A NOTE ON THE TEACHING OF THE HISTORY OF MEDICINE.

By WILLIAM OSLER, M.D., F.R.S.,
Professor of Medicine, Johns Hopkins University.

IN connexion with the discussion on this subject which has taken place in the columns of the *BRITISH MEDICAL JOURNAL*, a brief statement of the methods adopted in the Johns Hopkins Medical School may be of interest.

1. *Lectures*.—Since the opening of the hospital in 1889 Dr. John S. Billings has held the position of Lecturer on the History of Medicine, and has given an annual course, attendance upon which is optional.

2. *The Historical Club*.—Organized in 1889, a monthly meeting is held throughout the winter session. During the first three years an attempt was made to cover systematically the great epochs. Dr. Welch dealt very fully with the Alexandrian and Arabian Schools, and one evening was devoted to an exhibition of the chief works on the History of Medicine. Dr. Kelly has repeatedly brought out treasures of his private collection, and has contributed many papers to the history of obstetrics and gynaecology. The volumes of the *Hospital Bulletin* contain about a dozen articles read before the Club, some of which have had the honour of a notice in the *JOURNAL*. Altogether the Club has been successful, not only in stimulating an interest in the subject, but as a routine means of education.

3. In the everyday work of the wards, and of the out-patient department the student may be helped to get into the habit of looking at a subject from the historical standpoint. In my out-patient class this is made a special feature of the teaching. A case of exophthalmic goitre comes in—the question at once is put, Who was Graves? Who was Parry? Who was Basedow? Of course the student does not know; he is told to bring, on another day, the original article, and he is given five or ten minutes in which to read a brief historical note. I take from the class-book at random the titles of some subjects which have been presented this session, very often to the edification of the teachers as much as the students: Sydenham's description of chorea, Valsalva's method of treating aneurysm, Tufnell's method of treating aneurysm, the history of our knowledge of lead-poisoning, Abram Colles and his law, Dr. King's safety valve action of the tricuspid valve, Bright's original description of the disease which bears his name, Glisson's original description of rickets, Bland and his pill, the history of haemophilia in America, the history of diabetes.

4. Once a week, over a little "beer and baccy," I meet my clinical clerks in an informal conference upon the events of the week. For half an hour I give a short talk on one of the "Masters of Medicine," in which, as far as possible, the original editions of the works are shown.

In the present crowded state of the curriculum it does not seem desirable to add the "History of Medicine" as a compulsory subject. An attractive course will catch the good men and do them good, but much more valuable is it to train insensibly the mind of the student into the habit of looking at things from the historical standpoint, which can be done by individual teachers who themselves appreciate the truth of Fuller's remark:

"History maketh a young man to be old, without either wrinkles or grey hairs; privileging him with the experience of age, without either the infirmities or inconveniences thereof. Yea, it not onely maketh things past present, but inableth one to make a rationally conjecture of things to come. For this world affordeth no new accidents, but in the same sense wherein we call it a *new Moon*, which is the old one in another shape, and yet no other then what hath been formerly. Old actions return again, furbished over with some new and different circumstances."

At the annual meeting of the American Laryngological Association held in Boston on May 27th, Dr. StClair Thomson, of London, was elected a Corresponding Fellow.

The Royal Free Hospital, London, has received from Mrs. J. C. Parkinson, of Whitehall Court, a sum of £1,000 as a gift in honour of the Coronation and for the purpose of endowing a bed to be called the Elliot Parkinson Bed.

ON SOME RESULTS OBTAINED BY DISINFECTION AND ISOLATION AGAINST CHOLERA.

BY

MARC ARMAND RUFFER and C. ZACHARIADES BEY,
M.A., M.D. Oxon., President, M.D., Medical Director (1st Class),
Sanitary, Maritime, and Quarantine Board of Egypt
(From the Quarantine Camp Tor, Sinai, Egypt.)

CHOLERA made its appearance in the Hedjaz early this year, but there is considerable doubt as to the exact date of the first case, and it is unknown whether it was carried there by pilgrims or spread from some old endemic centre in the Hedjaz.

CHOLERA IN THE HEDJAZ.

The first official news of the presence of cholera in the Hedjaz was communicated to the Quarantine Board of Egypt on March 7th, though for some days before we had been aware that the Hedjaz was infected. It is not possible to state accurately the number of cases which occurred at Jeddah, Mecca or the caravan roads to Medina and Yambo, for not only is the official news extremely meagre but the accounts given by pilgrims differ greatly. It is certain, however, that the epidemic was very severe, that some of the caravans suffered terribly from cholera and that the whole of Hedjaz was infected.

