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THE  
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A MONTHLY JOURNAL OF  
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Vol. XIII. HALIFAX, NOVA SCOTIA, NOVEMBER, 1901. No. 11.

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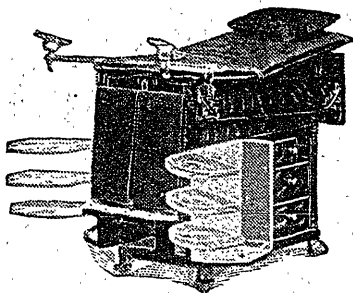
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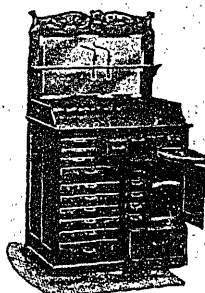
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Creosote .....	" "
Extract of Opium, Aqueous .....	" "
Extract of Belladonna Leaves .....	" "

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Extract Hydrastis Fluid .....	1 " "
Extract Belladonna Leaves .....	1 " "

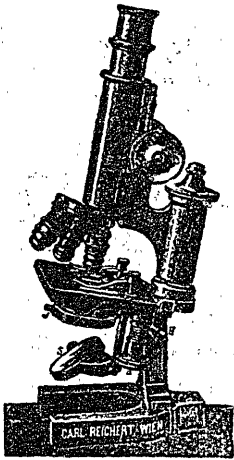
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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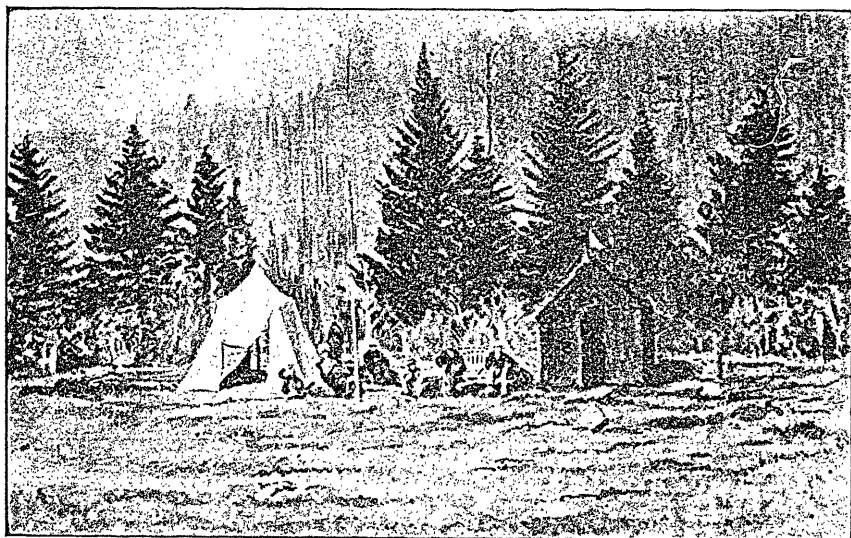
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VOL. XIII. HALIFAX, N. S., NOVEMBER, 1901. No. 11.

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**Original Communications.**

**THE SANATORIUM TREATMENT OF TUBERCULOSIS.\***

By ARTHUR J. RICHER, M. D., Montreal.

Director of the Laurentian Sanatorium, Ste. Agathe des Monts, P. Que.

In 1859 Brehmer, of Goerbersdorf, laid the foundation for the hygienic or instrumental treatment of pulmonary tuberculosis, not, however, without meeting with some opposition from the government of the Silesian province before the first sanatorium was constructed. The treatment as first conceived by him was most simple. He believed outdoor life, exercise and a liberal diet were the essentials for the cure, but he also held the belief that the climate in the vicinity of Goerbersdorf was a specific one, being supposedly immune from the disease. Dettweiler, who had been a patient, and later assistant physician to Brehmer at Goerbersdorf, opened another sanatorium at Falkenstein in 1876.

Dettweiler held somewhat different views and modified to some extent the treatment which had been originated by his teacher, recommending rest instead of exercise in the treatment of pulmonary tuberculosis. It is needless to say that these two pioneers had to face the harsh criticisms of the whole professional world for nearly twenty years before the medical men took up the subject and discussed it in a fair manner, as the prevailing opinion at that time rather pointed to the belief of incurability. Towards the end of the struggle these two phthisio-therapeutists had created a small school, which soon added to its number of adherents, until now we find the field of phthisio-therapeutics as an established department of medicine in every civilized portion of the globe.

