

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE CANADA MEDICAL RECORD.

VOL. IX.

MONTREAL, DECEMBER, 1880.

No. 3.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Question of Prostitution and its Relations to the Public Health, by Casey A. Wood, C.M., M.D., Attending Physician to the Woman's Hospital, Prof. of Chemistry Medical Faculty Bishop's College, 49—Inflammation: Its Chemical cause and Cure, by W. Y. Brunton, M.D., 60—On Septicæmia

and its Effects, by Dr. Litten, of Berlin.....61

PROGRESS OF MEDICAL SCIENCE

Incontinence of Urine in Children, 62—Notes on the Croton-Oil Treatment of Ringworm, 63—Treatment of Housemaid's Knee, 64—Treatment of Nocturnal Incontinence of Urine, by Dr. Kelp, 64—Ointment for Itch.....64

EDITORIAL.

To our Subscribers, 65—Animal Vaccine, how it is Propagated, 65—Typhoid Fever at Bishop's College School, Lennoxville, 67—The Case of Psoriasis Lepraformis, 67—Dr. Robert Nelson, 68—College of Physicians and Surgeons, Province of Quebec, 69—An Omission, 69—Reviews, 69—Meeting of Medico-Chirurgical Society....72

Original Communications.

THE QUESTION OF PROSTITUTION

AND ITS

RELATIONS TO THE PUBLIC HEALTH.

BY

CASEY A. WOOD, C.M., M.D., Attending] Physician to
the Woman's Hospital, Professor of Chemistry
in the Medical Faculty, University
of Bishop's College.

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 medical 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 "namby-pamby 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 Brontë that "to such grievances as society cannot readily cure it usually forbids utterance on pain of its scorn; this scorn being only a sort of tinsel 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

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

* "Shirley."

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 *Dietera*, 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 endeavour 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 prostitutes, 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 en-

terprises 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 Shakspeare 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 tapster 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

*Sanger on Prostitution, p. 197.

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

* History of Prostitution, pp. 95, 96.

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 fits 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 species 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 anæsthetics 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 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 Muccheia, or of that beastly old

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

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 Beardsley'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 demanded 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 mopies 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

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

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 des 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 event 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 residences; 2nd, *filles a 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.

M. Parent-Duchatelet, speaking of the severity 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.

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

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

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.

Year.	Registered Prostitutes in brothels inside of the walls.	Ditto in the suburbs.	Ditto in private lodging	Unregistered prostitutes.
1845	1 in 142	1 in 59	1 in 261	1 in 6.40
1846	1 in 152	1 in 53	1 in 183	1 in 6.37
1847	1 in 154	1 in 52	1 in 351	1 in 6.46
1848	1 in 126	1 in 37	1 in 182	1 in 5.66
1849	1 in 128	1 in 44	1 in 201	1 in 5.76
1850	1 in 148	1 in 47	1 in 142	1 in 5.31
1851	1 in 199	1 in 60	1 in 180	1 in 5.47
1852	1 in 184	1 in 76	1 in 349	1 in 5.64
1853	1 in 183	1 in 123	1 in 402	1 in 5.12
1854	1 in 176	1 in 102	1 in 377	1 in 4.26

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 imposes 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, a 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 Diseases 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 num-

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

† Manual of Practical Hygiene, page 503

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

ber 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." *

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 now 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 intermingle; 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

* Report of Royal Commission on Contagious Diseases Act.

being frequented by a particular class of men, the women 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, 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

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

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 recognized strumpets, neglect or refusal to furnish a proper certificate, or to undergo treatment if diseased, 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 resort*. 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 inspec-

tion. 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 dread 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.

November 24, 1880.

INFLAMMATION: ITS CHEMICAL CAUSE, AND CURE.

BY

W. Y. BRUNTON, M.D., London, Ont.

I have just finished the perusal of Dr. Hingston's paper on the "Treatment of Surgical Wounds," and have been very much interested. I trust it will not be deemed either obtrusive or impertinent in offering a few remarks on it. He speaks of foreign bodies producing irritation; has it occurred to him *why* foreign bodies in the system produce irritation, inflammation, suppuration, and sometimes death. He quotes Richard, who states that "suppuration ever commences around a foreign

body." If you permit I will explain why they do so. As soon as any foreign body is in the system, —whether it is a thorn, or resulting from the use of the surgeon's knife when he divides the blood vessels, or from the germ, or any other source, that foreign matter becomes an impurity, and having heat and moisture in the system, it ferments. The result of all organic fermentation is of course acid, and this is the active principle of inflammation. I have not written this from a purely theoretical point. I can establish the fact to Dr. H.'s full satisfaction, can give him reliable data; in fact, Dr. H. in his practice can illustrate it every day of the year. Because that which neutralizes or absorbs the inflammation from a wound or surgical operation will produce the same effect in erysipelas, syphilis, ulcers, or any other form of inflammation. There can be but one inflammation chemically varying in degree, character and intensity.

In the history of medicine, nothing is more obscure than the cause of inflammation, and this is evidenced by the variety of remedies prescribed. But, as nearly all disease originates or terminates in inflammation, it becomes at once apparent that it is of the utmost importance to ascertain the cause, without which the disease cannot be philosophically or intelligently treated. I submit the following for the consideration of the profession: Inflammation arises in every case, from one common cause, viz., fermentation, the result of which is acid; this acid is the active principle of inflammation. How is disease reproduced? Whether the germ, or any other principle is adopted, it simply means that an impurity has entered into the circulation, and having heat and moisture in an eminent degree in the body, a principle of ferment is set up, which, in many cases, rapidly reproduces the particular specific disease. It will occur to the mind at once that if acid is the active principle of inflammation, the remedy must be very simple; it is so, the remedy in *all* cases of inflammation is an alkali. I do not wish you to understand by an alkali, an alkaline salt, but a pure *alkali*; the strong affinity existing between acids and alkalis, the one immediately acting on the other, neutralizes and absorbs. I would respectfully suggest the use of a solution of alkali, taking the gravity of liquor potassa as a standard, one part of liquor potassa to eight or ten parts water, say in syphilitic ulcers, or in fact for any kind of suppuration or ulceration, modifying the gravity of the alkali to suit circumstances. Within three days, the effect in every case

*John viii. 10, 11.

will be very marked. Of course in acute inflammation it may require the alkali to be of a much higher specific gravity than even the liquor potassa for wounds and surgical operations. The alkaline spray or bandage will be found of more service than any other in use (not excepting carbolic acid). Used judiciously and intelligently, suppuration becomes almost an impossibility. I would remark here that to be effective in every case, the alkali must produce a slight tingling sensation; on the other hand, if it feels hot after its application, it must be discontinued for the time being; and when next applied the solution must have been reduced.

