

paths, it appears, have been quietly treating it (appendicitis) medicinally, seldom operating and rarely losing a case."

Just how "rarely" is not stated, but we will supply the information by saying that the proportion of fatal cases under any sort of medical treatment has been shown to be something over 25 per cent. from causes which cannot be reached by medical treatment — concretions, tuberculosis, empyema, abscess, etc. The death rate of appendicitis under the best surgical treatment has been shown to be less than 1 per cent., or almost no death rate at all.

Lack of space prevents our indulgence in lengthy details, but we will mention one homœopath, who has practiced in this city twenty-five years, seeing his due share of appendicitis cases in his own practice, besides those brought to his notice by fellow practitioners— he being a surgeon with college and hospital standing. He has never lost a case and never failed to cure a case, whether primary or recurrent, with strict homœopathic prescribing.

Other veterans tell the same story. Occasionally, at very long intervals, a patient is lost. The percentage of deaths among these homœopaths is not 25 per cent.—one-quarter of 1 per cent would be a liberal estimate. We regret that our esteemed contemporary should "give away" the allopath in this thoughtless manner, but that 25 per cent. must refer to practice other than homœopathic.

By the way, where shall we tabulate the cases mentioned every day in the daily press of eminent men who are operated upon, and die in a day or two? Probably not included in the "less than 1 per cent."

While not the advocate of any school, *Life* is still unable to resist the belief that those who are really attached to their appendix—in any sense—will find the safest and most comfortable traveling on the homœopathic highway.

All the guide-posts point in that direction.

VISITORS FOR APRIL.

Lady visitors for the month: Mrs. H. Thomas, Mrs. A. R. Griffith.

A CRUSH OF ADVERTISING.

Owing to pressure of advertising a considerable amount of interesting reading matter has to be omitted from this number.

MEASLES AND SCARLET FEVER.

THEIR SYMPTOMS AND HOME TREATMENT.

Measles and scarlet fever have been the most prevalent diseases amongst children during the past month.

Measles usually commence with languor and drowsiness, a hard cough that is peculiarly distressing; the eyes are red, swollen and watery, there is sneezing and running from the nose; the fever increases in intensity. The eruption begins about the fourth day near the roots of the hair and on the face. This rash is in the form of small circular spots, slightly elevated above the surrounding skin. It is two or three days coming out and remains at least three days. With the disappearance of the rash the cough and fever should subside. Complications and secondary diseases of measles are sometimes serious, involving the lungs, eyes, ears, throat, glands, bones and skin. If there be any latent tubercular taint in the constitution it is very apt to be developed.

As soon as the initial symptoms are detected the child should be placed in a warm bed and kept free from draughts. Cool water may be given *ad libitum*. If vomiting should be present and persistent sips of hot water may allay the irritation of the stomach. Diet must be varied and nutritious. Milk is best; milk toast, broths, gruels, blanc-manges and similar dishes. Aconite in four pellet doses may be given every hour until the arrival of the doctor.

Scarlet fever develops much more rapidly than measles. The child may appear well at night and awake before morning with headache, sore throat and nausea or vomiting. Usually the child has been fretful and cross or tired and not caring to play for a few days previous. But the fever, sore throat and vomiting are the first prominent symptoms. Within from twenty-four to thirty-six hours after vomiting the rash should appear. It is first noticed on the face and neck or chest. It is a bright scarlet and is different from measles in that the latter is an eruption on the skin, while in scarlet fever it is of the skin. Measles is rough, gritty and sand-like to the touch; scarlet fever is smooth, glistening and shiny, having the color and semblance of a boiled lobster shell. The color disappears for an instant on pressure. The tongue is heavily coated at first but soon clears off very red with raised papillae, giving the peculiar strawberry appearance. The throat is very

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