put in force : a large number of unfortunate females were seized and imprisoned or sent across the frontier ; severe punishments were inflicted on those who returned to the city of Paris after their expulsion. A panic seized the customers of brothels, and for a few months public decency was restored. But the inevitable consequences of the arbitrary decree of the King soon began to be felt.

“Though the officers of justice had forcibly confined in establishments resembling Magdalen hospitals a large proportion of the most notorious pros-

\* “Shirley.”

titutes, and exiled many more, others arose to take their places. *A clandestine traffic succeeded to the former open debauchery*, and in the dark the evils of the disease were necessarily aggravated. More than that, as has usually been the case when prostitution has been violently and suddenly suppressed, the number of virtuous women became less, and corruption invaded the family circle. Tradesmen complained that since the passage of the ordinance they found it impossible to guard the virtue of their wives and daughters against the enterprises of the military and the students. At last complaints of the evil effects of the ordinance became so general and so pressing that, after a lapse of two years, it was repealed. A new royal decree re-established prostitution under rules, which, though not particularly enlightened and humane, still placed it on a sounder footing than it had occupied before the royal attention had been directed to the subject.\*

Charles IX., in 1560, published an edict prohibiting the opening or keeping of any house of reception for prostitutes in Paris. Here was an instance, it is said, of the actual suppression of the traffic in a large city, but the cure was infinitely worse than the disease, for secret debauchery and seduction took the place of open sin. Society became at last so corrupt that a prominent Huguenot clergyman named Cayet, *advocated the re-opening of the brothels in the interests of public morals*. Twenty-eight years afterwards Henry III. reaffirmed the ordinance established by Charles, and in 1635 the law was made still more rigorous, but it does not appear that the illicit commerce was ever seriously diminished or the interests of morality sensibly advanced.

These French prohibitory laws have a melancholy interest for us, because a wise, paternal government at home (in answer to an urgent request for female emigrants) was enabled, through their provisions, to present the colonists in Canada with wives fresh from the brothel-houses of Paris! The edge is taken off this reflection, however, when we consider that the officials who so considerately furnished the colonials with this class of helpmates were but little better off than their customers; since the adultery and seduction that followed the forced emigration affected in no slight degree the class it was expected to protect, and in many instances penetrated to the families of those who had been guilty of so vile an outrage on the virtue of the

colony. So may wrong ever recoil upon the heads of its perpetrators!

In Spain the profligacy of public morals had at one time reached a height hitherto unprecedented, and this state of affairs has been ascribed almost altogether to legislation of the Draconian kind. The history of suppressive measures in Italy tells the same story. Our word *bagnio*, expressive of a house of ill-fame, originated in efforts to root out brothels and punish their inmates. When driven from their usual haunts, loose women were obliged to frequent places of public resort, so that in a short time every keeper of a *bath* became also a brothel-master.

The laws of Hamburg passed through the several phases of suppression, toleration and regulation, until now they present a fair sample of the manner in which most European cities manage their rakes and harlots.

A local writer, arguing in favor of the laws now in force there, speaks thus of repressive measures, and his assertions undoubtedly apply to all other cities: "*Suppression is absolutely impracticable*, inasmuch as the evil is an unconquerable physical requirement. It would seem as if the zeal against public brothels implied that by their extinction a limitation of sexual intercourse, except in marriage, would be effected. This is erroneous, for reliable details prove that for every hundred brothel women there would be two hundred private prostitutes, and no human power could prevent this."\*

The Puritan Fathers were in the habit of dealing directly and sharply with social shortcomings. Their laws against adultery and fornication were stern and unrelenting. Their policy of repression is well depicted in Nathaniel Hawthorne's "*Scarlet Letter*," and the plot of the novel rests upon an instance of its failure to keep in the straight path a shepherd of the people and one of his flock.

When the mythical deputy of the Duke of Vienna issued a proclamation, dooming all suburban houses of resort, the decree is made the subject of conversation between a clown (whom Shakespeare usually puts forward as a wise man in disguise) and a noted procuress, in this wise:

*Bawd.*—"Why here's a change indeed in the commonwealth! what shall become of me?"

*Clown.*—Come; fear not you: good counsellors lack no clients: though you change your place you need not change your trade; I'll be your tap-

\* History of Prostitution, pp. 95, 96.

\* Sanger on Prostitution, p. 197.

ster still. Courage, there will be pity taken on you: you that worn your eyes almost out in the service, you will be considered."†

And this has been the result of all attempts to eradicate an innate social evil. So long as present conditions obtain among members of human communities, just as long will they give rise to their present results. Driven from the "suburbs," the harlot will ply her trade in the city, and if, after infinite pains, she be banished altogether, we resurrect the twin demons of seduction and adultery to fill her place.

(3) *In the event of prohibition failing to accomplish its object, what measures are most likely to limit the evil of prostitution, and to curtail the misery and disease it engenders?*

Before attempting to furnish a direct answer to this important question it is necessary to deal with the arguments of those who condemn all regulative measures. The *laissez-faire* idea has a great many advocates, and in reference to them some terse sentences from Dr. Beardsley's article will not be out of place:—"The importation of cholera is intercepted, variola aborted, yellow fever vigilantly patrolled, pestilence of any form no longer stalks among us without being hotly chased, but a disease which lacks not a whit the type of a plague, and which, upas-like, infects nation after nation, contributing generously to their charnel-houses, nestles among us and travels on friction wheels. Hundreds are honest, ardent in their researches after some antidote to this virus, but never essay to stop or modify the evil. Prophylaxis against venereal suffering sounds to these but balderdash. To quarantine a syphilitic is passing strange. The experiment is ridiculed as if the evil was self-limited, or repudiated as contending against a dispensation from heaven, to meddle with which was to befriend a crime. The stench of this leprosy already fills our nostrils, but no mettle is sounded in our legislators to face the railings of those who hate truth, and are timid at every revolution. To qualify a wrong is not to endorse it. The health and longevity of the race are paramount to the defence of ethics or rude platitudes in morals. If life is jeopardized, sacrifices are imperative. Individual prejudices, dogmas however dear, the faith of ages, all must unloose their hold when the perpetuation of a perfect spe-

cies is called in question. If the arm of the law is powerless to stay the gratification of our passions, if the admonitions and misfortunes of others do not dissuade us from the same snare, if the whore will ply her vocation, is it criminal to disarm her of her sting? Is it not conniving at the practice to suffer that foul doxy to parade her goods and pollute a neighborhood? The time is nigh when this vapid sentimentalism in religion—this morality which dubs every dissenter from creeds an anti-Christ, and translates the license of prostitution as free love, should be undone. The social evil cannot be remedied without some compromise. It is a monster too huge to be smothered, and we must curry favor with it to lessen its depredations."\*

Mr. Solly, whose reputation as a surgeon is not confined to his native country, at a meeting of the Royal Medico-Chirurgical Society some years ago, gave utterance to sentiments that, more than any other, have inspired the vehement opposition encountered by reformers in their efforts to meet this evil by legislation. Said he:—"Far from considering syphilis an evil I regard it, on the contrary, as a blessing, and believe that it was inflicted by the Almighty to act as a restraint upon the indulgence of evil passions. Could the disease be exterminated, as I hope it cannot, fornication would ride rampant through the land." It is quite within the limits of truth to say that this doctrine is responsible for the barbarous refusal to admit syphilitic patients into the public hospitals of London, not a great while ago, and prevented the erection of special hospitals for a still longer period. It is this same enunciation of the Creator's "intentions" that condemned the use of anaesthetics in midwifery, and like interpretations of God's "will" carried to their legitimate conclusions, have obstructed many a needed reform in social customs.

At one period in its history the Royal Free Hospital magnanimously devoted the whole of 26 (!) beds to diseased prostitutes, but, says the report, "the venereal wards have been for some time untenanted, owing to loss of funds occasioned by the outcry raised against this hospital in one of the medical journals." This issue is now almost a dead one, but, it might be asked, if we follow out Mr. Solly's argument, is not pneumonia a disease inflicted by the Deity upon the indulgence

† "Measure for Measure," Act 1, Scene 2.

\* "Chartered Brothels," *New Orleans Med. and Surg. Journal* for Sept., 1880.

in thin slippers and low-necked dresses? Are not typhoid fever and diphtheria penalties imposed by God on civic uncleanness? Are we justified then, in view of the fact that it is hardly possible to do away with their causes, in trying to cure these serious troubles? Rejecting the theory that syphilis was imported from the newly-discovered American continent by Columbus, we may suppose it first showed itself in Europe about the beginning of the fifteenth century. How, then, did the Lord punish licentious Europeans before that time? What penalty paid the worshippers at the shrine of Venus Mucheria, or of that beastly old god Priapus? If Mr. Solly's followers declare their intention of going into mourning were a drug discovered capable of ensuring illicit intercourse without the dread consequences of syphilis, surely their grief would find some solace in the knowledge that it would no longer be possible to hand that awful disease down to the third and fourth generation; that innocent children could no longer be made to suffer for the wrong of a diseased father or mother.

Another fallacy contained in this so-called argument is that the fear of acquiring venereal disease acts as a check upon the wrongful indulgence in the amatory passion. That this is a grave error the experience of most physicians will prove. The man who commits any offence against his physical or moral nature is either careless of the consequences, or he hopes to be one of the fortunate few who escape contamination.

But in discussing this matter are we not introducing into a question purely scientific an element essentially religious? What has Hygiene to do with "a monstrous outrage on religion"? How does this "rupture of moral law" affect Sanitary Science? Theological dogmas and problems in science may run in parallel lines, but any attempt to make them intersect should be cried down. Without dismissing the subject, as some writers have done, with the assertion that in any conflict between Religion and Science the former must go to the wall, it might here be mentioned that a way out of the difficulty has been indicated by no less an authority than the Anglican Bishop of Carlisle. Writing in a late review his Lordship says: "It seems to me we want a new word to express the fact that all physical science, properly so-called, is compelled by its very nature to take no account of the being of God: as soon as it does this, it trenches upon theology, and ceases to be physical

science. If I might coin a word, I should say that science is *atheous* and therefore could not be *atheistic*; that is to say, its investigations and reasonings are by agreement conversant simply with observed facts and conclusions drawn from them, and in this sense it is *atheous* or without recognition of God. And because it is so, it cannot trench upon *theism* or *theology*, and cannot be *atheistic*, or in the condition of denying the existence of God."\*

The melancholy fact (following the foregoing line of thought) in Sanitary Science is that a widespread and terrible contagious disease is in our midst, and the conclusion we draw from a careful investigation of its nature is that it is possible by taking certain precautions, to prevent to a very considerable degree, the extension of the malady; consequently objections born of theological dogmas or religious creeds must not be allowed to have weight in determining either the amount, kind or extent of these prophylactic measures. Sanitary science, as such, is necessarily beyond the pale of religious faith, as such.