I am fully aware the foregoing, from its novelty and innovation, may meet with hostile comments by many. It is, however, a simple matter to test, and can be illustrated, in every day practice. I will here observe a natural illustration of this subject, which corroborates my statements, and which can be vouched for, by any person who has visited the country named. If a person were to die on the plains of Colorado, the body, if left to the rays of the sun for months, would not be decomposed, in consequence, I believe, of the alkali contained in the soil preventing fermentation and, therefore, decomposition.

ON SEPTICÆMIA AND ITS EFFECTS.

Paper by DR. LITTEN, of Berlin,

Read at the 53rd Convention of German Naturalists and Physicians at Dantzic. Translated from Die Allg. Wien. Med. Zeitung, by Owen C. Brown, M.D. (Acton Vale, Quebec).

The Doctor gave an exhaustive review of the results of his observations of thirty-five cases of septic disease, clinically, anatomically, and pathologically homogenous.

The aetiological principles though seemingly different, agreed in general, being apparently traumatic—followed by septic infection.

Of the thirty-five cases, thirty (36 per cent.) occurred in women; and of these, in twenty-three cases, the general disease arose from puerperal conditions.

The clinical form assumed by the disease was in some cases that of typhoid in its first stage—in others that of severe rheumatic arthritis, and in others an intermittent form.

The Doctor referred especially to the lesions of the eyes, the skin, the medulla of the bones and of the heart.

The eyes were affected generally, in twenty-eight cases (eighty per cent.), and shewed retinal hemorrhage, with or without a white centre, twenty-eight times; hemorrhage from the iris and choroid once; bacteritic deposits in the choroid once; panophthalmitis eight times, five double and three one-sided; trigeminal neuralgia, with maceration and anæsthesia of the cornea, once; retinitis septica (according to Roth, white specks in the retina) three times.

One or more of the above were seen to occur in the same eyes, so that retinal hemorrhage and white specks could be seen on one eye at the same time as panophthalmitis on the other. Conjunctival hemorrhage was very frequently observed.

The eyes were unaffected only in seven cases, twenty per cent.

The affection of the posterior parts of the eyes was referred to with special significance by the lecturer as a means of diagnosing the septic from typhus processes, as had already been shewn by him in 1878, at the Ophthalmological Congress at Heidelberg.

The skin was affected in twenty-eight cases eighty per cent. intact in seven (twenty per cent.), and the lesions presented the following forms: as multiple hemorrhage, twenty-one times (sixty per cent.); as roseola-like exanthema four times,—this last had its seat principally upon the abdomen, and could not be distinguished from typhus; as a pemphigus-like affection, with maceration of the epidermis, three times; as an erythema-like scarlatina four times; and the Doctor shewed that, contrary to the views of Olhausen, there are cases of dermatitis of septic origin as well as those peculiar to puerpural scarlatina, which, nevertheless, may present the same appearances or form of disease.

Angina never occurred? Herpes hemorrhagica twice; an exantha-like measles, once; multiple phlegmon, twice (icterus, three times); erysipelas, once; miliaria as a complication occurred often. An affection of the skin of quite a peculiar nature was once observed, in this, that the skin of the whole body became rapidly covered with hemorrhages about the size of the hand, and which then became quickly confluent, and assumed a shading, passing from the clearest red to the darkest red, and even to a black color. These dermal hemorrhages had, like the retina, often white centres.

In the bone medulla were seen in many cases local lesions of a grayish-green color, surrounded

by a bloody halo. Some of these localities of disease presented the appearance of having been dissected out by suppuration. In some of them could be distinguished, next to the bloody halo, a well-defined puriform zone.

The lesions of the heart shewed—as endocarditis ulcerosa, sixteen times, in which the valves of the right heart were concerned four times; as the warty form without ulceration, six times; as pericarditis hemorrhage once; chronic endocard occurred five times; the cardiac valves were intact thirteen times.

In many cases were seen miliary abscesses of the cardiac muscular substance: besides the Doctor pointed out the frequent occurrence of pachymening hemorrhagica.

In regard to the pathological significance of the organic lesions above described, the lecturer observed a general analogy in the collective processes, in which, on the one hand, are the hemorrhages occurring with such regularity conjointly in the affected organs; on the other hand, the suppurative processes which, likewise, were met with in almost all parts.

Both groups of this affection are considered by him as caused by embolic closure of the vessels. Thus, while the bleedings which were so common, and the endocard. verrucosa were caused simply, by Bacteritic emboli—whereby the hemorrhages could apparently be traced back to necrotic lesions of the walls of the vessels,—on the other hand the suppurative processes (Panophthalmitis ulcerosa, dermatitis of a pemphigus like form) were referred to closure of the vessels from broken-down organic particles, arising from the irritating broken-down thrombi from the veins and lymphatic vessels.

Koester considers endocard. as caused by embolic infection, and accepts two forms of Bacterio-embolic substance, of which one causes the benign, the other the very severe ulcerative, form of endocarditis.

The Doctor shares these views in regard to the two processes arising from the same causal irritant, which, however, gradually differ and produce different effects. According as one or the other of these processes has affected the blood, do we see either the mild forms of the disease or that very severe form of endocard. ulcerosa, with its accompanying phenomena—hemorrhages or hemorrhages with suppuration.

Weigert's investigations agree with the above, for he shewed long ago that Bacteria sometimes

produced no ill effect, sometimes only degeneration, sometimes degeneration with suppuration. All these different conditions may be studied in the same organ: upon the eye, for instance may be seen hemorrhage or simple degeneration (appearing on ophthalmoscopic examination simply as white specks), or central degeneration with peripheral hemorrhage, or, finally, degeneration with suppuration, appearing under the form of panophthalmitis, and differing according to the seat of the embolic closure—embolism of the retinal vessels or of the vessels of the iris and choroid.

In the heart is observed simply valvular degeneration with or without hemorrhage, or degeneration with suppuration and ulceration.

Naturally, in these cases, the endocard. must be regarded as an accompanying phenomenon of the septic process, whilst panophthalmitis, in like manner, represents the retinal form of the disease. Hence it is incorrect to distinguish this diseased form as endocard. ulcerosa, as it is only a symptom of the general disease. A most important principle to be noted is the circumstance that the embolic material does not arise from the broken-down valves, but from bacteria floating in the blood or from the decayed thrombic contents of the lymph. and blood-vessels.

Progress of Medical Science.

