NOTES ON THE CLIMATE AND DISEASES OF CENTRAL URUGUAY.

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THIS paper refers to the rural inhabitants of the zone of the Uruguay Republic which lies in lat. $32^{\circ} 43' S.$, long. $56^{\circ} 8' W.$, about 160 miles north of Montevideo, and about the same distance from the sea, the River Uruguay, and the Brazilian frontier. The mean annual temperature of the district is $60^{\circ} F.$ Spring and autumn averages running from 72° max. to 49° min., summer from 84.7° to 58.4° , and winter from 60.5° to 41.3° . The highest shade temperature recorded is 106° , and the lowest 19° . The average annual rainfall is 46 inches, falling on 94 days, and with a duration of 329 hours per annum. April and September are the rainiest months, February being the driest. It is not at all infrequent to find an inch of rain falling in an hour. On individual days the dryness of the air is frequently very great, and on the other hand, but with much less frequency, the humidity is so excessive that even inside the houses everything becomes permeated with a most penetrating damp. The rapid alternations from the one to the other of these extreme states of the atmosphere forms a marked feature of the climate of the interior of Uruguay. The average number of thunderstorms in the year is 48, and there is no doubt that they are intimately associated with the rainfall and with the great and sudden changes that occur from time to time in the direction of the wind, and in the temperature and humidity of the atmosphere.

The general physical character of Central Uruguay is undulating, showing low hill ranges, some rather stony, some with no surface stone, of no great elevation, in few instances rising more than 100 feet over the nearest running water. The soil is of a very varied character, in some parts a stiff black clay, difficult to work but very rich; in others, light black loam intermixed with sand. There are also some patches of gravelly soil, apparently old morains, and in some parts a cold grey clay occurs. The stone is amygdaloidal; there is also a good deal of conglomerate sandstone. At times true felspathic sandstone approaching tuffa in composition occurs, occasionally a little quartzite, grey and olive-coloured.

Leaving these climatic and geographical data, for which I have to thank my friend, Mr. John Hall, of the Estancia San Jorge, I come to the main object of my paper, the consideration of the most general diseases affecting the camp population of Central Uruguay.

ALIMENTARY SYSTEM

Dyspepsia is undoubtedly the most common affection, and it is not far from the mark to state that about 60 per cent. of the rural inhabitants suffer from different forms of digestive disturbance. The hepatic variety of dyspepsia is uncommonly prevalent, and considering that the major part of the *estancieros* (farmers) are great meat eaters, and enormous consumers of *maté*, or Paraguayan tea, it is not to be wondered at that their digestions should become perverted. Some fifty cases of carcinoma of the œsophagus have passed through my hands, its seat with two or three exceptions having been at the lower two-thirds. I was unable in any of these 50 patients to discover any hereditary or specific history, hence I cannot help thinking that the Uruguayan habit of continually sucking hot *maté* may have had some effect in producing proliferation of the lining membrane of the œsophagus with consequent stricture. All these patients, I may state, were confirmed *maté* drinkers, and had completed their fiftieth year. The ordinary forms of diarrhœa are very prevalent, acute gastro-enteritis accounting for many deaths amongst infants and children. On the other hand, dysentery is a somewhat rare disease.

CIRCULATORY AND RESPIRATORY SYSTEM.

Affections of the heart, as far as my experience has gone, are seldom met with, though I have occasionally come across organic lesions in the mitral and aortic valves.

The respiratory organs, however, are very liable to disease. Phthisis claims many victims, and one can quite understand that with the almost daily variation of the temperature on the plains of Uruguay acute lesions of the lung are very easily

developed. Pneumonia and pleurisy are often met with, especially during the winter. Asthma, particularly of the bronchitic type, is far from uncommon.

ZYMOTIC DISEASES.

Of the zymotic diseases typhoid fever is the most frequent. I have generally been able to trace it to an impure water supply, and considering that the wells from which the drinking water is taken are often quite close to the latrines, this is not to be wondered at.

So far, I have never come across a single case of small-pox, which is surely eloquent testimony to the efficacy of compulsory vaccination, as I have been told that some thirty years ago variola was a scourge; in fact, one only needs to look at the faces of the older inhabitants to recognise how general it must have been. Scarlet fever is very rarely seen, whereas measles often develops an epidemic character. Diphtheria of a very malignant type is met with at certain seasons of the year, and at times claims numerous victims. Here again I have noted that the drinking water has been the cause of the disease.

CUTANEOUS DISEASES.

The most common disease of the skin is undoubtedly eczema, which is very prevalent amongst young children and infants. Scabies appears periodically, and often spreads in quite an astonishing way.

Favus I have never seen, whereas ringworm crops up quite unexpectedly. Psoriasis is very rare, and the two cases I have treated were very circumscribed.