The prognosis of the pilgrimage this year was rendered still more serious by the fact that pilgrims from the North were very numerous, as a large number of Russians, Bokhara people mostly, had gone to Mecca. According to all accounts, the Bokharene were the chief sufferers during the pilgrimage.

The pilgrim ships this year were perhaps slightly less overcrowded than in former years, but, nevertheless, the sanitary conditions on board were very unsatisfactory.

PRECAUTIONS AT TOR.

All pilgrims from the North have to put in a period of quarantine of fifteen days at Tor, and one of us (M. A. R.) has already given a full account of the measures taken at Tor,¹ but a few explanatory words may not be out of place here.

The port and village of Tor are situated in a wide plain at the foot of the Sinai range, about 120 miles south and east of Suez. The pilgrims are landed in batches of forty or so, and sent immediately to the disinfecting station, where all their luggage is searched and the things requiring disinfection immediately removed. Linen, bedding, etc., are steamed at 110° C. for twenty minutes, the maximum temperature being ascertained by an electric signal thermometer and a maximum thermometer. Shoes, leather goods, etc., which require disinfection, are placed for five minutes to half an hour in a 1 in 1,000 solution of mercury perchloride. All water skins are removed and tin cans provided instead. While the disinfection is in progress, and the goods are removed to the clean side of the building the pilgrim is taken to another room, where he takes off all his clothing and is provided with a clean shirt. He then undergoes medical examination, and any pilgrim with a pulse of over 80 is stopped, and his temperature taken.

Those who show no signs of disease are doused or bathed in warm sea-water. Their shirts are removed, their clothing (which has been disinfected in the meanwhile) is restored to them, and the pilgrims then march off with their luggage to the camp, where six pilgrims sleep in each tent.

The camp is divided into sections, and each section contains 500 pilgrims, a resident doctor, a chief superintendent, and the necessary staff of sweepers, etc. Every morning and evening the medical man in charge sees every pilgrim.

Every sick person is at once sent by train to the hospital, where the diagnosis being made he is sent to one of the following hospitals:

1. Hospital for ordinary disease.
2. Cholera hospital.
3. Suspects hospital.

The cholera cases are placed in wooden barracks containing two patients each and so arranged that any side can be completely opened at will; the suspicious cases are placed in tents and the ordinary cases in well-built stone hospitals. In all suspicious cases a bacteriological diagnosis is made. The

whole of the inferior hospital staff is locked up in the premises and the staff for cholera and suspicious cases kept separate from the remainder of the staff throughout the whole length of the pilgrimage. At the gate of the hospitals there are baths, a disinfecting stove, and a laundry, so that everything can be disinfected before leaving the hospital. The linen coming from the cholera section is always steamed before being washed.

Pipe water is distributed throughout the camp.

THE RESULTS.

In order to be sure whether or not the results, apparently successful, obtained at Tor this year were due to the measures taken, it is essential to know what happened at Tor under similar conditions in former years.

The reorganization of the camp dates from 1897, and it appears from official reports that the disinfection and isolation of pilgrims were then far from perfect. The water supply, also, was likely to become easily contaminated, though there is no evidence to show that it ever was contaminated.

Within the last ten years cholera has appeared three times at Tor, namely, in 1893, 1895, and lastly this year.

The statistics of 1895 are really of no use, because cholera as such was not recognized until the epidemic had spread among the soldiers guarding the camp. All the other cases, with the exception of two, were classed with cases of diarrhoea under the title of "*diarrhée infectieuse*."

The statistics of 1893 are not more satisfactory, because the medical supervision being very defective, it is not exactly known how many cases occurred in the camp. So much, however, is known as that cases occurred in the camp nineteen days after the pilgrims had been landed, that cases occurred on board ships after remaining more than fifteen days in quarantine at Tor, and after the voyage home from Tor to Turkey and Morocco, that on one ship indeed a case of cholera occurred after more than sixty days' quarantine. It cannot be argued, therefore, that the air of Tor is in any way inimical to the spread of cholera.