INCONTINENCE OF URINE IN CHILDREN.

At the Harveian Society of London, recently, Dr. Farquharson read a paper on the subject. After some preliminary remarks on the bearings of incontinence of urine on surgery and obstetric medicine, he referred to the subject under three headings. In some cases this affection is found children of pale, weakly organization, depressed and languid, and feeling keenly their infirmity. Here there is, no doubt, some weakened condition of the sphincter vesicæ, or of the nervous centres in the lumbar cord; and tonic remedies, and more especially small doses of wine, will usually act with excellent effect. Secondly, there were cases of much greater severity, usually dating from soon after birth; and here it is necessary to make a distinction between the enuresis by day and that by night, for the latter is much more difficult of cure than the former, and frequently resists all medical treatment—departing, if it do so at all, spontaneously, about the period of puberty. The remedies which have been generally spoken of as most deserving of confidence or those which act on unstriated muscular tissue, and of these belladonna is the only one

which, in the experience of the author, has given good results. It is necessary to give full doses, and two ounces have been administered to a boy of seven before success, and even then only temporary success was attained. Ergot proved disappointing, and santonin has been entirely without influence under the morbid condition. Class three includes those cases which may support the belief that incontinence of urine is truly a neurosis; for here we find this symptom coinciding with, and even alternating with other nervine lesions. Thus, on two occasions it was observed concurrently with eczema, and once a very long standing case was attacked with chorea, during the continuance of which perfect control over the bladder was regained. Nervine tonics are of little use here; but the careful use of galvanism seems specially indicated, as well as blistering over the fifth lumbar vertebra, where modern experiment has shown the motor centre to be situated. The recently proposed plan of excluding meat from the dietary was not found to be of much service, no special acidity of urine being ever observed to require the counteracting agency of purely non-nitrogenous food.

NOTES OF THE CROTON-OIL TREATMENT OF RINGWORM.

I see in the *Journal* of May 29th, that the *artificial production of kerion* is advised as a cure for chronic ringworm. As I have been using croton-oil (in imitation of Nature's cure) for the last six years, and have already fully described my method of producing kerion in my paper on the Diagnosis and Treatment of Ringworm, published in the *Lancet* of January 10th, 24th, and 31st, I think it right to advise the profession to be very careful in selecting proper cases for this treatment. In the paper, I strongly recommend the production of an artificial kerion by croton-oil; i.e., "that swollen, raised inflamed and infiltrated state of the scalp which sometimes accidentally occurs during treatment, and which always results in a speedy cure of the disease. Kerion should be produced, if possible, in old chronic small patches of ringworm that have resisted all other treatment for many months, but not in those cases where the disease extends over a large extent of surface. The great aim of this treatment is to cause inflammatory swelling and effusion into the tissues around the follicles, so that the stumps, which otherwise would break off on attempted epilation, will now come out with the discharge, or can easily be extracted; in fact, very often in a short time an inveterate patch of ringworm, that has withstood every other treatment for years, can be transformed into a smooth slightly-raised place, utterly destitute of all hair and stumps, and practically well." "Even if the swollen condition of kerion cannot be produced, this treatment very rarely fails in loosening the stumps and curing the disease."

I republished these observations of mine, as I should be sorry for the profession to think that I

advocated the production of kerion *indiscriminately* in chronic ringworm, especially where a large extent of surface is involved. In fact, the chief cases for which I urge it are those I so constantly see, where, after ordinary treatment for a time, the hair has grown again on the patches, and then the child has been neglected for months, or even years, until some special reason brings it under treatment again. "Here the difficulty is not to find some parasiticide that will destroy the ringworm-fungus, but to bring the remedy into contact with it. In recent ringworm, conidia only penetrate a certain distance into the follicles, and therefore the disease is easily cured by almost any remedy; but after a time they penetrate to the very bottom of the follicles, which, it must be remembered, are even below the true skin." In such cases, it is impossible to reach the fungus by any of the usual remedies applied to the surface of the scalp. Ordinary chronic forms can generally be cured without producing kerion. Painting the place with croton-oil liniment is a good plan; but other remedies will often cause a moderate amount of inflammation, and even slight suppuration, and thus cure the disease. Citrine ointment with carbolic acid (as advised in my paper) will frequently produce this result, especially in young children.

The following, in my experience, are the most suitable cases in which the production of kerion may be attempted:

1. Inveterate cases that have resisted all other treatment for months or years, if not very extensive; especially those where the inveterate parts of the patches have been marked out and reduced in size by other treatment, as by oleate of mercury.
2. Any small patch of ringworm, not larger, say, than half a crown, where time is of the utmost importance, and a cure is desired as quickly as possible.

3. Such a case as where ringworm has been detected and properly treated for a time, until the new hair has made its appearance; after which it has been discontinued, although many diseased stumps remained. Months, or even years, have passed, and the child is perhaps rejected at some public examination. One or more patches are to be seen where the hair is growing freely and firmly, but, on close inspection with a lens, some scurfiness and broken hairs or stumps are observed, scattered among the long hairs on the patches.

Pustulation in minute spots should also be attempted, as probably the only cure for that variety of the disease I described as *disseminated ringworm*; "one rarely diagnosed, and the most chronic and difficult to cure. The hair is growing freely and firmly all over the head; there are no patches to be seen, although probably they have existed at an earlier stage of the disease; the skin appears generally healthy, and perhaps almost free from scurf, but numerous isolated stumps, or groups of stumps, are seen in every direction, often scattered all over the scalp. This variety is almost always overlooked, and can only be detected by very careful

examination. The stumps in these old chronic cases are very brittle, and almost always break on attempted epilation, showing, after soaking some little time in liquor potassæ, under the microscope a most extensive implication with fungus, even down to the root of the hair."

I have often succeeded in curing cases like this when they have resisted all other treatment for years, but they require great care and patience. The entire scalp must be subjected to a very close inspection with a lens, and an attempt made to pull out each stump as it comes into view, and then if it break off, which is most probable, a drop of oil should be applied at once to the follicle, with a very fine sable brush. At the next examination, the oil must again be put on any stumps that break off, as well as upon any fresh ones that appear.

A deep pustular rash alone will often cure chronic ringworm, but certainly not all inveterate cases. My knowledge of such is great, and I know full well, from painful experience, that croton-oil may be painted on time after time, and a pustular rash repeatedly set in, and yet diseased stumps will reappear.

I must remark that it is useless for medical men to attempt to cure very chronic ringworm, especially the disseminated variety, unless they thoroughly realize how intractable some forms of the disease are, possess a good lens and good eyesight, and have plenty of time and patience.