URINARY AND VENEREAL DISEASES.

Acute forms of Bright's disease are met with every now and again, but as a rule do not reach the chronic stage.

Gonorrhœa and syphilis one might say are quite the order of the day, and the manner in which specific diseases are propagated is appalling, though considering that camp prostitutes are not compelled to be examined by the police doctor, little wonder is it that hard and soft chancre should be so rife. One thing which has struck me very forcibly is the recuperative power which the man who leads an open-air life seems to have as compared with the town-liver; regular treatment from the first soon makes the most obstinate symptoms yield. With all the amount of gonorrhœa existing it is a strange fact that urethral stricture is not more often met with, and it is a rare thing to come across these organic strictures so often observed in the large cities of Europe.

NERVOUS DISEASES.

Years ago, when the camp population of Uruguay was less civilised, such a thing as a hysterical attack was almost unheard of; but to-day, with more rapid means of communication, with the consequent intermingling of the town and camp populations, the nerves of the rural inhabitants seem to be higher strung. Chorea is to be met with occasionally, although I have hardly ever seen a case which has not yielded to proper treatment. Hemiplegia is one of the most common organic lesions.

ABSENCE OF MALARIA AND ACUTE RHEUMATISM.

In such a country as Uruguay, where every now and again one comes across large tracts of marshy land, it would not be a matter for surprise if malaria was present in these low-lying districts. However, so far as my experience has gone, not one single case of intermittent fever has been brought under my notice, a circumstance which points very forcibly to the natural healthiness of the climate. Again, acute rheumatic fever is conspicuous by its absence, a coincidence which is all the more extraordinary considering that a great number of the natives of the country gain their livelihood as "tropes," or cattle drovers, and are thus exposed for days and nights together to the full fury of South American storms, having very often to swim swollen rivers on their way to Montevideo, where they arrive without having had a dry thread on them for several days at a stretch.

CHRONIC RHEUMATISM.

Chronic rheumatism, on the other hand, is very general, though it never seems to assume so aggravated a form as its prototype of the northern hemisphere.

MALIGNANT PUSTULE.

At certain seasons of the year, generally about the end of the summer, a kind of epidemic of malignant pustule seems to pass over the country side, and I have invariably observed that the presence of "grano malo," as the natives call it, co-exists with a prevalence of the same disease amongst the cattle. On many occasions malignant pustule is directly inoculated into a person who has been under the necessity of taking off the hide of an animal which has died from that disease. Again I have more than once undoubtedly proved that the bite of a fly which has been feeding on some carcass affected with malignant pustule is sufficient to produce the disease.

LITERARY NOTES.

WE must congratulate Dr. Stedman on the appearance of the twentieth and the last volume of the *Twentieth Century Practice* of medicine. The first volume appeared in 1895, and with certain exceptions the work has appeared in accordance with the original plan, and with punctuality. The most important articles in the last volume are those on tuberculosis, yellow fever, and snake venom. The nineteenth volume, which has appeared almost simultaneously, is devoted to malaria and to some articles on bacteriology.

Messrs. Herbert S. Stone and Co., of Chicago, will shortly issue a translation of Professor Koenig's great *Textbook of Special Surgery*. The translation, which has been made from the recently published seventh German edition, is by Dr. Arthur B. Hosmer, and is edited by Dr. Christian Fenger. The translation, which has the sanction of the author, will consist of three large octavo volumes, each of which will contain about 300 illustrations.

The report of the Committee of the New York Academy of Medicine on the Library shows that the number of books in the Library on November 30th, 1900, was 89,000 volumes. Of these 36,105 volumes were duplicates. The books added during the year, not including duplicates, numbered 3,649 volumes. In the circulating department 971 books and 832 journals were issued to 194 readers; 11,520 readers were registered during the year in the reading room, and probably many others used the library but were not registered. The library is growing rapidly, the additions during the last four years being at least 3,500 volumes a year, without including duplicates; 991 journals in many languages were on file, and added 1,135 bound volumes to the shelves during the year. Including the duplicates the natural growth amounts to about 5,000 volumes, and at this rate there is only space left in the stack room for five more years. More space for the library is urgently needed, and it will be difficult to find this space in the present building. At present there are 13,430 feet of shelving available, of which less than 3,000 are occupied, and 600 feet of shelving are needed annually for the natural growth in new books.