Living in a country where the policy of *laissez-faire* holds sway, one is forcibly reminded, in reading of the occasional descents by the police upon houses of ill-repute, of the story told of an old gentleman who endeavored to ward off diphtheria from his household, by disinfecting the sewer that ran past his residence. Every morning before proceeding down town he gravely carried a piece of chlorinated lime to the street ventilator, and, holding his nose with the disengaged hand, dropped the germ-destroying morsel into the filthy waters beneath. This solemn duty performed, he felt himself and his family quite safe for the following twenty-four hours. No doubt a similar feeling animates the authorities when they make one of their periodical raids upon the inmates of brothels that are not subject to further regulation. With some slight and unimportant modifications Beardsey's description of the spasmodic repressive method in vogue within the limits of the city of New Orleans will apply to the action of the police in Montreal:—"There is no determined nor concentrated movement against brothels as against a nest of counterfeiters. Now and then a raid is made on some disorderly house after the neighbors have become exasperated, and de-

\* "God and Nature," Nineteenth Century for March, 1880.

manded sternly an abatement of the nuisance. These descents are limited—four a month is about the average. In the interval the traffic flourishes and loses nothing by the interruption. As the time approaches for another sally, for they come with mathematical regularity, the proprietor with the girls, if cunning, prepares to vacate the premises only to return as soon as the official intruders have quit. If a few mopes are nabbed, one dollar and costs the next morning purchases a reprieve, and they at once steer straight for the same den to greet their comrades in arms. It is another commentary on our police system that these houses are not, after the arrest, shut up and the property confiscated. The business is tacitly recognized as contraband, else the storming of the place is not justifiable. The intent of the law seems gratified, however, if only the tenants are ousted. The building is not cleared, as it ought to be, of its appointments, and its character publicly arraigned—the owner is not fined nor imprisoned for his conniving at the business. No ordinance directs the rent to be forfeited—nor are bonds set to the landlord for the healthy use of the property thereafter. The machinery of the concern is not disabled, it is merely stopped for a few days.\* The high-level purist does not believe in either digging up or pruning the social Upas tree; he would occasionally pick off, here and there, a few green leaves, or at most restrain a too flourishing branch. This policy of indifference has been tried again and again, and each time it has been found wanting. Indeed it is based on the assumption that we are powerless to deal with the social evil, and consequently it would be idle to attempt it.

Turning from those who deny the right of governments to interfere with prostitution because such interference involves its “recognition”; from those who are governed by ignorant apathy, and from those who would institute a vigorous crusade without quarter against all kinds of brothels and brothel-keepers, we are led to enquire what means, if any, are likely to restrain prostitution and limit its attendant diseases.

When we recollect that most European cities, Paris, Vienna, Madrid, Hamburg, Berlin, Brussels, etc., have instituted systems of regulating the inmates of *les maisons de dames*, and that for certain

military and naval towns of Great Britain an Act was passed (The Contagious Diseases Act, 1866) with the same object, we have abundant legislation to choose from. The French laws (representing continental legislation) and the provisions of the Contagious Diseases Act may first be considered, their good and bad points referred to, and then an attempt will be made to show that, with some material modifications in the direction of allowing prostitutes greater freedom of action than is possible under the latter law, a Bill might be framed applicable to Canadian cities, or, at all personals, more consonant with Canadian ideas of liberty.

In Paris *le Bureau des Mœurs* has charge of all prostitutes within the city. This office employs a body of police which in 1870 comprised twenty-four inspectors and three superior officers. This service is altogether charged with searching for those connected with clandestine prostitution (*prostituées insoumises*). There is a sanitary department attached to the *bureau* which superintends the health of the women, and for this purpose employs ten superior and ten assistant surgeons, who examine all prostitutes subject to police surveillance. All women found diseased are at once sent to the St. Lazare Hospital, where they are detained until cured. They are then allowed to resume their occupation, subject to certain regulations. All courtesans over sixteen years of age are registered at the *Bureau des Mœurs*, and are divided into two classes; 1st. *filles des maisons*, who live in houses of ill-fame and are subject to weekly examination at their résidences; 2nd, *filles à carte* or *isolées*, who occupy furnished houses by themselves, and are obliged to present themselves at the Dispensary for medical inspection every fifteen days. Each of the latter class carries a *carte* or “bill of health,” dated and signed by the surgeon who examines her. On the back of the *carte* are printed certain regulations to which she is ordered to conform. These orders refer to her conduct in public, forbidding her to ply her trade in daytime or after 11 p.m. She must be simply dressed, walk quietly along, and she cannot approach within a radius of 25 yards any church, chapel, the Palais Royal, Jardin des Plantes, etc. It is needless to say that clandestine strumpets resort to all sorts of artifices to elude the police, and the registered prostitutes evade, by all means in their power, the regulations intended to control their conduct.

\* *New Orleans Med. and Surg. Journal* vol. viii, pp. 203, 204.

of the French laws against "those who abuse a girl not yet arrived at the age of discretion, and the severe punishment inflicted on those who promote this premature debauchery," shows how this severity makes it difficult to bring home the crimes to their perpetrators on account of the secrecy employed, and hence he says "these young persons are the greatest destroyers of public morals and health.\* That is to say, the law does not recognize prostitutes under sixteen, so they are all the more sought after.

It will at once be seen that French laws are too tyrannical, too costly and too elaborate to introduce into Canada. Here, as long as she behaves herself decently, a prostitute has as good a right to walk during daylight on the public streets, to go to church, to attend the theatre, and dine at hotels as any other woman, and nothing would justify her forcible removal from any of these places on mere suspicion of her being there for the purpose of plying her trade. Again to hunt up clandestine women involves an arbitrary search of private houses which public opinion would not tolerate. That there is something radically wrong in the system is proved by the acknowledged fact that out of the 30,000 loose women in Paris in 1870 only 4,000 were registered and subject to sanitary inspection, and this in spite of a strict application of the almost despotic powers possessed by the police. Notwithstanding this, hygienic measures have wonderfully reduced syphilis among the registered prostitutes, as may be seen by the following table,\* in which is given the proportion of diseased to healthy women among both the registered class and the clandestines captured by the police.

A similar proportionate reduction has likewise been effected in other continental cities, but, as will be seen by the above table, the dislike of forced imprisonment in St. Lazare has had the effect of making unregistered harlots hide their diseases more than ever, bringing about a frightful condition of things among that class. The proportion of syphilitic to healthy women increased from 1 in 6.40 in 1845 to 1 in 4.26 in 1854 and in 1866 it had risen to one in every four.

The Contagious Diseases Act in some points resembles the French laws. Of course it was limited to certain naval and military stations with their suburbs.

One feature of these enactments provides that all prostitutes shall be registered and regularly inspected, and that when information is made on oath that a woman is a common prostitute a justice may issue a notice to such woman, through the superintendent of police, to appear for surgical examination. Certified Lock hospitals are provided for her if she is discovered to be ill. It proposes a heavy penalty on any brothel-keeper who harbors a prostitute knowing her to be diseased. Health tickets are issued to prostitutes; they are punished for evasion of the inspection, and the hospitals are supported by fines and taxes on the business. These provisions, after much opposition were passed by Parliament, and many were in favor of extending them to the civil population.

Mr. Wm. Acton, in his exhaustive work,\* writes that he considers it very desirable that the Diseases Act should be made general, and a very high authority, Dr. Parkes, says, "The Act at these large stations has done great good; but, as framed and administered, it is far too feebly drawn, and too partially carried out, to cope entirely with the evil. The prostitutes are not thoroughly under inspection; many are not inspected at all; neighboring towns send in prostitutes; hospital accommodation is insufficient;—it is clear that the evil is too great to be dealt with piecemeal; it is inevitable but that the Act must eventually be made compulsory over the whole country, and the entire system of prostitution dealt with carefully and completely once for all."†

The agitation for repeal of the Contagious Dis-

Year.	Registered Prostitutes in brothels inside of the walls.	Ditto in the suburbs.	Ditto in private lodging.	Unregistered prostitutes.
1845	I in 142	I in 59	I in 261	I in 6.40
1846	I in 152	I in 53	I in 183	I in 6.37
1847	I in 154	I in 52	I in 351	I in 6.46
1848	I in 126	I in 37	I in 182	I in 5.66
1849	I in 128	I in 44	I in 201	I in 5.76
1850	I in 148	I in 47	I in 142	I in 5.31
1851	I in 199	I in 60	I in 180	I in 5.47
1852	I in 184	I in 76	I in 349	I in 5.64
1853	I in 183	I in 123	I in 402	I in 5.12
1854	I in 176	I in 102	I in 377	I in 4.26

\* De la prostitution dans la ville de Paris, 1857.

† Manual of Practical Hygiene, page 503.

\* American edition of Westminster Review, vol. xciii. 77.

\* Prostitution considered in its Moral, Social and Sanitary Aspects. Third Edition.

eases Act has brought out all sorts of objections to it, some of which appear quite valid and still more of them absurd. Dr. Birkbeck Nevins, of Liverpool, has written one of the few pamphlets against the Act that are worth perusal.‡ Besides the evidence collected by Dr. Nevins and others, the editor of the *Westminster Review* has bravely laid aside those feelings of false delicacy which had hitherto prevented the Press from arousing and instructing the people concerning the extent and malign influence of the social evil; and in a number of articles and reviews furnishes his readers with unanswerable arguments against the extension of the Act of 1866, and its amendments in 1869.

Without attempting to particularize the evidence furnished by these writers the chief points may be briefly indicated as follows: (1) Such acts legislate for man, but treat woman as if she were only an instrument to satisfy his evil passions, and they subject her to a moral degradation below that of ordinary prostitutes not subject to the enactments. (2) The law compels women to commit themselves absolutely to a life of infamy, whereas before they had it in their power to turn back and reform. There is always a class (in some places a large class) of females who are driven to adopt prostitution temporarily as a means of gaining a livelihood or to support others dependent upon them. These unfortunates, if they wisely keep their own counsel, may resume their ordinary position in society; but never if they are forced to register themselves and become public prostitutes. (3) The enforced examination by a public officer wipes out any sense of modesty or delicacy they may have retained, and confirms them in a life of prostitution. (4) The whole system places serious obstacles in the way of attempts to reform the erring ones. When in hospital they naturally regard any advice or instruction as a part of the compulsory programme. They are bound to listen to it, and for that reason derive little benefit from it. (6) It is impossible to carry out the provisions of the acts in large cities, when conveniences for clandestine prostitution are so many and so varied. (7) It is asserted that "in towns where registration and forced examination are introduced the effect upon the morals of the rising generation is exceedingly injurious."\*

‡ Statements of the Grounds upon which the Contagious Diseases Acts are Opposed, 1875.