Ringworm must never be considered cured, although the hair has grown again on the patches, as long as a single stump remains affected with the fungus, or any black dots are seen. These black dots are the orifices of diseased follicles, in which the stumps have been broken off on a level with the surface of the scalp by friction, or are the apertures, filled with dirt, left by the retraction of the broken and shortened stump into the follicle after attempted epilation.

It is most difficult to certify that any case of ringworm is absolutely well. Time after time, stumps that were not visible at one examination will crop up again, breaking off when any attempt is made to extract them, and reappearing again and again for months after the case in other respects seems cured. Nor must it be forgotten that stumps are not removed when they only break off, and that no reliance for diagnosis or prognosis can be placed on the microscopical examination of short ordinary hairs taken from a patch, but only of the stumps.

In conclusion, I would warn medical men not to apply croton-oil without due consideration for ordinary cases of chronic ringworm. If they do, they will be sure to get into trouble, sooner or later. The oil often causes much inflammation, and parents get frightened, and imagine the doctor has made the disease ten times worse. Sometimes they will seek other advice, and are told that their former medical attendant has been overtreating the case, and has been using too strong remedies. Under soothing

applications, the little patient gets well, and the second attendant gets the credit of curing the ringworm, which was practically well when he first saw the case. I always explain to parents beforehand the reasons for adopting this treatment, and the results to be expected from it. It is also important to bear in mind that simple remedies will generally be efficacious in eradicating ringworm in young children, and that stronger ones in such cases should never be employed.—Alder Smith, M.B. Lond., F.R.C.S., in the *British Medical Journal*.

TREATMENT OF HOUSEMAID'S KNEE.

Dr. G. W. H. Kemper, of Muncie, Ind., writes as follows:

"In Braithwaite's Retrospect, part 62, page 151, Dr. C. R. Thompson contributes a summary of six cases of this affection cured by the plaster of ammoniacum and mercury. He says, 'I believe that the treatment of inflamed bursa patella by the plaster of ammoniacum and mercury is not so generally known and accepted as it deserves to be.' After reading this strong indorsement I determined to try the remedy at the first opportunity. About the 1st of April of the present year Mr. M., a miller by profession, came to me with a well-marked case of 'housemaid's knee.' The affection had existed for several weeks, and had arrested his attention by the enlargement and uneasiness. I directed the above-named plaster spread upon leather and worn over the patella. He attended to his usual duties, and his cure was effected before the month was ended."

TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

BY DR. KELP.

The author has treated successfully rebellious cases of the trouble by the hypodermic use of nitrate of strichnia. The injection is made in the neighborhood of the sacrum. A single dose stops the trouble for a little time. When the symptoms return the injections are renewed. The last observation was on a young woman of sixteen years, who, after an attack of scarlet fever, suffered several months from incontinence, in spite of every precaution. The first injection of strichnia procured a cessation of the incontinence for several nights. The treatment was repeated, and the cure was completed. The patient was a strong girl in good health and had never before suffered from incontinence.—*Gaz. Hebdomadaire.—Cincinnati Lancet and Clinic*.

OINTMENT FOR ITCH.

Balsam of Peru, 1 ounce; benzoic acid, 110 grains; oil of cloves, 40 drops; alcohol, 2½ drachms; simple cerate, 7 ounces. Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the balsam of Peru. It is said to effect a cure in twenty-four hours.—*Drug Circular*.

THE CANADA MEDICAL RECORD,
A Monthly Journal of Medicine and Pharmacy
 EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.
 ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES PERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

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

MONTREAL, DECEMBER, 1880.

TO OUR SUBSCRIBERS.

We desire to say to our Subscribers that it will oblige us if they will take a look at the date on their address label. Many, very many, are in arrears, some greatly so. Will these remember that the RECORD costs money, and remit the amount due us.

ON DIT.—It is reported the Ursulines are making overtures to the authorities of Laval University for the purchase of their buildings at Quebec, and that it is possible the whole University may be removed to the city. We give the report for what it is worth.

ANIMAL VACCINE, HOW IT IS PROPAGATED.

The following account is from the pen of the reporter of a secular paper (*Montreal Witness*), who visited and described what he saw at the vaccination stables of our confrère, Dr. Bessey of this city.

"We may echo the words of our contemporary, the *Canadian Medical and Surgical Journal*, in a recent issue, when it says: "Small-pox may be said to scarcely exist in Montreal at the present time, and the closing of the small-pox hospital is seriously contemplated. There can be no doubt that this very satisfactory state of things is largely due to the supply of pure lymph which has been at the disposal of our public vaccinators for the past three years."

"Through the courtesy of Dr. Bessey our reporter visited his vaccination stables, and was shown the vaccine disease in a well-developed stage on a handsome young heifer. None but the best animals are fit for the purpose. This animal, which had been vaccinated seven days previous on the in-

side of the buttocks, previously cleanly shaven for the purpose, was literally covered over the vaccinated region with well-defined genuine cow-pox pustules, singly and in groups of six to ten."

Fig. 1 gives the appearance presented on this heifer.



Fig. 1.

"Another choice heifer stood in a stall awaiting vaccination from this animal, one being vaccinated from the other consecutively. This had been kept up in uninterrupted succession from the original cases of spontaneous cow-pox found upon the Lehey farm, Longue Pointe, in November, 1877, of which Fig. 2 is a representation."

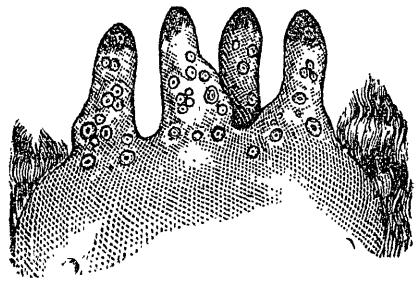


Fig. 2.

"There has already been furnished from this source lymph for the vaccination of over 50,000 persons, with uniformly mild and gratifying results. It is now used by the profession from Halifax to Winnipeg in Canada, and by a goodly number of the profession in the border States. Lymph has

een sent to members of the profession in England interested in vaccination and to Dr. Buchanan of the *National Vaccine Establishment, Whitehall, S.W.*, which has been duly acknowledged as follows:—

*National Vaccine Establishment,
Whitehall, S. W.,
10th Nov., 1880.*

DEAR SIR,

The animal lymph which you have so kindly sent, has been duly received, and Dr. Buchanan desires me to thank you for the same; he is, besides, much interested in your proceedings in the cultivation of animal lymph.

I am, Dear Sir,

Yours faithfully,

A. B. FARU,

Examiner of Vaccine Lymph to H. M. Government.