The following table shows the time at which these cases occurred:

Name of Ship.	Date of Arrival.	Date when Disinfection was Completed.	Date of Appearance of Each Case of Cholera.	No. of Cases.	Deaths.	Cured.
Kamil Pacha...	1902. April 1	1902. April 1	1902. April 1	4	1	1
Fayoum ...	" 2	" 2	" 2	10	1	5
Garb ...	" 3	" 5	" 3	3	3	4
Minieh ...	" 4	" 7	" 4	3	3	11
Alexandria ...	" 5	" 7	" 5	3	1	4
Odissos...	" 6	" 9	" 6	3	2	2
Taif ...	" 6	" 9	" 6	3	1	3
Elleni ...	" 7	" 11	" 7	1	1	1
Ermis ...	" 7	" 11	" 8	1	1	1
Angora...	" 14	" 16	" 16	2	2	2
Savoie ...	" 23	" 25	" 23	2	2	2
Albia ...	" 23	" 25	" 25	1	1	1
Hodeida ...	" 28	" 29	" 29	1	1	1
Finsbury ...	May 12	May 13	May 13	1	1	1
Saccaria ...	" 21	" 24	" 21	1	1	1
				54	43	11

Number of cases occurred between the day of the arrival and the disinfection, 44. Number of cases occurred after the disinfection, 10. Namely, 5 cases one day, 3 cases three days, 1 case five days, and 1 nine days after the disinfection had been completed. It is clear that more than half these cases were already incubating cholera when admitted into the camp.

The number of pilgrims which arrived at Tor this year was 26,139, on thirty-four pilgrim ships, of which fifteen were found infected with cholera, a proportion of infected ships

almost unheard-of. Of 54 cases of cholera landed or occurring at Tor, 43 died (mortality nearly 80 per cent.), so that it cannot be said that the disease was not virulent.

Whenever a case appeared in the camp the pilgrims inhabiting the same tent as the patient, and their clothing, were disinfected in the usual way, and kept under special observation. The disease did not extend to any of the hospital staff or the soldiers forming the cordon, and according to all official reports no cases occurred on board ships after leaving Tor. Needless to say, all the ships had been thoroughly disinfected during their stay at Tor.

With regard to the extension of the disease we may add that during the present pilgrimage, life at Tor was rendered unendurable by a plague of flies. It was found impossible to keep them out of the barracks of cholera patients and out of our own tents. They were found in one's milk or coffee if the cups were left uncovered for more than a few seconds, and an afternoon sleep was out of the question, except under a mosquito curtain. In spite of this incredible number of flies, the disease spread not at all in the camp, and accordingly we cannot help being somewhat sceptical as to the supposed rôle played by these insects in the spread of cholera.

REFERENCE.

1 *Transactions of the Epidemiological Society of London*, New Series, vol. xix, Session 1899-1900, p. 25.

AN EPIDEMIC OF DENGUE FEVER.*

By F. O. STEDMAN, M.D., B.S.LOND.

Hong Kong.

DURING the last three months of 1901 a somewhat widespread epidemic of dengue fever was prevalent in Hong Kong, and I understand from hearsay that a similar epidemic attacked Macao and Singapore also. I believe that a considerable proportion of the population in the City of Victoria, Hong Kong, has been affected by the disease, but owing to the infrequency with which the Chinese seek European advice it is impossible to form any estimate as to what percentage of the community was attacked. As far as I have been able to ascertain the epidemic seems to have commenced among the Chinese, after them the Parsee community here seems to have suffered the most severely; in fact, I think a greater percentage of them than of the Chinese must have suffered from the disease; a considerable number of Europeans has also been attacked, but the proportion would appear to be small compared with the total number of the white population of Hong Kong. I have been told by doctors belonging to the military and naval services that there have been very few cases either among the soldiers or sailors stationed here. The disease has been chiefly prevalent in the city, and I have seen very few cases on the higher levels; in fact, at the Peak I have only had two or three cases under my observation.

The epidemic commenced about the middle of October and began to subside early in December as soon as colder weather set in, thus according with the textbook description of the disease, for it would appear that in former epidemics it has ceased to spread simultaneously with the onset of cold weather.

I regret that I have not seen any case in which I was able to form a reliable estimate of the incubation period, but my impression is that it is very short—not more than one or two days at the most; in one house I had four cases, three of them falling sick within twenty-four hours of the first case, but it was impossible to be sure that they contracted the disease from the first patient. I was, however, told of a case where a person landed here from a ship which was free from infection, and twenty-four hours after was attacked with dengue fever.

Infection.—There can of course be no doubt that dengue is highly infectious, yet, on the other hand, it is very remarkable in how many instances I saw only one case in a house in which there were many residents, and yet all the others in the house escaped. Moreover, out of a considerable number of medical men in this colony, most of whom must have seen cases of dengue, I only know of three who contracted the malady.

* Read before the Hong Kong Branch of the British Medical Association.