\* Report of Royal Commission on Contagious Diseases Act.

How to avoid the evil effects of governmental regulation, and yet do something towards lessening the diseases arising from the social evil, is the question that must not be considered.

To begin with, the seduction by a man come to years of discretion of a girl under sixteen years of age with or without her consent, should be made a crime and severely punished. There may be some excuse urged for the satisfaction of the sexual passion when the female is of age and already a prostitute—it may be that "prostitution in man is an irregular indulgence in a natural impulse," as the Royal Commissioners have put it, but to take advantage of the ignorance and inexperience of a mere child is inexcusable, and the offender should be rigorously dealt with. Such a law would strike at the root of one of the most fruitful sources of subsequent prostitution.

Then "Homes" for the reception of women reclaimable by such an agency ought to be provided, and above all, *voluntary lock hospitals should be established*, where diseased females could be properly treated and cared for, and women should be encouraged to enter them without being forced to do so.

The absence of opportunities for adequate treatment has always been one of the reasons why unclean prostitutes persist in their career after becoming diseased. In hospitals of this kind the patient should be surrounded by all the moral, intellectual and sanitary influences that would tend to elevate her from her degraded position, and perhaps induce her to abandon her evil courses.

The wards should be graded, so as not to confine in the same room the hardened prostitute with the girl who is new in crime and comparatively redeemable. For other reasons this gradation is necessary. To quote Parent-Duchatelet [*op. cit.*]: "It is difficult to convey an idea of the contempt which, according to the class to which she belongs, each woman manifests for those of the other classes. Those women who associate with men of wealth or of high position look only with disdain upon women as are only sought after by men of merely ordinary fortune. Women of this class, again, contemn, in like manner, the unhappy creature who only appears in the rags of the most disgusting misery. This distinction which prostitutes establish among themselves is avowed by all, and is specially remarkable when circumstances cause them to meet each other at the same place; they

avoid each other; they do not sit down on the same seat; they form isolated groups, and do not mix together in conversation. It may be said generally that these classes do not intermingling; that is to say, the girls do not pass imperceptibly from one class to another, and successively from the highest to the lowest; they remain till the end in that class in which they began their career, or out of which they have been unable to go; and thus it is that very beautiful girls may be seen to begin and end their life of prostitution in the most infamous places. Each of these localities being frequented by a particular class of men, the woman there acquire a tone, habits and manners, the result of which is that the girl destined for the artisan, the laborer and the mason finds herself misplaced with the officer, and is devoid of the necessary attractions for the latter. The same is true with respect to the woman who has contracted the habit of living with the educated and elevated classes of society: she shrinks from associating with coarse, vulgar people, who themselves are unable to appreciate the qualities which distinguish her. This rule may be considered general. A girl who makes her *début* in one class would believe herself to be losing caste in leaving the class she occupies for one immediately below it. This is partly the reason why so many girls withdraw themselves from prostitution a short time after they have entered upon it."

As these hospitals are essentially charitable institutions there is no reason why the inmates should not pay a weekly sum proportionate to the kind of accommodation received and the patient's ability to pay. It is extremely important that the nurses and medical officers should be especially respectful, kind and gentle. On this point the philosophic Duchatelet is very decided. "Experience," he says, "has proved the utility, indeed the necessity, that the medical officers should observe great gentleness, both in their speech and procedure; prostitutes overwhelmed with humiliation, treated with the utmost disdain, and feeling acutely their abjection, know how to appreciate a method of treatment less rude, and feel grateful for the kindly feeling it indicates. \* \* \* \* \* This gentleness, far removed from familiarity, and which is not incompatible with the reserve, gravity, and dignity which indeed it is necessary to emphasize under the circumstances, enables the physicians to command the respect and deference which are due to them, and which the women are eager to render."

Such a hospital should be overlooked by a matron of tried skill, and she should have under her nurses upon whom the greatest reliance could be placed. These officials should have full charge of the sanitary and moral regulations of the institution.

The medical staff should have charge of the medical department; and should advise with a committee of management when required. From these remarks it will be seen that we contend for a hospital supported principally by public charity and certain fees (the source of which will be hereafter referred to), because anything like governmental regulations of the internal economy of such an institution should be avoided, if possible.

The charitable contributions of the community to aid in the support of these hospitals will be all the more readily forthcoming when it is understood that the cure of disease and the alleviation of suffering are their main objects, and not the rendering of fallen women fit to co-habit with male prostitutes. Carried out in a proper spirit, such refuges for diseased females would effect a vast amount of good.

The work of social and moral regeneration might be carried on with an effect impossible in lock hospitals under the regulations that obtain under the Contagious Diseases Act. Dr. Nevins gives the following significant extract from the Metropolitan Police Report of 1874:—"Women come from unprotected districts, and insist on signing the voluntary submission form, in order that their names may be placed on the register, and that by this means they may gain admission into hospital."\* How much more readily would diseased unfortunates seek a shelter where they would meet with sympathy, where they would not be looked upon with disdain, and where they would be assisted to recover their lost place in society, than if they had to incur the degradation and penal consequences of registration.

But there is another side to the story, which justice and the public health demand should receive attention. A diseased prostitute, whatever else she may be, is a local centre of contagion and a dangerous member of society; and means should be taken to prevent her from spreading the disorder from which she suffers should she persist in doing so. When a woman has a venereal disease, and in that condition knowingly gives it to others, it behoves the authorities to step in and, if possible,

\* Capt. Haris's Report, see sect. 10, par. 7.

prevent the infection. The same arguments that justify removal to civic hospitals of cases of small-pox and cholera apply to syphilis and gonorrhoea.

In the interests of the public health such cases should be isolated. It has been suggested that physicians should have power to communicate to the chief of police the names of those prostitutes from whom any of their patients has contracted disease. The medical man should satisfy himself that the patient is in a position to state positively when, where, and from whom, he caught the contagion, and that the female is in the habit of distributing her favors promiscuously or for money. Where there is any doubt about the last two points the suspected woman should have the benefit of it, but in the majority of instances the police would be able to settle the question satisfactorily. Having satisfied himself on these points the Chief should have power to serve a notice on the woman to forward to him, within 24 hours, a certificate from a regular practitioner of her being in a healthy state, or else, if she be a common prostitute to present herself at the hospital for treatment. In the case of those who are not "common" in the ordinary acceptance of the term, *i.e.*, who do not practice their trade openly, and do not live in brothels, it would be justifiable to accept a certificate from a regular practitioner that the woman is under treatment by him, and that he would use every means in his power to prevent her from co-habiting until she recovered. In this way (for all these proceedings would be kept secret, and neither the name of the male sufferer nor of the female patient would be divulged) scandal would be prevented in the case of occasional and otherwise "respectable" females.

For the other class, those who are generally recognised strumpets, neglect or refusal to furnish a proper certificate, or to undergo treatment of disease, would justify their arrest and forcible detention in special wards of the hospital for a time discretionary with the officials in charge. Action of this kind would encourage the voluntary system and leave coercion as a *dernier ressort*. It would incite women to apply for treatment at once, and not wait until they were compelled to quarantine themselves by the strong arm of the law. It would respect the respectable, but punish the guilty. Voluntary patients might be allowed to leave the hospital when they desired, but they should be warned that any attempt to return to

their trade until fully cured would involve their semi-imprisonment in the "coercion" wards of the hospital, and cut them off from all the privileges of the voluntary side. Examinations should be made voluntary in a Dispensary attached to the hospital, and a small fee (in Hamburg, where the regulation system is in vogue, it is only a mark) should be charged. As soon as the intention of periodical examinations was known they would begin to be appreciated and, in time, the great majority of the prostitutes in the city would be likely to present themselves for medical inspection. A larger fee might be charged for attending the prostitutes at their houses. Certificates of good health might be issued if asked for by the women, but it must be understood that they are not considered necessary. It would, of course, be out of the question to admit students to any part of the hospital except to the coercion wards. This portion of the institution, being in some sense a city house of correction, would have a good claim for civic support, and in that case might be overlooked by a local inspector. In the event of a hardened sinner persisting in spreading venereal diseases instead of applying to hospital for relief, and necessitating repeated arrests, it would be justifiable to have her registered and examined by the medical officer not less frequently than once a week. This would be a greater punishment to her, in view of the treatment of her other sisters in vice, than imprisonment.

To complete these suggested regulations it ought to be made possible for an inmate of a house of ill-fame to abandon her life of infamy free of any claim for board, liquors, clothes, etc., the brothel-keeper may have upon her. It is, of course, to the interest of procurers and keepers to exert as great an influence upon their stock-in-trade as possible, and for this purpose many of them try to keep the girls in debt, so that they are compelled to continue in their old ways. It would be a good idea, also, to subject brothel-keepers to a heavy fine, if it be proved that they allow any of their women to remain in their houses after becoming diseased. The proceeds of such fines would go to defray the expenses of the hospital. The advantages of the measures above specified recommend themselves, because: (1) the legislation involved is not a one-sided treatment of woman as if she were made for man simply to gratify his lust upon; (2) they leave a way open to those erring ones who desire to reform;

(3) women are not compelled, except as a last resort, to undergo a degrading periodical examination by public officers; (4) the system does not condemn to a life of hopeless infamy those who err temporarily, or who are seduced by designing men; (5) they provide for clandestine prostitution; (6) they are voluntary to a very great degree, and attempt to do by kindness what coercion has, over and over again, failed to accomplish; and, lastly, (7) they do not violate the sanctity of private houses, as the system of forced registration is sure to do.

An enumeration of the benefits to be derived from Magdalen hospitals would not be complete without a reference to that noble band of religious women belonging to the order of *les Sœurs de la Compassion* who have charge of *l'hôpital de Lourcine* in Paris. These devoted women have caught the true significance of Christ's teaching when He stepped in between the woman taken in adultery and her accusers, the stern Scribes and Pharisees, and rebuked them for their self-righteousness:—

"Woman where are those thine accusers? Hath no man condemned thee? She said, No man, Lord. And Jesus said unto her, Neither do I condemn thee: go, and sin no more." \* And these considerations bring us back to the old question, When shall we see prostitution itself abolished? and while the discouraging and too ready reply is, not while society exists in its present state, one is inclined to believe that a great deal of the difficulty arises from the unjust and despicable manner in which society treats women who lose their virtue from any cause. A man sins, and social custom either excuses or forgives the transgression. A woman goes astray, and every avenue of hope is at once closed against her. The escapades of the rake bear such social interpretations as "sowing his wild oats," "young men will be young men," and so on; but upon the temple of the harlot's shame, as over the portals of Dante's *Inferno* is carved the dead anaglyph:—"All ye abandon hope who enter here." If society expects to abolish prostitution it must first insist upon meting out the same measure of condemnation to both sexes for offences committed by either,

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## Progress of Science.