W. E. BESSEY, Esq., M.D.

“During last winter vaccine was furnished from this stable for the vaccination of the viceregal household of the Princess Louise at Ottawa, and used by Dr. Grant, physician to H. R. H. At that time a variolous epidemic prevailed in many parts of Canada, and to meet the increased demand several heifers were vaccinated at one time, but the number is diminished to one every eight days in ordinary times, which is absolutely necessary to keep up the succession and prevent delays. The city is furnished once a month at present with a fresh stock direct from the animal, and most of the city physicians obtain their supplies here, so that the absolute purity and the protective power against small-pox of true Jennerian vaccination is guaranteed. Dr. Bessey is full of hope that one day the Government may be able to spare sufficient money from their railway and other enterprises to establish a *national vaccine institute* where this mode of supply would be perpetuated to future generations.”

HOW IT IS DONE.

“Two appliances for managing the animal stood in the stable—one, a strong wooden frame held together with iron bolts, supported a suspended sheet of canvas over two rollers. This is used for large animals, which are driven in and the head securely fastened, after which the sheet of canvas is adjusted under the belly, and by a turn or two of the rollers the animal is suspended a few inches from the ground, the feet being fastened to prevent kicking, while the shaving and vaccinating goes on. The other is a strong wooden frame supporting a

tumbling table. This being upright the animal is brought alongside and securely strapped thereto, as shown in Fig. 1. It is then upturned and the animal finds itself on its side and perfectly helpless, unable to make the slightest resistance to the operator, who proceeds either to vaccinate or collect the lymph as the case may be.”

“Fig. 3 illustrates the plan of construction of this table, which is modeled on the plan of those in use by Prof. Depaul, France, and Dr. Martin, Boston, U.S., no originality being claimed for it.”

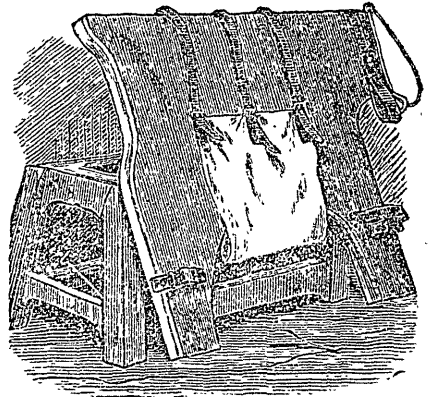


Fig. 3.

“The animal being thus perfectly secured, the vessels are pinched up and ruptured, when a clear watery-looking lymph exudes. This is collected upon ivory points (specially made for the purpose) and spread out on a shelf to dry. A number of the vesicles are usually left untouched to dry up and form scabs which are still preferred to points by many senior practitioners. The points are then carefully wrapped up in cotton wool, to prevent the absorption of moisture from the atmosphere, and next in blue paper to prevent the action of the sunlight, which rapidly destroys any virus exposed to it. They are then wrapped in tin foil to preserve an equal temperature, and finally enveloped in rubber tissue, hermetically sealed, to preserve them air-tight when transmitted to a distance. With each package sent out, bearing date and registration, is a printed sheet of directions and observations on the use and preservation of vaccine. Any package proving inert is also replaced with fresh active virus. By this means the public sentiment among the masses of the City of Montreal has been entirely changed in favor of vaccination. Small-pox is so far extinguished that the Board of Health have decided to abolish the Small-pox Hospital, and we hear no more of ulcerated arms from vitiated virus;

or small-pox following vaccination with degenerated lymph."

"In a fortnight all traces of the disease disappear from the animal, which is then disposed of, and fresh animals are provided to take their place, these not being again susceptible to the infection."

"The history of the Longue Pointe stock of vaccine may be given briefly as follows: On Nov. 6th, 1877, Dr. Bessey visited the farm of Mr. John Loney (since deceased), at Longue Pointe, opposite the Provincial Lunatic Asylum, and found there six animals affected with cow-pox in various stages of development. From these cows sufficient lymph was taken to make a beginning, and on Nov. 7th the first child in Montreal, (one Michael O'Mara) was vaccinated successfully with this stock of lymph. Animals at Logan's farm were also inoculated with it, and thus, from animal to animal, and child to child, the stock has been kept up ever since. Whenever it has been used, the results have been mild and satisfactory."

"We may now repeat, in Nov., 1880, with increased emphasis, the statement made by our contemporary the *Union Médicale*, in Nov., 1878, as it has now been much more extensively used:

"The lymph produced by Dr. Bessey was at first found on the cows of a milkman at Longue Pointe, near Montreal, a year ago, and, although this vaccine has been used on several thousand persons in Montreal and the other Canadian cities in the course of that year, no accident has been noticed, no undue irritation, no erysipelas, no infection of the blood—a thing which is easily understood, as this lymph is taken from the animal, and extracted from vesicles well developed."—*L'Union Médicale*, Nov., 1878.

Any members of our profession requiring a supply of pure vaccine could not do better than obtain it from this source. Animal lymph is becoming annually more popular, and is that variety used by the leading members of the profession everywhere, because of the safety it ensures.

TYPHOID FEVER AT BISHOP'S COLLEGE SCHOOL, LENNOXVILLE.

This school, regarded by a large number as the best boys' school in the Dominion, has been unfortunate this year, in the breaking out of typhoid fever upon two separate occasions, the last being early the present month. When the first outbreak

occurred, the school was broken up, and the sanitary condition examined; defects were found in the drainage, and these were remedied, and the whole system examined by competent engineer authority, and pronounced to be most complete in every respect. A second outbreak took place, as we have stated, early this month, and of course the school was closed. Six of the boys in attendance upon the school have become victims to the disease, and one of them has died. Such an occurrence taking place at such a well-known school has caused no end of talk; while reports the most outrageous have been circulated. Feeling the importance of the situation, and the duty which they owed to the public, the College authorities determined to act with vigor. On the 17th December, R. W. Heneker, Esq., the Chancellor of the University, came to Montreal, and at the Windsor Hotel had a conference with several friends of the institution. Dr. J. Baker Edwards, Dr. F. W. Campbell, Dr. Cameron, and Dr. Simpson of the Faculty of Medicine of Bishop's College were present, as also was Dr. Osler of the McGill Faculty of Medicine. The result of this conference was the appointment of a committee, consisting of Walter Shanly, C.E., Drs. Cameron, Osler and Simpson, to examine into the matter thoroughly. On the 18th they proceeded to Lennoxville and commenced their labors. As we go to press we learn they have returned, and that while we are as yet unable to say positively that the origin of the epidemic has been discovered; we believe that the general impression is that a line of investigation is being followed, which at this moment seems to promise most important results. We are strongly of the opinion that the result of the labors of this committee will be such as to restore, after a time, full confidence in the sanitary arrangements of the school.

