

MANITOBA,
Northwest and British Columbia
Lancet.

*A Monthly Journal of Medicine,
 Surgery, Chemistry and
 Scientific News.*

WINNIPEG, MARCH, 1888.

**SPECIFIC TREATMENT OF AN-
 THRAX AND ANTHRACÆMIA,
 AND OF CARBUNCLE.**

BY EDWIN B. MUSKETT, M. D.

ANTHRAX.

Anthrax in man seems to have been somewhat frequent of late in England, and notwithstanding all that has been done in recent years to elucidate its pathology, its medical treatment does not seem to have advanced; excision and the stronger caustics constitute, as they did a century ago, the chief resources, whilst for the constitutional symptoms there appears to be absolutely no remedy at all. There is one thing, however, which is frequently mentioned in the record of fatal cases, the application of a warm poultice to the sore, than which there can be no more dangerous proceeding; even if experience did not show this to be the case, a consideration of the pathology of the disease would indicate the probability that the use of warm nutritive moisture would promote in a high degree the growth of the bacillus anthracis. Perhaps the experience gained during several years' practice in a country where splenic fever is common amongst cattle, and infection from these of human beings by no means infrequent, and where some of the cases mentioned in English medical journals have really had their origin, may not be without interest. Anthrax, indeed, has an interest of its own as the very type of those diseases of the blood and tissues which owe their existence to

the presence of microscopic parasitic fungi.

The remedy I have been in the habit of using in such cases is ipecacuanha, applied externally, mixed with water to the consistence of cream, and administered internally at the same time; this treatment has sometimes been preceded by the application of a small blister. I have treated about fifty cases of this disease in this manner, extending over a period of fifteen years, and hitherto it has never failed; the effect has been so immediate, so constant, and has extended over so long a period of time, that it will not be likely to often fail in the future. "Always does not happen in medicine," and therefore it is possible that failures may sometimes occur, though I believe they need happen very seldom. The cases which I have selected below prove, I think, as far as they go, that ipecacuanha is a specific for the disease, in the sense in which quinine is a specific for ague and mercury for syphilis. The first case, treated within the last few weeks, is interesting, because anthrax with a depressed centre is a particularly fatal form of the disease, the depression showing that the disease has ceased to spread in the skin, but is spreading in the subcutaneous tissues.

CASE 1.—A. W.—, about forty years of age, a farmer and transport rider, but who had been for some time resident in town, had been previously in good health. During the night of May 26th he noticed a pricking and itching on the back of his forearm, and in the morning discovered a pimple with a blackish vesicle at its summit, and surrounded by a hard swelling at the same spot; this increased rapidly, and he was first seen on the evening of the 28th. On the back of his forearm a little above the wrist was a tumor about an inch and a half in diameter; in the centre of this was a depressed sore, having at the bottom a black slough. The forearm was red and swollen up to the elbow; the glands in the axilla were swollen. The sore was somewhat painful, the pain shooting up the arm and across the chest, and he felt chilly and wretchedly ill. Ipecacuanha was applied to the swelling, and he was ordered to take five grains of