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\*Read at meeting of Canadian Medical Association, Winnipeg, August, 1901.



The essentials of the sanatorium treatment as understood and practiced at the present time by the phthisio-therapeutists the world over, may be summed up in the following terms: Rest, Outdoor Life, Overfeeding, Medical Supervision. For the sake of convenience we shall consider each sub-division of the hygienic or sanatorium treatment separately in the order named:

*Rest.*—This should be an absolute term, understood as such by all serious-minded, well-intentioned medical men who are looking forward to the permanent recovery of their phthisical patients. In incipient cases *rest*, absolute rest, must be enjoined. A score of personal observations might be cited of patients giving promise of complete recovery, who have simply murdered themselves with the mild (!) exercise prescribed for them.

I have very little hesitation in making the statement that the time is not far distant when the term "rest" will mean the recumbent position as applied to the treatment of incipient pulmonary phthisis. I have kept patients in bed, in the open air, during the incipient stage of the disease for three, four and five weeks, at the outset of their treatment and always with most beneficial results.

I recall one instance of a male patient gaining one pound in weight every day during a three weeks' stay in bed, and ultimately making a most perfect recovery in three and a half months.

The *rest-cure* as practiced at the present time is in a semi-reclining position in a steamer chair, or an adjustable invalid's chair, out of doors. The patient is made as comfortable as possible with the aid of cushions, rugs, etc., and in winter a hot soapstone is placed at the feet. Each sitting of two or three hours is interrupted by the ingestion of food, and a short walk of forty to fifty steps on the veranda.

The term "rest" should imply even more. A wound on any part of the body is set to rest by protective bandages. The wound in the lung should also be protected as much as is possible. Hilarious outbursts, loud and excessive talking, singing, forced expiration and inspiration, or any attempt at chest expansion, until there is evidence of arrested disease, are bound to be injurious. In a like manner emotional reading, sexual reflections, or indulgences, however mild, are to be avoided.

Smoking and the unwarranted use of intoxicants, as well as games of an exciting nature, should not be allowed. Anything that will

increase the respiration of pulse rate is going to interfere with speedy recovery by irritating the wound which is attempting to heal by resolution.

*Outdoor Life.*—In the summer time not less than ten hours, in the winter season not less than six hours should be spent in the open air. In the Laurentian Mountains our patients put in an average out-door, stay of twelve hours in the summer and eight in the winter inclusive of inclement weather.

Patients sleep with their bedroom windows open both summer and winter. During the extreme cold weather a hot soapstone is usually placed at the foot of the bed, thus keeping the feet and body warm with comfortable bed clothing, while the head is kept quite cool; the patient constantly breathing fresh air, practically continuing his out-door life while sleeping.

Gradually accustoming your patients to this open air method of living makes them extremely resistant to cold, and increases the power of food assimilation and metabolism.

The following summary of meteorological observations will give you some idea of what outdoor life means in the Laurentian Mountains, where is situated the now well-known resort and sanatorium of Ste. Agatha des Monts :

—1900—

Min. temp.	Max. temp.	Mean. temp.		Days of Sunshine.		Rainfall.	
January	July	Jan.	July	June	October	June	October
-17°	82°	7.88°	68.95°	20	18	3.6 in.	1.13 in.

The fact that open air life in favored resorts is not hindered by inclement weather, and the further well known fact that the outdoor life is practically carried on throughout the night as well as the day, makes the possibility of a similar treatment being carried out at a very moderate altitude anywhere, if one can only be assured of a plentiful supply of pure air. The very good results obtained in the Laurentian Mountains, where the elevation is quite moderate, varying from 1,200 to 1,700 feet above the sea, should encourage every physician to seek suitable resorts as near the home of the patient as possible. We know from experience that the permanent cures are those obtained in the home climates.

*Overfeeding.* This does not necessarily mean "gavage" or "forced feeding," the average patient does not require these extreme measures, as the change to a suitable climate with health-giving and restful surroundings usually develops in the individual a voracious appetite. The northern altitudes particularly enhance food assimilation, and the winter season in northern climates is remarkably stimulating in this direction.