At the regular meeting of the Medico-Chirurgical Society of Montreal, held on November 26th, Dr. Bessey produced the case of Psoriasis Lepraformis previously vaccinated, stating in course of his remarks thereon that he had vaccinated her on each arm and each leg, all of which twelve places had taken well. She was very ill and feverish for some days from the vaccination, and a secondary eruption had followed the operation. The original eruption had almost entirely disappeared (from

ome parts more than others) ; the secondary rash still remained more distinct.

Many of the members expressed surprise at the great change which had already taken place in twenty-six days, the scales had fallen off, the itching of the skin had disappeared. The eruption had every Spring declined of itself, but never to the same extent and not at this season.

Dr. Ross said the experiment was a most interesting one, but he had no faith in the curative action, and held that the fever excited by vaccination might account for the change.

Dr. Roddick facetiously remarked that more soap and water than usual might have been used.

Dr. Bessey, in reply, stated that the disappearance of the eruption had been very gradual up to date, that no other means had been used in her case, and that no *special* applications of soap and water had been resorted to. He regarded the case as yet in a state of *transition*, and might again avail himself of an opportunity at a future meeting to exhibit the final results. No one could deny that the improvement in the condition of the patient had been already very marked, amounting almost to a perfect cure. He had his own view of the cause of cure which differed from that of Dr. Ross. He had been desirous of establishing two points in practice, in which he thought he had succeeded, viz. : First. That there need be no hesitation in vaccinating any child or individual with a skin eruption, notwithstanding the old dogma on this point, which was obsolete. Second. That the action of vaccine in such a case would tend to ameliorate, if it did not entirely cure, the patient's condition, although in every case a temporary increase or secondary eruption would be likely to follow vaccination.

Dr. Edwards stated that, since the reading of Dr. Bessey's paper, he had vaccinated a child covered with eczema and that the eruption had entirely disappeared, with the exception of a small spot on left arm, and he supposed that if he had vaccinated on both arms that would have disappeared also by this time.

In the October number of the MEDICAL RECORD we stated that Dr. C. Eugene Nelson, of New York, had decided to perpetuate the name of his father—the late Dr. Robert Nelson, who many years ago was a prominent Surgeon in Montreal—by founding in the Medical Faculty Bishop's College

a gold medal—to be known as the “The Robert Nelson Gold Medal.” The details, we are pleased to say, are now fully completed, Dr. Nelson having placed in the hands of the University the sum of one thousand dollars, the interest upon which will yearly pay for the medal. At Dr. Nelson's desire the medal will be awarded for the best special examination in surgery—oral, written and practical. Believing that many would desire to know something of the man in whose memory the medal has been founded, we copy a memoriam of him, published in New York at the time of his death.

DR. ROBERT NELSON.

[IN MEMORIAM.]

Dr. Nelson was born in Pot-au-Beurre, near Sorel, Province of Quebec, Canada, August, 1794. His father, William Nelson, came from Yorkshire, England, before the Revolutionary War, and settled with his wife in Catskill, N. Y. Being a royalist he was obliged to leave this place, and settle in Three Rivers, Canada. He moved sometime later to Montreal, and finally to Sorel, where he lived and taught school for many years. Over seventy years ago he built the Manor House, where the descendants at present reside, his son Robert assisting in the manual labor. His mother Jane (Dyce) Nelson was English, of Dutch extraction.

His youth was passed at Sorel under the tuition of his father, and at Pot-au-Beurre, where he worked very hard. It must have been at this period of his life that he acquired the thorough knowledge of agriculture which was portrayed in the minutest detail during his life at Giffard's, Staten Island. At an early age he left home on account of the severity of his father, and went to Montreal ; this, however, did not influence him in regard to his parents in after life, as, when a member of Parliament for Montreal, he would stop at Sorel on his way to Quebec—make a hurried visit, and leave them some funds. In Montreal, he was apprenticed to Dr. Ryan, and subsequently to Dr. Arnoldi ; at the age of 16, he was gazetted assistant army surgeon in charge of the auxiliary force known as the Indian department ; he remained encamped with the Indians five years, during which period the war of 1812 occurred. After the expiration of his term of service, he lived in Montreal under the superintendence of Dr. Arnoldi, assisting him in his practice ; he soon began practice on his own account, subsequently building on Gabriel street,

where he remained till the rebellion of 1837. During his life in Montreal he was elected member of Parliament for the Eastern District, health commissioner during the cholera invasion of 1832-34, President of the Medical Board for the District of Montreal, Physician in charge of the Lunatic Asylum, Gaol, several of the convents, and the Hotel Dieu Hospital. He rapidly acquired fame and fortune, especially from his success in Lithotomy, operating 81 times with only two deaths. In 1835 he visited Europe, where he became acquainted with Astley Cooper, Hodgkin, Roux, Baron Boyer and Dupuytren. It was during this period that he married Miss Emily de Bathe, born at Oakley, near Cirencester, England. In 1836, Dr. Nelson returned to Montreal with his wife; about this time things began to wear a threatening aspect, and he espoused the revolutionary cause, more because his brother, Dr. Wolfred Nelson, had done so, than from his own desire. He was chosen leader of the revolutionary party in Lower Canada. In the winter of 1837 he was obliged to fly to the United States; in 1838 he made an incursion into Canada, which failed of its object. Dr. Nelson then resided as an exile in different towns in Vermont, where he pursued the practice of medicine. He was afterwards appointed to the chairs of Anatomy and Surgery at Castleton, Vt., and Pittsfield, Mass., having for colleagues Dr. Willard Parker and Dr. Horace Green. He then removed to New York, where he practiced medicine till 1849. During his residence in this city he delivered a course of lectures on Physiology, based on original researches. In 1849, he went to California, where he practiced a number of years, and distinguished himself especially in his operations for ovarian tumors; during this period he visited Europe several times, making the acquaintance of Queckett, Luke, South, Baker Brown, Milne Edwards, Bois du Noel, and others. While in California he spent much of his time in researches in the natural kingdoms for the purpose of illustrating physiological truths. He subsequently practiced in New York for a term of years. He has written on his "Fracture Bedstead for the Thigh;" "Lithotomy in the Female," his own operation; "Gastrotomy," a pamphlet describing his operations on different kinds of abdominal tumors; and a "Treatise on Asiatic Cholera." His wife died at Richmond, England, in 1859, during one of his visits. He died at Giffard's, Staten Island, N. Y., March 1st, 1873, in the 79th year of his age. His remains were taken

to Greenwood, where a white marble monument, representing grief, marks his burial place.