### ON TYPHOID FEVER, ESPECIALLY WITH REFERENCE TO PROGNOSIS.

*Delivered at the Hospital of the University of Pennsylvania.*

BY WILLIAM PEPPER, M.D., LL.D.,

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GENTLEMEN,—The patient before you to-day was admitted to the hospital seven days ago. We could obtain no definite history, but, as far as could be learned, the man had been sick for two weeks before admission, with delirium, continuous fever, hemorrhage from the bowels, and, for a day or two before he came in, with cough and rapid respirations. From this account it is probable that he was admitted at the beginning of the third week of an attack of typhoid fever complicated with pneumonia. The course of the case during the past week is indicated by the following notes:

January 3 (day of admission). There were no evidences of blood in the discharges from the bowel. The face was flushed, the tongue was dry and coated, and there were sordes on the teeth.

Jan. 4. Had some delirium; belly moderately distended; several spots of typhoid-fever eruption were detected. There were several liquid stools, dark yellow in color. Shortly after admission the temperature was  $103.4^{\circ}$ . After this the temperature fell and continued to diminish until two days ago.

January 6. More delirious, plucking at the bedclothes. Temperature not so high. Dulness over the right lower lobe of the lung posteriorly, and over the dull region the characteristic crepitant râles are heard. There is retention of urine, it being necessary to use the catheter. Temperature between  $101^{\circ}$  and  $102^{\circ}$ .

January 7. Still further fall of temperature. The dulness over the posterior portion of the chest is extending upward, having now reached the third rib. The restlessness, delirium, and plucking at the bedclothing have continued.

These symptoms continued through the 8th, but during the night of the 8th the temperature began to rise, and yesterday morning (the 9th) it stood at  $101^{\circ}$ . Last night it was  $102.5^{\circ}$  and it is the same this morning, so that there has evidently been a renewal of the fever.

The treatment has been one of active stimulation. He has taken as much milk as we could get him to use, giving it in comparatively small quantities, repeated every hour or hour and a half with a small quantity of whiskey, so that he has averaged one ounce of whiskey every two hours since admission. In addition he has taken turpentine. I would mention that, since admission, the bowels have been open only once each day, with the exception of one day during which there were four stools, and again, three days ago, when twenty-

\*John viii. 10, 11.

four hours passed without any stool. He has borne the turpentine mixture very well. For the excessive restlessness which he has presented he was last night given nine grains of musk.

We find our patient, then, this morning, at the beginning of the fourth week of the attack, delirious, with from time to time rolling of the head, with very little intelligence, with the mouth partly open and the teeth and lips coated with dry sordes. These sordes are nothing but the foul secretions of the mouth dried by the passage of the air over them. When a patient with typhoid fever has no obstruction of the nostrils, and retains sufficient intelligence to breathe through them, and keeps this up during sleep, sordes do not form so much; but when the patient sinks into a typhoid state, with dulness of mind, breathing is carried on through the mouth, and the secretions are rapidly dried and form crusts. This is largely owing to the fact that, as a result of the high temperature and the perverted state of the secretions, all the buccal secretions are thick and viscid, and readily dry, with the formation of crusts.

When told to protrude the tongue, he does so better than he did a few days ago. It is coated with a grayish-brown fur. As I have already stated, the temperature this morning is  $102.5^{\circ}$ . The pulse is very small, compressible, and  $140$  per minute. The temperature is well kept up; the hands and feet are warm. For the last day or two the distention of the abdomen has been very great, and in order to remove this tympanitic condition, turpentine stapes have been used every couple of hours during the night, and this morning the distention is somewhat reduced.

I shall not disturb him to demonstrate the sign of pneumonia. The dulness, however, does not extend anteriorly, and over the front of both lungs auscultation reveals the presence of vesicular murmur mixed with coarse râles, chiefly bronchial, showing that there is considerable bronchial irritation of both lungs, with consolidation of the posterior portion of the right lung.

This case illustrates the difficulties attending the treatment of typhoid fever in hospital practice. This man, having received no medical care, no proper nursing, and improperly fed, was admitted to the hospital at the end of the second week, by which time his vital powers had been exhausted and his digestion totally broken down, with diarrhoea of from four to six loose stools daily, which had been allowed to continue; and, worse than all, with a pneumonia which very likely developed on account of his want of treatment. The late period at which he comes under treatment, the gravity of the nervous and abdominal symptoms, and the grave complication of pneumonia which he presents, make the prognosis unfavorable, and I expect this man to die. At the same time, the decrease in temperature which has taken place during the past four or five days until night before last, the subsidence of the diarrhoea, and the absence of vomiting, are favorable symptoms, and hold out a

hope of his pulling through. The great danger is that the weakness of the heart, which has resulted from want of proper care and proper sustenance, is such that it will be unable to stand the strain, and that we shall have symptoms of heart failure, increasing pulmonary engorgement, disturbed capillary circulation, deepening stupor, and death. Forty-eight hours will settle the question.

The complications of typhoid fever may be divided into the nervous, the abdominal, and the pulmonary. It is curious how different cases will present these complications in different degrees of severity. Scarcely ever will they be found equally well marked. As a rule, when the nervous symptoms are marked the abdominal are not. The combination of marked nervous and pulmonary symptoms is more common. In some of the worst cases of the abdominal complications of typhoid fever, such as copious and intractable diarrhoea, hemorrhage, and great distention of the abdomen, the brain is perfectly clear. In the present case the abdominal symptoms seem to have been marked in the early stage. The man had more or less diarrhoea; but this may have been due to want of proper care, for as soon as he came under proper treatment the diarrhoea ceased, and now he has but one stool a day. We estimate the gravity of an attack of typhoid fever, in the first place, by the range of temperature. If the temperature is not above  $104^{\circ}$  it is not an unfavorable sign. If it reaches  $105^{\circ}$  but does not remain at that point, it is not serious. Anything above  $105^{\circ}$  we term hyperpyrexia, and this is a dangerous sign, particularly if the temperature remain almost continuously, day and night, above  $105^{\circ}$ . When, however, as in the present case, the temperature ranges between  $101^{\circ}$  and  $104^{\circ}$ , and does not exceed this latter point, it does not become a source of much added danger. In children and in sensitive women a temperature of  $105^{\circ}$  is often reached and maintained for some time without serious danger. It is important to recognise this fact, for it will save the necessity of resorting to powerful measures to reduce the temperature. Far too much importance—or, rather, far too exclusive importance—is now a days attached to the study of the temperature in febrile diseases. It is important, and should be carefully watched, for it aids both in prognosis and in treatment; but the ease with which thermometric observations are made, their accuracy as contrasted with the manner in which many other symptoms have to be studied, and the certainty which they seem to give in studying the course of the case, are apt to divert our attention to too high a degree from the study of the pulse, the nervous system, and the digestive organs; whereas, as a matter of fact, the temperature in many cases is less important than information drawn from the other points to which I have referred. Particularly I am sure that we allow our treatment to be governed too exclusively by this question of temperature, and are too prone to resort to powerful antipyretics, which sometimes are depressing, irritating, and disturbing. Many cases

of typhoid fever do perfectly well without severe antipyretic treatment, even though the temperature be high. It is only when the nervous symptoms and the condition of the heart indicate that the high temperature, in the absence of other complications which would account for the symptoms, is acting as a disturbing element on the brain and the heart that it calls for active treatment. Then we should resort to any plan of antipyretic treatment which is efficient, as large doses of quinine or the external use of water. So long as the high temperature is maintained without manifest injury being inflicted on the brain or the heart, it is better to avoid powerful antipyretic measures and to allow the case to run its normal course. This is particularly applicable where there are complications which are of themselves sufficient to maintain the high temperature and account for a certain amount of nervous irritation. Under such circumstances these powerful remedies often do more harm than good.

Among the indications to be considered in the prognosis I have mentioned the heart and the pulse. This is exceedingly important. I think that the study of the sounds of the heart—of the strength of the muscular or first sounds of the heart, the strength of the impulse, the way in which the artery fills at the wrist, how it resists pressure, the quality of the beat, the frequency of it, and its regularity—is of the first importance in the prognosis of typhoid fever and as a guide to treatment, particularly in regard to the important question of the administration of stimulants. You have a patient with a dry, brown tongue and marked nervous symptoms. It may be difficult to decide whether he needs remedies of a sedative character, and perhaps counter-irritation, to quiet the nervous restlessness and draw the excitability from the nerve-centres, or whether he requires stimulation to raise the tone of the circulation and cause a healthier tone of action in the nerve-centres, and thus bring about a secondary quieting or sedative effect. The best test of this is the action of the pulse and the influence of stimulants on the pulse. In a case where the pulse is from 120 to 140 per minute, very compressible, so that it collapses under the slightest pressure, with an exceedingly weak first sound, so that it assumes almost a valvular character, stimulants may be given freely; and, under their use, as a rule, the temperature will fall, dryness of the mouth will lessen, and the nervous symptoms will improve. These results indicate that the stimulants are doing good, and encourage us to continue or to increase them.

This man needs free stimulation, and if he can stand one ounce of whiskey every hour we will not hesitate to give it to him through the next two or three days, to tide him over this crisis, for unless the heart is kept up I fear that he will die in the way which I have mentioned.