Food must be given at frequent intervals, as digestion is much more rapid under this regime of life. Before rising, the patient should be given some light liquid food or some fruit, hot milk, gruel, coffee and cream, etc., the choice being left to the physician, or guided by the desires of the patient. The patient is then allowed to rise and dress and take his regular breakfast at an hour or so after the breakfast of awakening. The regular breakfast should be varied, but oatmeal or some other cereal food should be taken daily. Honey, hot rolls, cornmeal cakes, fish, either smoked or fresh, lamb cutlet or a small steak, eggs in any form, sometimes bacon, toast, coffee, milk, etc., should be varied and used at breakfast time.

Between breakfast and the midday meal (which should be the heaviest meal of the day) a small luncheon should be taken, consisting of biscuits and cocoa. Tropon chocolate or tropon biscuits, cold milk with somatose, one or two raw eggs, broth or beef tea with buttered bread, etc. This intervening lunch should be varied each day as much as possible, yet when patients can be made to ingest one, two or three raw eggs without producing nausea, it is preferable to keep on giving the eggs daily.

The midday meal should be taken at one o'clock and should invariably begin with a rich consommé not too highly seasoned, in which one may add a small teaspoonful of tropon or somatose. This should be followed by a light entrée of fish, or some cold meats, or daintily made dishes, followed by roast meat, such as lamb, fowl, beef (underdone), etc., with large quantities of vegetables, such as cabbage, potatoes, lettuce, spinach, asparagus, green peas, beans, etc. Desserts are not considered necessary, yet such a meal requires relieving dishes, so that ices, milk puddings, light cake and preserved as well as fresh fruit may be partaken of. Fruit should at all seasons be made use of in the diet of a consumptive, unless the condition of the bowels should be a contraindication. Between the midday meal and supper a light lunch such as the one outlined for

the forenoon should be partaken of. The supper should not be a hearty meal. Some hot or cold preserved fruit. Before retiring at nine o'clock, some hot milk or an egg-nog usually procures a restful night. The supervision of the cooking should not be neglected by the physician; in fact, the successful phthisio-therapeutist is the man who, though roughly, understands the culinary art, and devotes a great part of his time to supervising the preparation of the food his patients are called upon to ingest. Quite often a patient will come to the conclusion that overfeeding, or stuffing as he calls it, is going to ruin his digestive organs. You must in such instances make use of your persuasive powers, and convince your patient that even if he should have no desire for food, his digestive organs will assimilate all he can ingest, even if he forces himself into nausea. Impress upon him the fact that the digestive organs are more apt to become inactive if given but little to do, while the stomach itself possesses the indisputable privilege of relieving itself speedily when overloaded, which seldom happens.

If it becomes necessary to resort to forced feeding, the greatest firmness is required on the part of the physician, in order to confirm his earnestness in helping the patient in the battle for life. After the stomach tube has been used a few times the patient usually realizes that he can digest his food quite well without it, and he usually becomes the hero. Persuasion and firmness, however, usually render it unnecessary to resort to extreme measures.

A palatable combination of proteids and carbohydrates, with a small quantity of alcohol, given between meals, will, in the majority of cases, favor the assimilation and storage of hydro-carbons contained in the usual diet.

*Medical Supervision.*—This is the keynote to success in the treatment of tuberculosis. It is this supervision which has carved the name of victory in the field of phthisio-therapy. It must, however, be constant. The physician must be the friend as well as the adviser of the consumptive. He must study the peculiarities of each patient, and individualize his treatment if the regime may be called such. In appalling numbers the victims of this lack of supervision are to be found in open health resorts. To-day you may be called to attend an individual who has an exacerbation after a long walk, a bicycle ride, a canoe or boat outing, either paddling or rowing; to-morrow you may be summoned to the bedside of a young

mother with an extension of her lung lesion through having had to sacrifice herself at the altar of devotion attending her child during an acute illness; the next day a young lady seeks your advice; she has had a slight rise of temperature following a prolonged drive, having returned home in an exhausted condition, and in the course of a few weeks a new focus develops under your observation. How many instances one could recite of the fatality of this lack of medical supervision, which is nowhere else so absolutely necessary in the treatment of pulmonary tuberculosis.

*Medical Treatment.*—Outside of a few symptomatic indications drugs are seldom of any real value in the treatment of pulmonary phthisis.