COLLEGE OF PHYSICIANS AND SURGEONS,

PROVINCE OF QUEBEC.

Our readers in the Province of Quebec will perhaps be interested in knowing that Mr. Lamirande, who was appointed by the College, at its last Semi-Annual meeting, prosecuting officer, has been making things quite lively among those who have neglected to comply with the new law. We understand that many feel annoyed at having to pay the fine imposed by the Act. They can, however, only blame themselves, for ample and sufficient notice was given of the requirements of the law. When Mr. Lamirande has brought the regular profession into line, we hope he will pursue the irregulars with unabated zeal. At last the Profession is commencing to realize that the College of Physicians and Surgeons of Quebec is a live institution.

AN OMISSION.

The paper on vaccination in chronic skin diseases, published in our last issue, was from the pen of Dr. Bessey of Montreal. By a strange omission his name did not appear as its author.

REVIEWS.

How persons afflicted with Bright's Disease ought to live. By JOSEPH F. EDWARDS, M.D. Philadelphia: Presley Blakiston.

The title of this little book does not at all fully convey its character, for it does more than tell those who have Bright's Disease how they ought to live. It describes briefly, but clearly, the functions of the kidneys, and their derangements; a chapter is given on Bright's Disease—What is it? The remaining chapter indicates the mode of life most likely to be followed with benefit by those who suffer from it. Bright's Disease is one which, within the last two or three years, has received much attention from the profession, and there is no doubt now that, with judicious medical treatment, avoidance of great mental exertion and pure country air (of a nearly regular temperature all the year) many cases which were formerly

looked upon as hopeless are now able to pass a long period in comparative comfort. Dr. Edwards puts some stress upon what he terms "moral medicine," believing it to be a powerful agent in all, but especially so in this disease. By *moral* medicine he means a belief in the existence of an All-wise Creator who ordains everything for the best. A firm faith in this doctrine tranquillizes the mind, and thus favors convalescence. We do not generally believe in patients having in their possession works treating upon the disease they may be suffering from. It does not, as a rule, promote recovery. This little work is, however, an exception, and may with safety, yes, with profit, be placed in the hands of all patients with Albumen Urea. It will calm many of the fears, and give them faith, which will do much to prolong life.

A Treatise on Diphtheria. By A. JACOBI, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons of New York. William Wood & Co., New York; Montreal, Dawson Brothers.

For twenty years Dr. Jacobi has been a contributor to the literature of Diphtheria and an acknowledged authority upon the subject. His various monographs have always been well received, and we predict the same for his latest effort in the volume before us. We have gone through most of it, and find that not only does Dr. Jacobi ventilate a theory, of his own slashing at the Bacteric School with a will, but that he is particularly profuse in the therapeutical portion. This section of the book is really admirable, and will commend itself to all who read it. We consider it a valuable contribution to the literature of Diphtheria.

The Practitioner's Reference Book. By RICHARD J. DUNGLISON, A.M., M.D. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Bros.

Upon a previous occasion, when the first edition appeared, we expressed a very favorable opinion of this work, and a constant use of it has only served to confirm our first impression. The present volume has largely outgrown the previous one, being almost double its size, and yet we do not see anything that could have been omitted. A use of the first edition showed many wants, most of which seem supplied in the present one. Several entirely new chapters have been introduced, among them the following: 1st.

How to write metric prescriptions. 2nd. How to use the hypodermic syringe. 3rd. The galvanic battery in medicine and surgery. 4th. How to use the clinical thermometer. We believe the work to be the most *universally* useful book that has appeared for a long time.

The Druggist's Hand Book of Private Formulas.

By JOHN H. NELSON, seventh edition. Cleveland, Ohio, 1881. Price \$3.

This is a volume which contains an immense number of receipts, and it cannot but be exceedingly useful to druggists. The formulas are varied, and embrace many which cannot be found anywhere else. We regret, however, to notice in it recipes for curing Gonorrhœa. They are out of place in such a book, for the practice of medicine is no portion of a druggist's business.

The Microscopist: a Manual of Microscopy and Compendium of the Microscopic Sciences: Micro-Mineralogy, Micro-Chemistry, Biology, Histology, and Practical Medicine. Fourth Edition, greatly enlarged, with two hundred and fifty-two illustrations. By J. H. WYTHE, A.M., M.D., Professor of Microscopy and Histology in the Medical College of the Pacific, San Francisco, California. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

This book aims to be a compendium of the microscopic sciences; whether it is all that it claims we are unable to say, but that portion devoted to Practical Medicine is most complete, and we should therefore judge favorably of the other portions. The illustrations are very fine, and many of them are colored to the life. No one at all pretending to a scientific knowledge of the medical profession can afford not to be a microscopist, be his ability in that direction great or small. This volume is one that commends itself, therefore, to all in the profession who use the microscope. Price \$5.00.

"The Trials of Raissa," a Russian Love Story. By HENRY GREVILLE. T. B. Peterson & Bros., Philadelphia.

This is a story full of fascination and power, the more felicitous and interesting because out of the common track. Henry Greville has written many stories, but none more absorbing and natural than this. The scene is laid in Russia, where Henry Greville is most at home, and the action takes place in St. Petersburg, the country, and Siberia. The descriptions are admirable, and the reader is given

a number of exceedingly picturesque pen-sketches of winter and winter scenery in the dominions of the Czar. Raissa is one of Henry Greville's best-drawn characters, and no one can fail to be touched by her sorrows, her trials and her loftiness of purpose. Indeed, as a picture of pure and upright womanhood, Raissa is an example worthy of emulation. The task of translation has been excellently performed by Mary Neal Sherwood. It is published in a large square duodecimo volume, paper cover, price 75 cents, and will be found for sale by all Booksellers and News Agents. Copies of it will be sent to any one, on their remitting 75 cents to the Publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

A Manual of Minor Surgery and Bandaging.

By CHRISTOPHER HEATH, F.R.C.S. Sixth Edition. Philadelphia: Lindsay & Blakiston; Montreal: Dawson Bros.

This little work fully sustains the reputation of the author. It is complete in almost every respect, and goes beyond the usual limits of works of this class. It should be indispensable to a dresser in the surgical wards of a hospital; in fact, older men would find it of benefit in refreshing their memories.