Symptoms referable to the abdominal organs afford some help in prognosis, but they are not as reliable as the evidence presented by the tempera-

ture and the circulation. The amount of diarrhoea which the man has had has not been very serious, but yet I think that diarrhoea in typhoid fever is not a good thing. I do not regard it as an evidence of the efforts of nature to eliminate the poison from the system. On the contrary, it is to me an evidence of active disease in the intestinal canal of imperfect digestion of the food taken, of the presence in the intestines of putrid, irritating secretions. It is undoubtedly better that such irritating secretions should be discharged than that they should be locked up in the bowel to undergo putrefaction and probably furnish fresh poison to be absorbed. If, however, by regulated diet, by the avoidance of irritating remedies from the earliest moment that typhoid fever is suspected, and by the use of remedies suitable for the disease of the glands which is certainly going to develop, we can render the matters which enter the intestine so easily digestible and assimilable that they will not putrefy, we may keep the secretions in a less putrid state, and thus diminish the diarrhoea. I think that the early treatment of a case of typhoid fever has more to do with the state of the bowel than anything else. It frequently happens that when a patient presents himself to a physician in the early stage of typhoid fever he is given a laxative, with the idea that he is suffering from a slight catarrhal attack from irritating matter. As you know, one of the diagnostic signs in the early stage of typhoid fever is the remarkable effect from a laxative. It will produce several loose stools; and when the physician sees this his attention is directed to the possibility of the case being one of typhoid fever. But I do not know that much is gained by this therapeutic test. Suppose the case were only one of catarrh of the intestine, allowing the bowels to remain quiet would prolong the case only twelve or twenty-four hours, the irritating matters would be discharged, and the patient would have taken nothing to increase the trouble; but if the case is going to be one of typhoid fever, the patient has on the brink of ulceration a number of glands throughout the intestinal canal, and then I think that even the mildest laxative is undesirable and may be directly harmful. I have no doubt that many cases of typhoid fever have this intestinal element, and are made serious by injudicious management during the first forty-eight hours. What is wanted is absolute rest, absolute diet, and absolute avoidance of direct medication until the disease indicates what it probably is going to be. When diarrhoea is present, it is to be checked, not by the use of opiates to lock up the bowel, but by reducing the food taken until we obtain that which can be absorbed. The ordinary principles of alimentation are as true in typhoid fever as they are in health. It is not that which is put in the stomach that does good, but it is that which the stomach is able to absorb and appropriate and put in such a condition that when it enters the intestinal canal it shall be readily absorbed. It is useless to pour three ounces

of milk one hour and three ounces of beef-tea the next hour into a patient who is not really absorbing more than half an ounce in the twenty-four hours. The more food is given under these circumstances, the more is digestion deranged. Fermentation takes place, and the abdomen is greatly distended from the accumulation of gas. I should try to check the diarrhoea by reducing the diet to a point where the patient is able to assimilate it, by the use of remedies directed to heal the irritated mucous membrane, and by the use of opiates only in small quantities. Opiates to check the diarrhoea of typhoid fever usually do as much if not more harm than good. A continuance of diarrhoea is often well borne, particularly if the stools come from the lower bowel as a result of the discharge from the ulcers, and do not come from want of absorption of the nourishment which is taken. If they are not associated with great tympanitic distention of the belly, or with marked failure of the pulse, or with severe nervous symptoms, a certain number of loose stools may be borne without particular harm. When, however, there is continued diarrhoea, with frequent copious stools, particularly if discharged unconsciously, with distention of the abdomen, showing that the intestinal muscles and the muscles of the abdominal walls are paralyzed, the prognosis is extremely bad, for such diarrhoea is apt to prove uncontrollable.

Another symptom referable to the abdominal condition of the intestines is hemorrhage. Hemorrhage from the bowel often occurs as a hemorrhoidal discharge and means nothing serious. Slight hemorrhages occurring early are not of evil omen, and hemorrhages occurring at the time that the sloughs are cast off may not be serious; but where the bleeding is frequently repeated and the amount lost is large, and where it is associated with diarrhoea and great tympanitic distention of the abdomen, it indicates such prostration of vitality and such dyscrasias of the blood as to render the prognosis very unfavorable.

The tympanites which this man has had amounted to a serious trouble; and sometimes the tympanitic distention goes so far as to constitute an important element in the prognosis. It indicates, in the first place, a paralytic state of the muscles of the abdominal walls; and in the second place it indicates fermentation of the ingesta and deficient digestion and absorption. This distention, by its pressure upward, causes marked interference with respiration and adds greatly to the effects of any pulmonary trouble which may co-exist. Distention of the abdomen in typhoid fever should be studied in this way so as to be traced to its proper cause. If it is the result of muscular debility, it will be helped by stimulating applications. Strychnia is particularly useful in these cases. If it is the result of fermentation of the ingesta, it may often be diminished by peptonizing the food and by the internal use of carbolic acid and creasote, which will lessen fermentation.

Where the accumulation of gases interferes with the action of the diaphragm, an attempt should be made to draw off the gases by a rectal tube. This operation usually has to be repeated, and I have even been forced to puncture the abdominal wall with a hypodermic needle to draw the gases from the intestine; and I have seen patients recover where I have had to do this on several successive days on account of interference with respiration. As a rule, however, when it comes to this point death follows.

I shall add to the large amount of alcohol which this man is taking one-fortieth of a grain of strychnia four times a day. This will be dissolved in weak alcohol and water and thrown under the skin of the abdomen.

The pulmonary symptoms of typhoid fever afford very important elements in prognosis. We should never let a day pass without examining the lungs and heart of our typhoid-fever patients. A certain amount of bronchial irritation is an almost constant element in typhoid fever. Usually by the end of the second or during the third week we find hypostatic congestion, with a little impairment of resonance, weak vesicular murmur, and crepitant râles on inspiration over the lower lobes behind. This we consider an almost inevitable feature of the disease; but when, instead of merely a hypostatic congestion, the disease, as here, goes on to consolidation, and, as you observe, is unilateral, not symmetrical as is hypostatic congestion,—not limited to the lower lobes, but involving first the lower lobe and then extending to the upper lobe, with bronchial respiration and with coarse, crackling rales,—we know that it is not merely an exaggerated degree of that congestion incident to the disease, but that it is a real complication, a croupous pneumonia.

As I have said on another occasion, the typhoid state and pneumonia present different relations to each other. Pneumonia may be present and run into the typhoid state. This really is typhoid pneumonia. Again, there may be typhoid fever and pneumonia occurring as a complication; but this has nothing to do with typhoid pneumonia. It is typhoid fever. The pneumonia is a purely intercurrent, accidental phenomenon, a true complication,—and it is a complication of great gravity. Sometimes it takes the form of catarrhal pneumonia; and this is even worse than croupous pneumonia. It is apt to be associated with extensive collapse of the lung. The areas affected multiply and spread, and exudation and softening occur: so that, on the whole, catarrhal pneumonia complicating typhoid fever is even more unfavorable than croupous pneumonia, except the extent of the latter be very great; but either of them is a grave complication and adds largely to the mortality. If it comes upon a patient with bad typhoid fever, already reduced by other symptoms, as diarrhoea, and who presents evidences of nervous exhaustion and failure of cardiac power, the chances are that the patient will die. The prog-

nosis is rendered graver by the existence of the serious pulmonary complication, and this is an indication for vigorous stimulation. The amount of alcohol should be increased, as much concentrated nourishment as the digestive organs will stand should be given, and carbonate of ammonia and turpentine administered internally. In this case turpentine in the dose of ten drops in emulsion every three hours has been given for the tympanitic distention of the abdomen, and has been found to act satisfactorily. It will therefore be continued.

Lastly, this case is instructive in regard to the nervous symptoms, which are always valuable in prognosis and treatment. We expect a certain amount of nervous disturbance in these cases, and rarely is it wanting. Occasionally it is absent, and this year particularly I have seen an unusually large number of cases of typhoid fever which were characteristic in other respects, but presented no nervous symptoms whatever. Another curious fact is that in many cases during the past year the abdominal symptoms were wanting, and many cases presented constipation, so that it was necessary to use an enema every third or fourth day. In some cases I gave once a week a grain of calomel in one-tenth of a grain doses, followed by an enema. As a rule, however, we expect some nervous disturbance. As long as it is only a little night delirium it is not an evidence of much danger. This is, of course, more marked in those of a nervous temperament. When it deepens into marked hebetude with tendency to stupor, or, still more, when it takes the form of constant, restless delirium, with quick suspicious glances of the eye alternating with dulness, with constant twitching even when the patient seems to be asleep, with plucking at the bedclothes, it is a symptom of gravity. Other grave nervous symptoms are struggling constantly to rise and slipping down in the bed as from muscular debility. I need not say that profound stupor and convulsions are very serious symptoms. This man has presented twitching of the tendons, picking at the bedclothes, and almost constant delirium in a marked degree ever since he had been under observation. As a rule, the nervous symptoms of typhoid fever are evidences of debility and call for a stimulating plan of treatment. When in the early stage of the disease they are present, with marked arterial excitement, flushing of the face and injection of the eye, they are indications for counter-irritation and a sedative plan of treatment. In the present case the nervous symptoms have been such as to call for stimulation, and as he has been stimulated the nervous symptoms have diminished. Here, then, is an important guide for treatment. If, under the use of stimulants, the nervous symptoms diminish and sleep becomes more natural, we know that the stimulants are doing good.

This patient is bearing stimulation very well. The only question is whether or not we can stimu-

late him enough to tide him over the next twenty-four hours. He will be given eighteen to twenty-four ounces of whiskey in the twenty-four hours, ten drops of turpentine every three hours, and one-fortieth of a grain of strychnia hypodermically four times a day, and if he is restless at night the musk shall be repeated.

[This case was again presented to the class two weeks later. An abscess of the parotid had formed and opened, but the patient was greatly improved, and had been free from fever for several days. At this time the quantity of stimulus, which had been reduced, was still further reduced, so that he received half an ounce every two hours. He was also ordered a mixture containing one-fortieth of a grain of strychnia, two grains of quinia, five drops of dilute hydrochloric acid, ten minimis of compound tincture of cardamom, and sufficient water to make one drachm. This was to be taken four times a day, and constituted the only treatment. The patient made a rapid recovery. R.E.P.]

#### DISORDERS OF DIGESTION.

From the *London Med. Times*, February 7, 1885, we note the following extract from Dr. T. Lauder Brunton's lecture :

In the first lecture, the lecturer had stated that the function of digestion, like health generally, might be strong or weak. A strong digestion was capable of withstanding all sorts of adverse influences, while a weak digestion remained undisturbed only under the most favorable circumstances. When any disturbances occurred in the digestive function, no matter whether it were strong or weak originally, the first step towards restoring it to health was to remove, if possible, any disturbing causes which might still be acting upon it. One of the commonest of these was imperfect mastication. This frequently arose from too short a time being allotted for a meal, or, from the mind being occupied during the meal with the idea of something to be done afterwards. Persons who took their meals alone very frequently read during them. But a solitary meal should be avoided if possible, for the mere presence of a companion, and, still more, occasional conversation, acted as a pleasant stimulus, and tended to maintain the nervous activity referred to in the first lecture as an important factor in perfect digestion.

Another cause of imperfect mastication was the condition of the teeth. Sometimes the teeth and gums were tender, or one or more teeth might be decayed, and the discomfort or pain occasioned in them by mastication led people to bolt their food, or to masticate on the other side of the mouth, if the tenderness was limited to one side. When all the teeth were gone, the person might chew perfectly well, not only by means of artificial teeth, but also without them. The effect of thorough mastication upon the food would vary a good deal according to the nature of the food itself; and tough substances, which could with difficulty be comminuted,

would be more indigestible than those which were readily broken up.

The fine subdivision of fatty food was of great importance in regard to its digestion. The more minutely the fat was subdivided, the more easily was it digested.