In fact, the patient who is made to follow the hygienio-dietetic treatment exclusively is the one who improves most speedily. Where indicated strychnine in doses of 1-30th of a grain has proved very useful. Creasote still remains the most reliable internal antiseptic in tuberculosis. It should, however, be used in the form of creasote water, nearly to saturation, and both the creasote and water must be strictly pure, as otherwise disastrous results are bound to follow its administration. The doses exhibited in creasote water may safely reach 30 drops three times a day, but should not be long continued. Recent hemoptysis, as you know, is a contraindication to the use of creasote or any of its derivatives.

The fever of tuberculosis should invariably be treated by rest in bed. The use of antipyretics should not be encouraged. If antipyretics are used at all, the chosen one should be given from one-half to one hour preceding the time of the expected rise of temperature.

Cinnamic acid and cacodylate of soda, of which we have heard much lately are apt to be recommended.

One might enumerate by the dozen the different remedies which have been advocated for the treatment of phthisis. Let me tell you that very few of these have proved beneficial, while we have proof positive of the dangers of supermedication in the treatment of this disease.

The *cough* is usually controlled by the use of codein, heroin or diorin. The *night sweats* usually disappear with increased nutrition. They can be controlled if necessary by the use of atropine (1-80 gr.) or camphoric acid (20-30 grs.)

The hemoptysis when profuse is always a dangerous complication.

Absolute rest in bed in semi-reclining position must be enjoined. For twenty-four hours after a hemorrhage the movements of the body, limbs or head must not be allowed; even whispering must be avoided by the patient. Ice packs to the chest, with a hypo of morphine sulph., 1-4 grain, and atropine, 1-75 grain, in combination, will, as a rule, hasten the formation of the sealing clot.

According to the severity of the hemorrhages, rest in bed must be enjoined for sometime, varying from two to fifteen days after the last trace of blood has disappeared from the sputum.

*Conclusion.*—We usually judge of the efficiency of the inevitable conclusion that the hygienic treatment produces.

Looking into the records of the older institutions, such as Goerbersdorf and Falkenstein in Germany, giving a percentage of permanently arrested disease in over 60 per cent. of cases treated, and also taking into consideration the very excellent results obtained at the Adirondack Cottage Sanatorium, with a percentage of over 70 per cent. of cures, we must come to the inevitable conclusion that the hygienic treatment has definitely established its superiority. I have quoted two of the oldest institutions in Europe (over thirty years) and the oldest institution in America (over twenty years) as the results obtained during a long period are far more convincing. I do not wish to enumerate the different institutions in America which are now doing similarly good work and obtaining results quite as good, as such would encroach upon your time.

Being favored by many ideal health resorts in different parts of the North American Continent, one cannot but ask why more sanatoria are not in active operation. The reason is to be found in the fact that the erection and maintenance of such institutions is largely a social problem, and the public has not yet been aroused to the needs of the population which is being decimated by this disease.

A most important factor in sanatorium treatment is the education given to the patient which will allow him to lead a more hygienic life at home, as well as graduating him as a teacher in the prevention of disease.

It is a well known fact that when pulmonary tuberculosis becomes arrested, the disease cannot be considered as positively cured unless good health has been enjoyed for at least eight years after the arrest of the disease. Thus the necessity of a practical hygienic education becomes imperative, and this can only be obtained by a sufficiently long stay in a supervised institution.

The time is not far distant, I hope, when every city in this Dominion will have its sanatorium at as short a distance as possible, with its rural probating as well as isolating home in the immediate vicinity of its suburbs.

## INFECTIOUS PNEUMONIA.\*

By W. S. MUIR, M. D., C. M., L. R. C. P. & S., Ed., Truro, N. S.

For any man to have got up a few years ago and advocated the infectious character of pneumonia would have been disputed; epidemics have been described but questioned; but now we have bacteriology lending the weight of its evidence in support of clinical observation. Articles written under this heading are very scarce, and it is a difficult matter to find enough written upon this subject to enable one to come to a definite conclusion upon any one point. Most writers will convince you that influenza has an undoubted influence upon the infectious character of pneumonia.

Since beginning practice I have seen two epidemics of pneumonia that I am positive were not associated with influenza. In the pneumonia of influenza, in my practice, the onset has been very insidious, in fact so much so, that in a few cases the character of the sputum has been the first intimation that pneumonia was present. This has not been the history of the cases that I have placed under the class infectious pneumonia; in the latter the onset is very different; severe rigors followed by fever and pain on one side or other have been noted in most of these cases.

