

blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hæmoglobin of these cells.

Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecanu and Lhéritier show that manganese forms a constant constituent of the hæmoglobin molecule. Furthermore, Zaleski (*Zeitschr. f. physiol. Chemie*, 1904, p. 449) showed that manganese enters the molecule of hæmoglobin with the same readiness as does iron, and therefore it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with manganese is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (*Boll. Scienc. Mediche*, Bologna, June, 1905).

A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible bloodbuilding efficiency without in the least interfering with the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude) therefore offers in convalescence the surest, most agreeable, and most prompt road to perfect health.

TYPHOID FEVER AND MODERN TREATMENT.

Good elimination should be maintained from every gland and emunctory, writes W. T. Marrs, of Peoria Heights, Ill. Every secretion should be aroused and made to do its best. Calomel in small doses is one of our best remedies. Salines are nearly always indicated. Abbott's saline laxative is pleasanter and better than crude salts. He has observed that if the bowels act not less than twice daily, the course and severity of the disease is modified. The old idea that in typhoid the bowels should be kept confined for a few days at a time, is now looked upon as having been an untenable theory. The more debris and toxins are eliminated, the less will the disease be compelled to oxidize by the process of fever. The more water the patient drinks the more are poisons eliminated or diluted, thus lessening their absorption. In case of hyperpyrexia, give a colonic flushing and the high temperature usually comes down a degree or two. The sulphocarbolates (W.-A. intestinal antiseptics) should be given to neutralize remaining foci of infection. Patients treated along this line seldom require the cold bath. Tepid spongings at frequent intervals usually serve a better purpose than the bath of low temperature.

—*Merck's Archives.*