In regard to butcher's meat, also, there were great differences, depending both on the kind of meat used and its condition at the time of cooking; meat which was cooked before *rigor mortis* appeared, or after it had passed off, was tender; but meat cooked while *rigor mortis* still existed was sure to be tough. In the case of game, the practice of keeping the meat until it was actually commencing to decompose, was not without some danger; for not only might the products of decomposition formed in the meat, before it was cooked, be injurious but decomposition would be rather apt to occur more readily in the intestinal canal. The gastric juice, no doubt, had a considerable antiseptic power, and so had the bile; but these powers might be overtaxed, and eating high meat was one of the ways in which this might be done. It was, however, rather extraordinary to what an extent the consumption of decomposing food could be carried without any immediate injury, as was seen among the Esquimaux and Icelanders.

After referring to the importance of good cooking, and observing how unappetizing badly-cooked food was, the lecturer spoke of intemperance. The proper way to abolish drunkenness, he said, was to remove the thirst that led to it. The malnutrition which gave rise to a craving for alcohol might be a consequence of imperfect digestion, as well as of an insufficient supply of food.

But, besides cooking and mastication, a most important question had to be considered, viz., the kinds of food a person might eat. In a healthy man the best guide, both as to quantity and quality, was the appetite. Food eaten with a relish was, as a rule, wholesome. Too great a regulation of the diet was sometimes very injurious. But the palate and appetite alone would not serve as reliable guides to the quantity and quality of food. They had to be regulated by experience.

Dyspeptics might be regarded as a peculiar class of people, requiring fuller instructions as to diet than healthy people; and a few general directions, to them were by no means out of place. Thus, they might be directed to avoid new bread, buttered toast, muffins and pastry, all of which were difficult to disintegrate. They might be told to eat fish, or to prefer meat which had a short fibre, like mutton, chicken, or game, rather than take those meats where the fibres were long and tough, like beef.

There were some substances taken with food, which were utterly indigestible. Most seeds, when whole, were indigestible. Even when broken, like the kernels of nuts or almonds, they were sparingly digestible; and the same was the case with the skins of fruits, and the harder fibres and stalks of vegetables. Where the intestines were slow to

act, such things as strawberries, raspberries, figs, nuts, prunes, and apples, might be allowed and even recommended; but where the intestines were irritable, all such things must be forbidden. Acid fruits were not only indigestible in themselves, but were apt to leave irritation behind. Some drinks were peculiarly liable to cause indigestion; for instance, sour wines, some kinds of beer, and tea.

Tea was better borne by the stomach, when taken with bacon or tongue, i.e., with cured meat than with fresh meat, and it was partly owing to that fact that many people "cou'd drink tea at breakfast who could not take it at any other meal. When taken two or three hours after lunch, tea brought on acidity, probably because the contents of the stomach were much more acid at that time than at any other.

Amongst the poor the tea was so made as to contain a large proportion of tannin, which had an irritating effect; then, again, it was taken very hot, heat was a stimulant to the heart, but in this case, the heat would reach the heart directly through the thin diaphragm. Coffee had not such an irritating effect as tea, and cocoa was still less irritating.

Another cause of imperfect digestion was fatigue.

"How often," said the lecturer, "do we find that the meal taken by a person immediately after a long railway journey disagrees with him, and either causes sickness, diarrhoea, or a bilious headache. Forty winks after dinner is by no means a bad thing, but forty winks before dinner is frequently much better." Effects, somewhat similar to those of fatigue, might be produced by depressing or disturbing mental emotions or bodily conditions. Different emotions appear to affect specially, not only different organs, like the heart and intestinal canal but different parts of the digestive apparatus. Thus disgust affected the stomach, causing vomiting; fear was seen, in some of the lower animals, to affect the rectum, causing defecation; compassion affected the small intestine producing borborygmi; worry and anxiety, although they worked upon the stomach and lessened appetite, appeared to have a very special influence upon the liver.

They sometimes produced jaundice, and not unfrequently caused glycosuria; indeed, most of the cases of diabetes in middle-aged persons appeared to originate in worry and anxiety.

In treating cases of indigestion, or the consequence due to injurious mental influences, the depressing cause must be removed, if possible. If this could not be done, change of air and scene, with exercise short of fatigue, and in the open air, were serviceable. Bromide of potassium, either alone or combined with bromide of ammonium, was very useful, both in lessening the sensibility of the nervous system to worry, and in procuring sleep.

Gastric tonics increased the appetite, loosened flatulence, and tended to diminish the discomfort and languor which were apt to accompany indigestion. Another class of remedies was that of carminatives, which tended to disperse flatulence.

Amongst the most powerful of these were ethers and volatile oils of various kinds, charcoal and sub-nitrate of bismuth, which, however, produced their effects in a totally different manner. Closely allied to carminatives, he placed stimulants, including alcohols and ethers. He was not opposed to the use of alcohol, provided always that it was used in moderation ; the infirm and aged required a little wine.

Treatment might also proceed on other lines ; the products of waste had to be removed ; purgatives were used with this object. A regular action of the bowels was important, not only by removing the indigestible residue of food, and thus preventing fecal accumulation, but by getting rid of some injurious products which had been formed during the process of digestion. Where the bowels were habitually constipated, a most useful thing was to give a small aloetic pill before the last food of the day, dinner or supper as the case might be. The use of such pills might be continued for very many years together, without the least impairment to the general health. The saline natural waters, or the salts obtained from them, were best given the first thing in the morning, and should be either warmed or given along with warm water.

There were two kinds of biliousness, *i. e.*, biliousness with two different conditions of biliary flow.

In the one kind, the stools were clay-colored, from the absence of bile ; in the other, the stools were either normal or dark-colored, from excess of bile. Certain bodies belonging to the aromatic series had a very remarkable action upon the secretion of bile—some rendering it much more watery than before ; others, again, making it so thick and viscid that it would no longer flow through the biliary capillaries, whence jaundice resulted. A blue pill and black draught always proved useful in such conditions.

Closely connected with cholagogues and hepatic stimulants, there was another important class of drugs, namely, alteratives. Nitrohydrochloric acid was a favorite remedy, and a very useful one in biliousness, and chloride of ammonium was much recommended. Another class of remedies was also useful in indigestion, viz., diuretics. By the frequent use of water as a diluent, either alone or with salin s, the consequences of indigestion, in regard to the lungs, heart, and head, might be often averted or remedied.

One of the most important methods of treatment consisted essentially in passive exercise and abundant feeding. Treatment by massage increased the nutrition, both of the voluntary muscles and of the internal organs ; and under its use patients, apparently hopelessly incurable completely recovered.

The lecturer concluded with a brief reference to a case in which this treatment had proved eminently successful.

### THERAPEUTIC NOTES.

Taken from Lectures in N. Y. Polyclinic, by E. L. FRIDENBERG, M. D., Peoria, Ill.

#### VARICOSE VEINS.

Fluid extract hamamelis (Bullard & Crenshaw's) in teaspoonful doses three times a day. This treatment should be kept up for at least four months, and will give relief in every case, and in a majority of cases will effect a cure.

#### ERYSIPelas.

Wash the parts with buttermilk every three hours, and give internally tincture of iron and quinine.

#### GONORRHÆA.

Take sol. corrosive sublimate, 1-500 (holding tight the urethra so as not to allow solution to enter the bladder) and inject two or three times, then wash out excess with pure water, and then give Vichy salts. Generally one sitting will perfect a cure. In the more chronic form of gonorrhœa use the following :

R. Liq. plumbi subacet dil.	7 ozs.
Zinci acetatis:	5 grs
M. fl. sol.	

Sig. Inject three times a day

#### CONDYLOMATA ON TONGUE IN SYPHILIS.

Treat the same with the following :

R Corros. sublimate.	.15 grs.
Ether,	2 ozs.
M. fl. sol.	

Sig. The physician himself should apply this.

#### STONE IN THE BLADDER.

R Acid benzoici,	$\frac{1}{2}$ to 1 dr.
Soda bicarb,	1 to 3 dr.
Aquæ,	5 ozs.

Sig. Teaspoonful 5 times a day.

#### TO DELAY HARDENING OF PLASTER PARIS.

Add beer or milk. If plaster is old, put in a pan over fire.

#### HOW TO PREPARE ANTISEPTIC GAUZE.

Take ten yards of cheese cloth, boil in water, and after it is dry place in a solution of liq. Soda chlor. (1 pt. to 2 pts. water), and allow it to remain in this solution for forty-eight hours, after which time it should be taken out, dried, and placed in a jar of sul. corros. sublimate (1-5000) until wanted, when it should be taken out and wrapped in protective. Just before using it should be put in a sol. of corros. sublimate (1-000), and then squeezed out, when it is ready to be put on the patient.

#### IODOFORM GAUZE.

Dip dry gauze in sublimate solution (1-5000) and pepper it well with iodoform.

#### TO MAKE SOLUTION OF CORROSIVE SUBLIMATE:

R Corros. sub.,	30 grs.
Glycerine,	$\frac{1}{2}$ drm.
Water,	1 oz.
Salt,	20 grs.

Sig. Two teaspoonful to pint of water equals 1-2000.

## ABSORENTS.

Take clean cotton, boil it, dry it, and then place it in a 1 to 5 Labarrque solution, and put it in a solution of boracic acid, 15 grs. of boracic acid to 1 oz. of water.

## HOW TO PREPARE SPONGES.

Get nice sponges, string them, and whip thoroughly until sand and dirt is out of them, then put them in a solution of liq. sod. chlor. (1 to 5), and allow them to remain for forty-eight hours. Then dry them and keep in a glass jar.

*Method No. 2.*—Whip, put in sol. permanganate potassium (5 grs. to 1 oz. water) for one half hour. Take out, wash in clear water, then dip in a solution of oxalic acid (1 oz to 40 ozs. water); leave in one-half hour, then wash out in clear water and let them dry in sun or hot oven.

## CATGUT SUTURES.

For majority of operations four sizes of cat gut are needed—E, A, and G violin strings and minor harp. For amputation G strings. Take the strings, cut off the ends, and place them in bottle containing either alcohol or ol. juniper berries.

## DRAINAGE TUBES.

Take chicken bones, place them first in ether, then in a 33 per cent. solution of hydrochloric acid for twelve hours, after which put in alcohol until needed.

## ON CARDIAC WEAKNESS.

The functional disorders of the heart presenting themselves so frequently and in so varied expressions to the practitioner are not infrequently a severe tax upon his diagnostic acumen and his capacity to afford relief.

Aside from the cardiac depression resulting as an expression of sympathy from some existing pathological condition in the system, or some definite organic lesion, there is a functional weakness of the heart, due to faulty innervation of that organ. Dr. Seeligmuller, of Halle, speaking before the last meeting of German physicians in Madgeburg, held that this form of cardiac weakness could always be traced to two causes; viz., habitual sexual excitement without corresponding satisfaction and continued intense brain-work with insufficient allowance of sleep.