*Case I.*—On Sunday, April 7th, 1901, I was called to see E. M., aged 10 years. Found the child crying with pain in left side. The mother informed me that she had just got her "heated up" after a severe chill. Temperature 105°, pulse 130, respiration 42, slight hacking cough, no expectoration, marked pleuritic friction sounds. The following day there were signs of pneumonia consolidation, cough somewhat loose, expectoration scant, but bloody. The case ran through a usual course and on the sixth day terminated by a crisis. The child made a good recovery.

*Case II.*—On Monday, April 8th, E. M., sister, aged 14 years, was seized with severe chills, and high fever, and developed a right-sided pneumonia, which terminated by a crisis on the ninth day, only to be followed two days after with a left-sided pleuro-pneumonia, which

\* Read at meeting of the Canadian Medical Association, Winnipeg, August 28th, 1901.

proved fatal on the 23rd day of April, the seventeenth day of the disease.

*Case III.*—On Thursday, April 11th, Alice M., sister, aged 15, was seized with chills, fever, cough and pain in left side. Ran through a typical course of pleuro-pneumonia, which terminated by a crisis on the tenth day of her illness, and made a good recovery.

*Case IV.*—H. M., aged 12 years, brother, developed a pneumonia on the 13th of April. In his case there was no decided chill. The usual pleuritic sounds were present early, the case assuming more of a pleuritic character. The recovery was quick. The patient was ill about two weeks.

Let us draw your attention to a few facts in connection with these cases before going into the bacteriology of pneumonia.

First, there was no influenza in our town at the time, nor had there been for some months. They were all children of the same family, and occupied the same rooms for the most part. The onset in each case was quick and the termination marked. Last March and the early part of April with us was remarkably dry and cold, and where the house was situated there was a very low level of subsoil water, two points noted by Dr. Whitelegge as favourable conditions for the production of this disease.

#### BACTERIOLOGY OF PNEUMONIA.

The first organism to be described was by Friedlander. He described it as an organism with a capsule and got growths outside the body. He considered this was the cause of the disease.

A short time afterwards Frankel described another which is shorter and thinner and also with a capsule, but difficult to cultivate outside the body.

Friedlander's organism is known as the pneumobacillus, Frankel's as the pneumococcus. The latter is the important one; and while the pneumobacillus is *easily* cultivated, the pneumococcus is with *difficulty*. There is very little doubt that many organisms which Friedlander described as his were those of Frankel, but he got the two confused.

*Frankel's Pneumococcus.*—This organism can be readily found in the sputum in pneumonia and also in the lung after death. The following are its characters:

It is rather a minute organism, 1 micron (1-25,000 in.) in length, and a little less in thickness. It usually occurs in pairs, which are



arranged so that the adjacent ends are blunted and the distal pointed. It is thus called the *Diplococcus Lanceolatus*. Then it has a distinct capsule, which is a gelatinous swelling of the envelope. It may occasionally be found in numbers of more than two together, *e. g.*, in short chains; but in the chains the diplococcus arrangement can be seen. It stains readily and *holds the color with Gram's method*.

The cultures closely resemble those of the streptococcus in character, but the colonies and growths are even less abundant and it dies out easily and is very delicate. The colonies tend to remain separate. It does not liquefy gelatin, but the best medium for growth is agar serum. It grows best at 37° C. (99.5°F), but also grows as low as from 21°-22° C.

*Pneumobacillus*.—This organism is larger and pleomorphic, short and more like a bacillus. It also has a capsule. It stains easily but *does not stain by Gram's method*. This organism grows easily on ordinary media, rapidly on gelatin, and forms a characteristic growth in tube cultures. The disc of the growth on the surface is somewhat heaped up and there is a growth along the needle track. The growth has been compared to a nail driven into the medium. Its colour is whitish yellow. It does not liquefy gelatin, but sometimes develops gas bubbles. On agar it forms an abundant viscid, mucoid-looking growth. On potato it grows and forms a white layer. The pneumococcus has thus more the characteristics of a true parasite than the pneumobacillus, which flourishes readily outside the body.

#### RELATION OF THESE ORGANISMS TO PNEUMONIA.

*Pneumococcus*.—This organism is found in large numbers in the sputum and throughout the hepatized lung, but *in largest numbers where the inflammation is spreading*. It is also abundant in pleural exudations and in complications. There is little doubt that the pneumococcus is practically *always* present in typical pneumonic conditions.