A Treatise on the Practice of Medicine for the use of Students and Practitioners. By ROBERT BARTHOLOW, M.D., LL.D., Professor of Therapeutics in the Jefferson Medical College of Philadelphia. New York: D. Appleton & Co.; Montreal: Dawson Bros.

Dr. Bartholow has for a number of years ranked among the closest observers in our profession in the United States. His pen has not been idle, and more than one volume, and many papers, have enriched the Medical literature of his country, this being, we believe, his second systematic work. We congratulate him upon the result, for although the volume before us does not pretend to be a full and thorough exposition of the entire subject, it presents in concise language the main and important points of all the principal diseases to which the human family is heir. The clinical material he has drawn from his own observations at the bed-side, and that it has been abundant and closely observed is evident in the very complete manner in which the symptoms are detailed. We are pleased to notice that Dr. Bartholow repudiates any sympathy with the therapeutic Nihilism of the day. On the contrary, he is emphatic in his conviction that remedies

are an important factor in determining the course of disease. He therefore gives the treatment with a certain amount of dogmatism—which is quite excusable, considering the experience which he has had. In this respect, the work differs, and we believe differs beneficially, from some other works on the same subject, where prominent Medical writers seem opposed to the value of medicine in the treatment of disease. We believe that it will prove a very valuable addition to Medical literature; and, from the fact that it utters no uncertain sound as to the value of treatment, it will do much to restore confidence among those weak in the faith.

The January number of *Scribner's* will contain an account of the aims and methods of the new Horological and Thermometrical Bureau, recently established by the Winchester Observatory of Yale College, from careful personal inspection on the spot. This is the first bureau of the kind established in this country, and cannot fail to raise the standard of excellence in both clocks, watches, and thermometers. The curious machinery used to correct watches to the tenth of a second, together with some singular facts in the behavior and habits of thermometers, make the article of more than usual interest to the reader. The same number also contains some account of Mr. John La Farge's and Mr. Louis C. Tiffany's recent work in stained glass.

"Most perfect of juvenile Magazines," is what the *Detroit Free Press* calls St. NICHOLAS. Its growth in England is keeping pace with its success in this country, and the English papers are as unanimous in praise of its beauties as the American press. The "wonderful Christmas number," just issued, the first edition of which is 105,000, is a grandly illustrated Holiday book of one hundred pages, containing, besides its capital Christmas and fairy stories, and original pictures by the best American artists, the first chapters of two splendid serials—one a story of the adventures, in the American tropics, of a party engaged in the capture of wild animals for a menageric, and a humorous serial by Rossiter Johnson.

A year's subscription to St. NICHOLAS is a holiday gift the influence and the joy of which is felt twelve times a year. *The North American* recently declared, "It would puzzle any one to say in what respect St. NICHOLAS could be improved." Sub-

scriptions beginning with the beautiful Christmas (December) number will commence the two serials mentioned. Price, \$3.00 a year. The Christmas number is for sale everywhere for 30 cents. Published by Scribner & Co., 743 Broadway, New York.

MEETING OF MEDICO-CHIRURGICAL SOCIETY.

Oct 29th—Regular meeting of the Society was held this evening, the President, Dr. Hingston, in the chair.

Dr. Smith exhibited a child which had suffered from tenia tonsurans. When first seen the disease was in a very active condition, with pustules about the roots of the hair. Poultices were used to remove the crusts, afterwards dilute acid nitrate of mercury ointment was used with perfect success. A mistake had been made at one time in using the strong preparation, which excited a pustular eruption, but, on returning to the use of the diluted ointment, a complete cure was effected.

Dr. Bessey exhibited a patient covered with psoriasis lepraformis, on whom he proposed to vaccinate for the relief of the disease, and promised to bring the case before the Society at another meeting, to show the results. Dr. Bessey then read a paper on vaccination in skin Diseases (This paper, and the discussion which followed, was published in the last number of THE RECORD).

Dr. A. L. Smith read a paper on Dilatation of the Stomach. This was a report of a case recently under treatment and resulted in recovery—will be reported.

Dr. Henry Howard thought there must have been partial paralysis of the coats of the stomach.

Dr. Osler said he had seen two cases. This condition of the stomach is known to occur sometimes as an acute disease, rapidly proving fatal in a few days. Fagg reports two cases where the condition developed suddenly after a hearty meal. Post-mortem: no trouble of pyloric orifice was observed. Other forms are due to simple constriction from ulcer. Did not know if this could be called a simple case. If water is drawn freely, and the muscles of the abdomen made to move, a splashing noise could be produced. Possibly in the case cited the patient had a trick of producing the sound after drinking copiously of water. Dr. Smith had not given the outlines of the stomach so as to prove actual dilata-

tion. Hysterical patients will drink freely, and there must be with it considerable distention, but such cases do not come under that condition known as dilatation of the stomach.

Dr. Ross thought the diagnosis could not be substantiated by the reader of the paper. He thought it was likely that the patient had been hypochondriacal regarding his digestive organs. The report stated that there was extensive dullness from the ensiform cartilage to pubes. If the stomach was dilated there should have been tympanitis above and dullness low down. In a tolerably dilated intestine we may have splashing.

Dr. Hingston agreed with the two last speakers, there was no vomiting, there was also the circumstance of rapid recovery. Dullness extended lower down than could be expected. Thought the colon had lost its arched condition, and had fallen down. The diagnosis is sometimes extremely difficult.

Dr. Ross read the notes of a case of Pseudo-cycosis which occurred in the Hospital.

Dr. Ross read the notes of a case occurring in the M. G. H.: a woman who to a remarkable degree simulated pregnancy—and, after the time was past, this passed away. Her history was as follows: no menses for three months after marriage, and then miscarried. Then had no menses for fourteen years, and then had a spontaneous return of the flow. At the next normal period no return, but had morning vomiting and unnatural desires, and at fifth month had signs of life; milk escaped at nipples. About end of ninth month had sharp shooting pains in back and bearing down. The Doctor was summoned, but the pains passed off. Breasts were large, and milk was drawn from them, then signs of child-life gradually grew less; abdomen became small. In March thought again she was to be delivered. On admission to Hospital there was great protuberance of the belly; there was large excess of superficial adipose tissue. On deep pressure nothing much could be made out. A sound was passed into the uterus which was of natural depth.

Dr. Reddy gave a case of Tetanus Neonatorum. History of a good natural labor; cord was very thick, and had to be tied twice over. On fifth day child had short fit: on eighth day, Dr. Reddy saw it. Slightest cause induced spasms. Mother fell about month before child was born. Dr. Reddy had seen a number of cases in Ireland, but in twenty-nine years this was the first case seen in Canada.

The meeting then adjourned.