

1028/41/31

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QUOTATIONS

CANADA MED. & SURG. JOURN. Jan. 1877, v., p 268, 301

Haemorrhagic Small-Pox. By William Osler, M.D., L.R.C.P., Lond.

Fellow of the Royal Microscopical Society, London
late Physician to the Small-pox Department of
the Montreal General Hospital, and Professor
of the Institutes of Medicine, McGill University.

The epidemic which has raged in this city for the past five years has been remarkable for the prevalence of this variety of the disease; and the present paper is based on 27 cases, 14 of which came under my own observation, chiefly at the General Hospital, while the remaining 13 were under the care of my predecessor, Dr. Simpson, to whose kindness I am indebted for permission to utilize them.

In the small-pox department of the Montreal General Hospital there were admitted from Dec. 14th 1873, to July 21st 1875, one year and seven months, 260 cases. Of these 24 died of the variety under discussion, or 9.23 per cent. #

The most virulent type of small-pox known since the beginning of the century.

Handwritten notes:
1876 to 1877 (Osler) p. 268
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Again ibid July 1875 IV p. 37 a long historical note letter signed Peter Peapath (Pres. MqH.)

written to Memorial Gazette insisting a measure of accommodation for small pox patients if the disease
to be stamped out and quoting the Boston City Hospital report that over a single case of small pox in Boston
during last 12 months some specimens of small pox to August 1873
more than 100 cases at a time at MqH. building ward wh. were found segregated.

Order must have been put in charge as it was in some City must have volunteered to
take charge of the ward soon after his appointment as ~~lecturer~~ Prof. of Institutes.
Possibly interest in skin diseases aroused by Silbury, for my time influence him -
more likely the chance for service in a job more could have really counted.

His first publication from these wards was the report in July for case of
Scarlatina miliaris which appeared in a woman convalescing from small pox
Order admission at the and that he might have conveyed the contagion himself
is of interest. Copy [67.53]

Aut. case
me

"An interesting question arises: where are we to look for the
source of infection? The small-pox department is separated by a considerable
interval from the general wards as well as from the houses about, in both of
which places scarlatina is rife. If we are to suppose the Scarlatina poison
to withstand solution to such a degree that it remains active after passing
through the wide space which separates the Small-pox hospital from the neigh-
boring buildings, can we attribute a minor degree of vitality to the small-

W.P.

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July, 1875, cont.

pox germs which must be wafted out of the ventilating shafts in countless numbers to be distributed in the neighborhood? Experience has taught us that we cannot.

Another, and perhaps more likely, source of infection must not be overlooked. On the 11th and 12th ult., I attended for a confrère a case of Scarlet fever in the immediate vicinity of the hospital, and on the evening of the 12th I went direct from the house to the hospital. At this period she was almost convalescent. The stage of incubation is so variously placed by different authors, ranging from three days to a month or more, that this may have been a prolongation of the period of latency. With an impoverished condition of blood the Scarlet fever poison may not have met with sufficient quantity of that "mysterious something", different for each exanthem, upon which the germs are supposed to live, grow, and at last, happily, exhaust; and hence a lengthened period of incubation, with retardation of the eruption." *

[Handwritten notes in cursive script, including dates like 'Aug 2', 'Sept 6', and medical terms like 'anthracosis', 'hemorrhagic', and 'vaccine']