Pneumonia is not a specific disease, and may be caused by other organisms, but, nevertheless, in typical croupous pneumonia the pneumococcus is always present. It occurs in a number of other conditions. In children it is common in otitis media. It is also found in many cases of meningitis, both those secondary to ear disease and those in epidemic cerebro-spinal meningitis. It also occurs in ulcerative endocarditis, pericarditis, and in empyema. It is very commonly the causative organism in empyema in children and also in adults after pneu-

monia. It may even be found in suppurative periostitis and peritonitis. In this we have an analogy to the distribution of the streptococcus. The variability of its effect is probably due to the virulence of the organism. Acute croupous pneumonia is the condition analogous to erysipelas. In both conditions there is an acute inflammatory state, which spreads by direct continuity of tissue, and in both, after a time, the disease spontaneously comes to an end. The pneumococcus is present in the sputum of a certain proportion of healthy individuals, although here it usually has a low degree of virulence. This circumstance was supposed to be evidence that it could not cause the disease, and was looked on as a sputum bacillus. But we now interpret the facts differently. We see that in health it may be in the sputum, but in conditions of depression of vitality the organism can invade the lung and produce the disease. It has also been found in some forms of broncho-pneumonia. In hypostatic pneumonia it is usually associated with pyogenic organisms.

In influenza pneumonia the influenza bacillus may be present alone or with the pneumococcus. This is correspondingly true of diphtheria. Sometimes the diphtheria bacillus is found in broncho-pneumonic patches and sometimes with the pneumococcus.

In typhoid pneumonia the typhoid bacillus may be present along with the pneumococcus and occasionally the bacillus coli also. It will thus be seen that a close analogy exists between the behaviour of this organism and that of the streptococcus, viz. :—

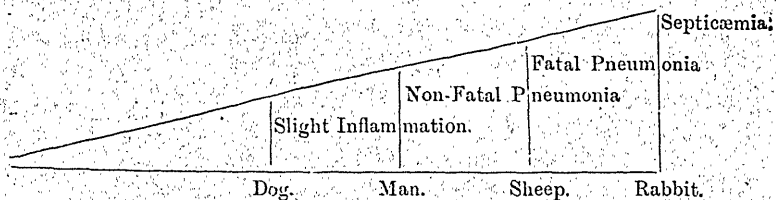
(a) Both may produce a rapid inflammatory condition.

(b) Both may produce inflammatory conditions of different characters.

(c) Both may produce suppuration.

*Experimental.*—It is found that different animals have a varying degree of resistance. Rabbits and white mice are among the most susceptible. In them the disease produced is not pneumonia, but septicæmia. The organisms multiply in large numbers in the blood. Sheep are not so susceptible, and if the pneumococcus be injected in the lung, a pneumonic condition is set up, which is usually fatal. Dogs are still more resistant. The human subject is between the sheep and the dog as regards susceptibility.

As the result of inoculation different results are got in different animals. It may be presented thus :—



Septicæmia indicates the highest susceptibility. In the case of the pneumococcus the rabbit is the most affected.

The organism, then, is one whose virulence can be varied, and if attenuated it may produce even in the rabbit a slight inflammation; whereas if it passed rapidly through a series of susceptible subjects it has its virulence rapidly exalted and may produce not only a fatal pneumonia, but an acute septicæmia.

*Friedlander's Bacillus.*—It is present in a small proportion of cases of pneumonia and as a result to be expected he mistook the pneumobacillus for the pneumococcus.

Occasionally the pneumobacillus is present in inflammatory complications, *e. g.*, in empyema, and no doubt has a certain action in producing inflammation and supuration, but its exact part in pneumonia is subsidiary.

#### STAINING BY GRAM'S METHOD.

1. Cover glass specimens stained five to ten minutes in anilin gentian-violet.

2. Drain off superfluous stain and immerse a-half to two minutes in:

Iodine.....	1 part.
Pot. Iodid.....	2 parts.
Water.....	300 parts.

3. The purple colour of gentian-violet changes to dirty yellowish brown.

4. Wash in alcohol,—purple colour returns.

5. Continue with alcohol till no more colour runs off the coverslip.

6. Wash in water, dry, and mount.

# WYETH'S

## Elixir Uterine Sedative Specific.

---

Viburnum Opulus (Cramp Bark), Piscidia Erythrina (Jamaica Dogwood),  
Hydrastis Canadensis (Golden Seal), Pulsatilla (Anemone Pulsatilla.)