In the more definitely developed cases we find general weakness, excitement, and palpitation of the heart, pains in the epigastric region, profound reaction after even moderate physical or mental exercise, deepening occasionally almost into coma, persistent insomnia, hyperchondrical depression, failing nutrition in spite of good appetite, pallor, and slight cyanosis of the extremities and nasolabial region, and occasional fomication in hands and feet. If we examine the heart at different times of the day we can always note the weakness of the apex-beat and the heart-sounds, and the smallness of the pulse. The state of inanition is

most favorable to present all symptoms of cardiac weakness. After arising, such patients usually have a pulse of about 40, after breakfast of about 50, and do not obtain a pulse of 60 before taking some wine or eating some meat. The normal frequency of the pulse is scarcely ever or only transiently reached. In very pronounced cases we meet with steno-cardiac paroxysms. Next to this persistent extreme cardiac weakness there is a mild, intermittent form often connected with great excitability of the heart (irritable weakness). Every excitement causes palpitation, tea or coffee insomnia, in these patients. It is difficult to decide in the single cases whether the seat of the neurosis be in the pneumogastric or sympathetic nerves or in the medulla oblongata. Intense mental impressions, no matter whether of a pleasant or unpleasant nature, tend to aggravate the existing evil. Persisting pains, neuralgic in especial, and traumatic accidents, cause likewise a frequent aggravation of the affection. Women having passed through confinements often complain of this ailment, possibly on account of the concentration of the blood in the abdomen. Improvement is generally obtainable in these cases by the wearing of a suitable abdominal bandage. In persons of an advanced age abnormal dilatation of veins in the lower extremities often leads to cardiac weakness.

The therapeutical measures to be employed are chiefly related to proper physical exercise, regulation of diet, and change of air. A sufficient allowance of sleep, especially before midnight, is to be insisted upon, and resting during daytime, even if sleep is not obtainable, is to be recommended. All violent physical strains are to be strictly avoided, while methodical, moderate gymnastical exercises, especially walking, are salutary. Forced cold-water cures are injurious, while warm baths, taken several times a week, are indicated. The diet ought to be strengthening and abundant. Coffee, tea, alcoholic stimulants and tobacco are to be entirely avoided. A prolonged stay at the seashore or in the mountains has often proved a beneficent measure. The thermo-baths of Gastein enjoy an especial reputation for this affection.—*Therapeutic Gazette.*

## LOCAL APPLICATIONS FOR NIGHT SWEATS.

*London Medical Record* (abstract) Dr. Radakoff found Tinct. Belladonna very successful. His rules are: Apply freely so that the skin remains moist a lotion composed of one drachm of the tincture and one ounce of water. Undertake the rubbing not earlier than one or two hours before the usual time of occurrence of the sweats. This plan succeeds in 49 out of 50 cases. Dr. Nikolai recommends sponging of the entire body with a solution composed of 2 drachms of chloral hydrate in 2 glassfulls of equal parts of nates and brandy at a temperature of about 70° F. His best results were obtained in children suffering from non-phthisical night sweats.

## COCAINE IN THE TREATMENT OF INFAMMED NIPPLES.

The limits of usefulness of cocaine do not seem to have been reached. The sphere of its therapeutic activity, is, on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by Unna in the treatment of inflamed nipples, in which affection he holds it has no rival in marvelously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing it. To afford prompt relief, even while the child nurses, has not been hitherto accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to one per cent.) of the hydrochlorate of cocaine. Within one or two days the fissure will have healed completely, and all pain consequently will have completely disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects in the child. It would even possibly benefit the child when irritable and restless.—*Therapeutic Gazette.*

## THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Surgery.

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MONTREAL, OCTOBER, 1885.

## THE SMALL-POX EPIDEMIC.

The epidemic of Variola which is playing such terrible havoc among the French-Canadian portion of our population, at the time we write (Oct. 26) shows no sign of abatement. The deaths are in the neighborhood of fifty a day, the large percentage being children under 5 years of age, who

have never been vaccinated. The City of Montreal, somewhat late in recognising the possibility that the disease would take a strong hold on here has at last realized the serious state of affairs, and, assisted by a most energetic Citizens' Committee are working vigorously to stay the disease. Mount Royal Hospital, capable of holding some 300 beds has been opened on ground outside the city and is almost full. Additional accommodation is being rapidly added, and we have every hope that by the time this article will be read not less than a 1000 beds will be ready for occupation. An Isolating Committee are at work and are meeting with a certain degree of opposition. This is, however, fading away before the determined attitude of the Health Authorities, and we have every reason to hope that within a month every case in the City of Montreal will be effectually isolated. This done, we may reasonably hope that the disease will within another month be completely under control and rapidly disappear. The large amount of material which Montreal has susceptible to the disease, is due to the fact, that since the last epidemic—some five years ago—vaccination has not been carried on to any extent among the children born of French-Canadian parents. This is due largely to the most extraordinary antipathy which, as a class, they have against vaccination, but also to apathy of many of the physicians and midwives who attend them. The latter are greatly blameable, and are, in our opinion, responsible for the state in which matters now are. Some of them are anti-vaccinators at heart, which discreditable position makes them the scorn of the civilized world. Others, while believing in the efficacy of the operation, have not the courage to face the torrent of superstition and ignorance which surrounds them. We hardly know which to blame most. Although largely confined to the poorer French Canadian element the disease has appeared to a limited extent among the English-speaking population. A small number of deaths have occurred among them, but, as a rule, the cases are mild. In most of the cases where death has taken place the evidence of a primary vaccination was poor, and re-vaccination had never been performed. We have not heard of a single case occurring after a recent re-vaccination. We need hardly say that the damage to the business of the city is enormous, almost beyond calculation. We regret to add that some persons in sister provinces have attempted to make money out of our misfortunes. Good luck can hardly

follow money so obtained, while the scorn of all honest men will surely follow such contemptible efforts to obtain business. For the moment the City of Montreal is bowed down with sorrow, but the shadow will soon pass away, and the energy of her people will rapidly restore to her that trade which has made her—not only the chief trading city of the Dominion, but one of the most beautiful cities on this continent. Fifteen years ago the writer of this article—then a public vaccinator for a large section of the city of Montreal—drew the attention of the Health Committee to the constant danger of small-pox which beset the city from the yearly increasing number of unvaccinated children, and suggested the speedy adoption of civil registration as the best means of securing the vaccination of the greater number. This advice was repeated on several subsequent occasions, but it was deemed a boon impossible to obtain in this Province, owing to the system of religious registration in use. We are, however, pleased to state that the present epidemic is not without its bright side. It has shown those from whom opposition to civil registration was said to be sure to arise, that if small-pox is not to have constantly waiting for it thousands of victims, this can alone be accomplished by a thorough system of registration such as is on the statute books of England and of France. They now admit this fact, and where opposition was seen ten years ago, we now believe we may expect cordial support. In the meantime we hope that some of the practitioners who live in our suburbs will realise the obligation which science has imposed on them—and, by example and precept, proclaim to their misguided countrymen that in *vaccination* and re-vaccination we have an all but absolute preventive of "La Picotte" or Small-Pox.

#### COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The semi-annual meeting of the College of Physicians and Surgeons of the Province of Quebec was held on the 30th of September in the Medical Department of Laval University in the City of Quebec. The chair was occupied by the President, Dr. C. E. Lemieux. A resolution of condolence was passed with reference to the death of Dr. Alfred Jackson of Quebec, who for many years had been one of the Governors of the College.

Dr. Simard took his seat as one of the representatives of Laval University. The Board had been duly notified of his election.

The report of the Preliminary Examination Board was read. It showed that 56 candidates presented themselves, 23 of which were rejected on certain subjects while 5 were rejected for general deficiency. Two gentlemen who were in the North-West doing military duty, and who were therefore unable to go up for their Preliminary examination in May last (as they intended) made application for a favor. In September each was rejected on a single subject. They asked that if successful in passing these subjects next spring, that they be allowed to count the commencement of their studies—from September of this year. Upon a division this was granted them.

The report of the Treasurer from September, 1884, to September, 1885, showed a balance on hand of \$1155.68.

The report of Mr. de Lamirande, the Agent of the College, showed that he had not been idle, and that several convictions for illegally practising had been obtained. The report of Committee on the financial condition of the College, presented at the last meeting of the Board was on motion adopted, with the exception of the recommendation to reduce the salary of the Registrar, which continues as heretofore. This report provides that there may be only one meeting of the College in the year, and raises the fee of the license to \$25. These changes cannot come into force till adopted by the Legislature. A Committee composed of Drs. Lemieux, George Ross, F. W. Campbell, Hingston, Lachapelle, Austin, P. E. Mignault, Marcil, Marsden, Desaulnier, Ladouceur, Lanctot, Roger, Guay and L. La Rue were named to take into consideration the suggestions named at the last Tri-Annual Meeting of the College, with regard to the method of electing the Governors. The notice of motion given at the previous meeting, anent a Central Examining Board, as in Ontario, was referred to this Committee, which is to meet in Montreal.

A resolution affirming the Board's opinion as to the incontestable value of vaccination, as a safeguard against small-pox was unanimously adopted.

The following gentlemen took out the License of the College :

*Graduates of Victoria College*—Hilaire Gendreau, Alfred Laurendeau, Alfred Morin, Ferdi-

nand Simard, T. Daniel Caisse, Lucien Proulx, Arcadus Toupin, Joseph Jetté, Hormidas Brodeur.

*Graduates of McGill College*.—Henri Dazé, W. A. De Wolff Smith, W. Galt Johnston.

*Graduates of Laval*.—Chas. F. X. Prevost, Hector Palardy, Chs. N. Gauvreau, Louis A. Gagné, Gaston G. Smiltes, Louis F. Lepage, Leon O. Noel, Louis P. Picard, Joseph Houle, Jos. N. Legault.

*Graduates of Bishop's College*.—Jabez B. Saunders, Frank R. England.

It was decided to print yearly the additions to the Register.

#### McGILL FACULTY OF MEDICINE.

The Medical Faculty of McGill College opened their new building on the 22nd of October, when there was present many friends of the School, and a large number of students. Representatives were also present from other Medical Schools in the city. D. R. P. Howard, the Dean, occupied the chair. Dr. Osler, formerly a Professor in this Faculty, but now of the University of Pennsylvania, and Dr. Pepper, of the same school, were present, and addressed the students in eloquent and appropriate terms. The new building is in every way admirably adapted for its purpose, and we wish the Faculty every success in their new quarters.

In the evening the Faculty entertained a number of friends to a dinner in the Ladies' Ordinary of the Windsor Hotel. The gathering was a very pleasant one, and it was two o'clock in the morning before the party separated, the Venerable Chancellor of the University, Hon. James Ferrier, remaining to the last.