The new Century Number of *The Student*, the Edinburgh University Magazine, is intended, in the words of the preface, "to mark the pride and grateful memory in which the students of Edinburgh University hold the work which their sons have done in letters throughout the century that has just passed." The form of the memorial, however, is prospective no less than retrospective. Besides contributions from writers of tried reputation, the number is made specially interesting by others from "a remarkable, perhaps unique, group of those younger craftsmen who may be the Masters of To-morrow." Mr. Austin Dobson contributes a "dedication" in memory of Robert Louis Stevenson. Among other "eminent hands" who have responded to the call of the able editor, Mr. Lindsay Bashford, are "Q," Mr. William Archer, Mr. J. W. Bulloch, Mr. George Gissing, Mesdames Katherine Tynan and Campbell Praed, Mr. I. Zangwill, Mr. J. W. Mackail, Mr. Jerome K. Jerome, and Mr. Gilbert Parker. Altogether the number is one of varied interest and high literary merit, and reflects great credit on the Editorial Committee, which we note with interest includes a lady.

The *Dundee Advertiser* has reproduced in facsimile the first number of that paper published on January 16th, 1801. This modest sheet is interesting in contents and style. It contains the germ of that enterprise which has made Sir John Lenn's newspaper what it is to-day. An advertisement on the first

page is of medical interest to us in the midst of debates upon the teaching of midwifery. A hundred years ago Mr. Grant, surgeon in Dundee, anticipated the methods of our own time, and we would gladly learn what his results were if his efforts are not buried in oblivion. The advertisement, boldly headed "Midwifery," runs as follows:

MIDWIFERY.

SEVERAL WOMEN, having applied to Mr. GRANT, Surgeon in Dundee, for instruction in the above art, and it being inconvenient to his private practice to give the attention necessary to instruct them separately, he takes this method of acquainting them and the public that he intends to OPEN A CLASS some time in the month of January, 1801, for that purpose. Of the particular time and terms information may be obtained at his house in St. Andrew's Street, Dundee.

In connection with the subject of practical instruction in midwifery in past times, it may be mentioned that from a curious document recently published in the *Journal de Médecine* it appears that in the early part of the eighteenth century a Paris surgeon named Grégoire got into trouble with the police for holding classes for apprentices. The lieutenant of police—Hérault—after arresting Grégoire for this offence, together with three or four women, sent a report of the proceeding to the Minister, Maurepas. After reciting the names of the prisoners, he goes on:

The first (Grégoire) is a surgeon-accoucheur who attracted to his house pregnant women who were examined by foreign apprentices, who forbore no manner of touching in order to make themselves acquainted with the condition of each pregnancy. When those apprentices had made their examination, which often hastened delivery and placed the mother and child in danger, they paid the women whom poverty had induced to go to that house for the purpose of finding some relief in their want. The Procurator-General, who as well as myself was informed of this abuse, thought it right to have Grégoire and all the women found in his house arrested, in order to have record of the fact by official report, followed by examination, so that he might subsequently be in a position to prosecute the said surgeon. I gave an order to that effect on March 28th, 1729, in pursuance of which that individual and the women who were in his house were arrested and taken to prison.

The surgeon and his "accomplices" were kept in the Petit-Châtelet Prison for several months before the authorities found time to attend to the matter. The women, one of whom had only just entered Grégoire's house when the arrest took place, were urgent in asking to be set free, but in vain. Grégoire himself protested vigorously against the charges made against him, of violating decency in his proceedings and of causing the death of women and children. He declared that what he had done was for the relief of poor women and for the instruction of surgeons' apprentices. He stated that he had been in practice for more than thirty-five years in the Saint Médard and Saint Séverin quarters, where he had been held in good repute, and had taught the obstetric art to *bona-fide* pupils, especially foreigners, who resorted to him. Still he and his unfortunate patients, victims of the law's delay, were kept in prison, while the police left no stone unturned to find evidence against them. It is satisfactory to know that at length they were acquitted and set at liberty by order of Parliament.

With the beginning of the new century the *Indian Medical Gazette* entered on the thirty-sixth year of its existence; it is consequently the oldest medical journal in India or the Colonies. It owes its foundation to the late Deputy-Surgeon-General David Boyes Smith. His successors in the editorial chair have been John Purefoy Collins (1867); Charles R. Francis (1868); James Tyrell Ross Carter (1869-70); Charles N. Macnamara (1871-92); John Gay French (1875-76); L. A. Waddell (1884-85 and 1897-99); W. J. Simpson (1889-97); Alexander Crombie (1892-93); D. M. Moir (1897); F. P. Maynard (1898); C. Bedford (1898); and W. J. Buchanan (1899). The *Gazette* has now associate editors for Madras and Bombay respectively, and receives contributions from every province of India.

Some months ago we had occasion to refer in terms of high appreciation to the Special Stone Number of the *Indian Medical Gazette* which was published in August. We are pleased to note that the success of that number has led "to the request on many sides for the production of a special 'cataract' number, an operation in which surgeons in India may fairly claim a very special experience." How well founded this claim is may be judged from a paragraph in the January number of the *Gazette*, where, after referring to a statement made at the last meeting of the American Medical Association that the average ophthalmic surgeon in America does on an average fifteen to twenty cataracts in one