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The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

In the new preparation of Viburnum now submitted to the profession the unquestionable utility of this agent is greatly enhanced by the addition of remedies possessed of analogous powers. Not only is the value of Viburnum thus promoted in the special field of its therapeutical activities, but a more extended range of powers is thereby secured. In other words, our new preparation possesses all the virtues of Viburnum, and in addition, all of the therapeutic properties of Hydrastis, Pulsatilla, and Piscidia.

Each fluid ounce of this Elixir contains forty grains Viburnum Opulus (Cramp Bark), thirty grains Hydrastis Canadensis (Golden Seal), twenty grains Piscidia Erythrina (Jamaica Dogwood), ten grains Anemone Pulsatilla (Pulsatilla).

**DIRECTIONS.**—The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessert-spoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgic or congestive, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in menorrhagia, etc., it should be given frequently conjoined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe or symptoms acute the above dose, a dessert-spoonful, may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

Samples for experimental purposes sent free  
to any practicing Physician on application.

DAVIS & LAWRENCE Co., Limited,  
MONTREAL.

SOLE AGENTS FOR CANADA

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The Essential Elements of the Animal Organization—Potash and Lime;

The Oxidizing Elements—Iron and Manganese ;

The Tonics—Quinine and Strychnine ;

And the Vilitizing Constituent—Phosphorus ; the whole combined in the form of a Syrup, with a Slight Alkaline Reaction.

It Differs in its Effects from all Analogous Preparations ; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation ; particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt ; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles ; the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (Limited,) Montreal.  
WHOLESALE AGENTS.

## MASTOID CASES.\*

By W. G. PUTNAM, B. A., M. B., C. M., Yarmouth, N. S.

The following cases bring out very well many points of interest, both in the diagnosis and treatment of mastoiditis.

*Case 1.*—C. R., one year old. Seen first on May 9th, 1900, in consultation with Dr. Fuller. There had been a discharge from right ear for nearly six weeks, following a severe cold. On the previous evening the parents noticed a slight puffiness behind the ear, and there evidently was some pain. Dr. Fuller saw the case in the afternoon, and on examination at night we found considerable œdema over mastoid, a free purulent discharge from ear, and tenderness over the mastoid antrum. Could not make a careful examination of the canal and drum. Advised the constant use of ice bag over the mastoid. This was conscientiously carried out, with the result that next day the œdema had much improved, and disappeared entirely in two days. The ear stopped discharging in a few days under local treatment.

*Case 2.*—A. H. 43 years old. Cooper. Was sent to my office by Dr. Turnbull, Oct. 11, '99. Patient had been deaf for many years from chronic middle ear catarrh. He complained of some pain in ear for a week, but as he lived twenty miles in the country, had put off seeking advice as long as possible. He had a severe cold before the pain came on. Found considerable pain on pressure over mastoid antrum, and to a lesser extent over the tip. An inspection of the meatus showed considerable bulging of Shrapnel's membrane and slight sagging of the postero-superior canal wall. Advised a free incision of the drum under chloroform. This was done and great relief experienced. Ear discharged freely for four days and then stopped, on which there was a recurrence of symptoms. The same procedure was carried out with similar results. The patient went home four days later with ear still discharging and all pain gone. He used an antiseptic lotion for syringing the ear. In ten days he was back again with symptoms almost the same as before, less tenderness on pressure over mastoid if anything. Once more the drum was incised very

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\*Read at meeting of Maritime Medical Association, Halifax, July 4th, 1901.

freely, and this time the inner end of the canal wall above and behind was very freely incised also. His cure was completed on this occasion. I saw him a few months ago with no change in his hearing.

*Case 3.*—F. G. 9 years old. Seen May 30th, 1900, in consultation with Dr. Farish. He has had discharge from left ear for six years, following scarlet fever. This was very foul smelling and had had syringing with some antiseptic, apparently without avail. Ten days previously some swelling began behind the ear and gradually got worse. Dr. Farish saw him for the first time the preceding day, and told the parents what the trouble was, and advised operation. When I saw him with Dr. Farish, nearly the whole side of his head was much swollen, as well as his face. Marked fluctuation over mastoid and very great tenderness on pressure. Temp. 102°, pulse 98. Operation was done on the following day (May 31st). The whole mastoid region was shaved and cleaned as thoroughly as possible. The ear was syringed and plugged with iodoform gauze. The usual mastoid incision just behind the ear was made down to the periosteum, which was detached from the bone by a large quantity of foul pus. Found a very small cortical perforation and enlarged it by rongeurs and curette. The antrum was very much enlarged and full of foul cheesy matter. Cleared away whole mastoid, and the cells under root of zygoma. Established free communication with middle ear and syringed with corrosive sublimate lotion. Dressed with iodoform gauze. After history was uneventful. In a little more than two months the operation wound had completely healed, while the ear had stopped discharging.