#### CANADA MEDICAL ASSOCIATION.

The Eighteenth Annual Meeting of this Association was held at Chatham on the 2nd of September under the presidency of Dr. Osler. The attendance was good, and several papers of interest were laid before the meeting. It was decided to meet at Quebec next year. The following officers were elected for the year 1885-86 :

*President*.—Dr. Holmes, Chatham.

*General Secretary*.—Dr. Stewart, Montreal.

*Treasurer*.—Dr. Sheard, Toronto.

*Vice-Presidents*.—For Ontario, Dr. Sloan, Blyth. Quebec, Dr. C. Sewell, Quebec. New Brunswick,

Dr. Earle, St John. Nova Scotia, Dr. Wickwire, Halifax. Manitoba, Dr. Brett, Winnipeg.

*Local Secretaries*.—Ontario, Dr. Wishart, London. Quebec, Dr. Bell, Montreal. New Brunswick, Dr. Lunan, Campbellton. Nova Scotia, Dr. Almon, Jr., Halifax. Manitoba, Dr. Good, Winnipeg.

#### COMMITTEES.

*On Publication*.—Dr. Kennedy, Montreal; Dr. Fulton, Toronto; Dr. W. H. B. Aikins, Toronto.

*Medicine*.—Dr. Cameron, Toronto; Dr. F. W. Campbell, Montreal; Dr. Saunders, Kingston.

*Surgery*.—Dr. Kerr, Winnipeg; Dr. Kains, St. Thomas; Dr. Waugh, London.

*Obstetrics*.—Dr. Holmes, Chatham; Dr. McKay, Woodstock; Dr. Campbell, Seaforth.

*Therapeutics*.—Dr. Oliver, Kingston; Dr. Sloane, Blyth; Dr. Tye, Chatham.

*Necrology*.—Dr. Fulton, Toronto; Dr. Graham, Toronto; Dr. J. C. Cameron, Montreal.

*Education*.—Dr. Pyne, Toronto; Dr. Sheard, Toronto; Dr. Adam Wright, Toronto; Dr. Botsford, St. John; Dr. Allison, St. John; Dr. Arnott, London.

*Public Health*.—Dr. Yeomans, Mt. Forrest; Dr. Grant, Ottawa; Dr. Harding, St. John; Dr. Robillard, Ottawa; Dr. Laberge, Montreal; Dr. Botsford, St. John; Dr. Playter, Ottawa; Dr. Coverniton, Toronto; Dr. Oldwright, Toronto; Dr. Boyce; Hon. Dr. Parker, Halifax; Dr. Kittson, Winnipeg.

THE melancholy death, by drowning, of Mr. H. P. Gisborne, manager of the Canadian branches of the New York Pharmacal Association, the Maltine Co., and Messrs. Reed & Carnick, of New York, will have been learned with regret by many of our readers. Deceased was accompanying two friends to the Island in Toronto Harbor where one of them resides, but failing to gain access to the boat-house of the Argonaut Rowing Club, where a boat belonging to one of the gentlemen was kept, an attempt was made to enter the building by a window which was several feet distant from an adjoining wharf. Mr. Gisborne's companions passed over in safety, but, in making the jump, that gentleman must have missed his footing, and, in falling into the water beneath, struck his forehead on a projecting beam. The water was only about five feet deep, but it is said that de-

ceased never rose to the surface. It was some twenty minutes before the body was found when life was pronounced to be extinct. The occurrence took place on the evening of August 16th. His brother is the well-known superintendent of the Government Telegraph and Signal Service. As a business man Mr. Gisborne was well known. He made many warm friends and his loss will be deeply regretted. The management of the business has been, meanwhile, placed in the hands of Mr. R. L. Gibson, who has heretofore been acting as the representative on the road, and has been carried on as usual.

#### MATRIMONIAL.

Dr. Perrigo, Professor of Surgery in Bishop's College, who is to be married early in November, was entertained at a Dinner given by his professional friends at the Windsor Hotel, on the 29th of October. A number of unique presents was presented to the worthy Doctor whose health was heartily toasted. The chair was occupied by Dr. Kennedy and the vice-chair by Dr. Rodgers.

#### IODOFORMIUM ABSOLUTUM.

The Chemische Fabrik auf Aktien, Berlin (late E. Schering) has recently taken out a patent for the manufacture of iodoform by electrolysis, and has given the name of Iodoformium Absolutum to the product.

The iodoform thus produced is absolutely pure; it is a mild smelling, silky, delicate, and soft scaly powder of a pure citron yellow color. It can be easily reduced to a fine powder by trituration. It is no higher in price than ordinary iodoform, although iodoform as sent out now is a very different article in its physical properties from what it was a few years ago. There is still room for improvement, and those who are in the habit of using it much will welcome the advent of the new preparation.

#### LOCAL AND GENERAL.

I suppose there is no escape from discussing the issues that arise out of the small-pox epidemic, but I must confess that it is a subject fraught with slight interest for the Montreal medical man. He sees the ordinary means of arresting the plague neglected until it is too late, and then looks on while they are enforced with an enthusiasm worthy of a better cause.

Beyond vaccination and the isolation of patients in fairly well vaccinated districts I don't see that anything worthy of the name has been done to prevent the infection of the whole city. It is infected now, and, beyond the use of the small-pox hospitals for those who cannot be properly looked after at home and the vaccination of those who are not already protected, I do not see that it is worth while wasting money on such measures as isolation and placarding.

Thirty sanitary policemen to isolate two thousand cases of small-pox !

If there were not something extremely pathetic about the feeble eighteenth century notions of sanitaria prevalent in this city one might consider this *the joke of the season*, but the idea of initiating genuine house isolation *in this city* at this stage of the epidemic with anything like twice thirty policemen is to invite the contempt of those who really do know something about the way in which the disease called variola attacks a city.

I have said *this city*, and by that I mean a city of (with its suburbs) 150,000 inhabitants, fully one half of which were not vaccinated effectively when the plague broke out, fully one-quarter of which are unvaccinated now,—probably the majority of these are opposed to and will resist vaccination in the future. I refer to a city the majority of whose inhabitants belong to the same class intellectually and physically that fell victims to cholera in the South of France, in Spain and in Italy—who are indifferent about sanitary matters, who ascribe, with apathetic fatalism, the visitation of the disease to *le bon Dieu*, and do not quarrel with His wise decrees; who rose, like the corresponding class in Barcelona during the cholera, and attacked the Health Office, and who wield just enough political influence to fetter the hands of men who, if left free to act, would conduct themselves like men, and not make the name of our city a term of reproach.

"They do these things better in France." When small-pox reaches other cities, the majority of whose citizens are of a different intellectual calibre, genuine isolation, genuine disinfection, and prompt vaccination are sternly insisted upon. No waiting for a small-pox hospital to be re-opened and furnished; no wasting of valuable time; no bandying of words; and no stupid consulting of the whims and wishes of the patient and his friends.

## OBIUARY.

Dr. H. L. Vercoe (M.D., McGill, 1865) died at Toronto on the 28th of July last. He had practised in Seaforth, Ont., for some years and gained the esteem of a large clientele.

Dr. J. R. Vicat (M.D., McGill, 1867) died lately in South Carolina from phthisis. He practised for many years at Richmond, Que., and was greatly esteemed.

Dr. W. G. Metcalfe, who died last August from a wound inflicted by a patient in the Rockwood Lunatic Asylum, Kingston, was a graduate of Toronto University, 1872.

## PERSONAL.

Dr. John J. Gardner, Professor of Anatomy in Bishop's College, has been appointed physician to the Protestant Small-pox Hospital in Montreal.

Dr. Wolfred Nelson, (M.D., Bishop's, and M.D., McGill, 1871) has been appointed Medical Inspector for the New York Life Insurance Company for South America.

Dr. F. W. Campbell, of Montreal, returned to Canada by the Allan SS. Parisian, on the 27th of Sept.

Dr. Wyat G. Johnston, (M.D., McGill, 1884) has been appointed Pathologist to the Montreal General Hospital.

Dr. F. R. England, (M.D., Bishop's College, 1885) has returned to Canada—after six months passed in London, and commenced practice at Point St. Charles, Montreal.

The Rev. J. B. Saunders, M.D., Bishop's College, has been appointed Professor of Botany in his Alma Mater.

Dr. J. Wolf. Smith, (M.D., McGill, 1882) after some service on the line of the Canadian Pacific Railway, has commenced practice in Montreal.

Dr. C. O. Reilly, Superintendent of the Toronto General Hospital, after spending three months in Europe, returned to Canada by the Allan SS. Parisian, September 27.

Dr. McNeece, (M.D., McGill College, 1869), has been appointed Assistant Health Officer for Montreal.

Dr. Major has returned to Montreal after spending seven months on the European continent.

Dr. Buck (M.D., McGill, 1862), Superintendent of the London Lunatic Asylum, has been granted four months' leave of absence, to recruit his health, which is somewhat broken down.

Mr. Keith, of Edinburgh, the celebrated Ovariotomist, lately paid a flying visit to Boston to consult with a surgeon of that city.

## REVIEWS.

## THE TECHNOLOGY OF BACTERIA INVESTIGATION.

*Containing explicit directions for the study of bacteria, their culture, straining, mounting, etc. According to the methods employed by the most eminent investigators.*  
By C. S. DOLLEY, M.D., published by S. E. CASSINO, & Co., Boston.

The Author presents this work with the hope that its perusal will stimulate careful study of the Schizomycetis by American investigators, and assist them in adding their share to the mass of facts concerning bacteria. If a condensed compilation of most that is known regarding the methods for investigating bacteria, presented in a comprehensive and convenient form, will accomplish this purpose, the Author's hopes should be realized.

The subject is considered in three divisions: In Part First general directions are given of the methods of obtaining bacteria from air, earth and water, and from the tissues of healthy living organisms, the methods of making microscopical preparations of bacteria, the various methods of staining, and the preparation of bacteria for photography are described.

A description is then given of the methods of conducting culture experiments, how to prepare culture media, the various sterilization methods, etc. How to conduct inoculation experiments, and methods for biological analysis, such as ascertaining the effects of sunlight, cold, heat, electricity and upon bacteria. The determination of their chromophyll, assimilating power, and the effects of antiseptics and poisons upon them, concludes this Part. Part II. describes the special methods for investigating pathogenic bacteria. The various diseases in connection with which bacteria have been found are considered seriatim, and the methods for studying the organism fully described. Part III. gives formulæ for the preparation of the various staining fluids. Culture, media, mounting media, etc. To the working student in bacteriology, or those intending to become such, this book will be found invaluable, the only want felt in perusing it is that of illustrations, in the way of plates, cuts, etc. There is an entire absence of such; they would make the book more attractive, and greatly assist the student in comprehending the numerous descriptions. A useful feature of the book is the references to the literature on the subject under consideration, which appear at the end of each section; the names of the writers are given, with the title of the article and name and date of the journal in which it appears.