*Case 4.*—J. E., aged 36. Merchant. Was seen July 13, '00, in consultation with Dr. Farish. The left ear had been discharging for a month previously, following an attack of lagrippe. Had complained much of headache, and for a few days of pain over mastoid. Had been blistered over mastoid without avail. His temperature had been carefully watched all the while, and was only once found above normal, and that the day before I saw him, when it was 99.4°. He had marked tenderness on pressure all over mastoid. There was bulging of Shrapnel's membrane and sagging of postero-superior canal wall. Also there was a small perforation of drum.

*Operation.*—This was done in a small room under unfavorable circumstances. The patient was prepared in usual way, and usual incision made, and periosteum turned back. Went straight to antrum,

which was full of pus. Then removed the whole tip, which was very easily done, as this was a pneumatic mastoid, and every cell contained pus or unhealthy granulations. Went well up to the head of zygoma and there found several cells containing pus: Further back unhealthy bone was removed, and finally a part of the lateral sinus was exposed before sound bone was reached. Wound was dressed with iodoform gauze. Again the after history was uneventful, but the wound was rather slow in healing, fully four months having passed before the cure was complete.

This case is particularly interesting when one considers the temperature. This was repeatedly taken, and was normal on every occasion but one, then only 99.4°. Still the operation showed that the whole mastoid was riddled with pus, and that the sinus just escaped. I was taught, and my own experience confirms the teaching, that pain and tenderness on pressure over the antrum or tip, together with the bulging of the upper part of the drum and sagging of the canal wall, as already described, are the main points on which the diagnosis of mastoiditis is to be based. The temperature and pulse are both unreliable, although sometimes valuable aids.

*Case 5.*—R. B., aged 19. Painter. Seen in consultation with Dr. Turnbull.

*History.*—Nine years previously had severe attack of earache and puffiness behind ear. Ear discharged and puffiness disappeared. Had similar attacks on four or five occasions. Two years ago Dr. Turnbull saw him with such an attack, and incised swelling behind ear when some pus escaped. Further interference was not allowed. He then went to Boston for treatment, which consisted in local syringing and ear drops, nothing being said of operation.

Since that time he has had one slight attack, when old scar puffed up and was incised by his father. One week ago another attack came on, and again the father operated.

When I saw him with Dr. Turnbull we were prepared to operate, as his condition late the night before was such that everything was gotten ready. There was some discharge from old sinus, pain and tenderness on pressure over mastoid, some headache and stiffness of the neck. Temperature 100.8°. Pulse 68. The meatus was blocked with polypoid granulations. A probe entered in the old sinus to depth of nearly an inch.

*Operation.*—Patient was prepared in usual way. Then the meatus



was cleared as fully as possible of granulations. Usual mastoid incision was made and periosteum turned back. The perforation of cortex was used as a guide, and was enlarged with difficulty, the bone being much sclerosed. After fully exposing antrum, the whole tip was removed. In following the diseased bone upwards, it was found to extend rather deeply under sclerosed bone above the cortical perforation, and accordingly this was chipped away. At this stage we found that the diseased bone was more extensive than supposed, and extended nearly or quite to the middle cerebral fossa, so much care was exercised. Soon the fossa was opened, and nearly a drachm of pus escaped, showing we had struck an extradural abscess. It was necessary to expose dura to the size of a quarter dollar piece before healthy bone was reached. Cleared away all overhanging bone thoroughly, established free communication between antrum and middle ear, and packed with iodoform gauze.

Time of operation, one and three quarter hours.

After history was uneventful. Temperature was  $102^{\circ}$  that same night, but was normal on fourth day. Operation wound gradually closed, but slight discharge from ear persisted.

Eight months later the patient was at work at Boston, when he had another attack of pain. He went to the Massachusetts Eye and Ear Infirmary, where some aural polypi were removed, and the pain disappeared. Early this year patient was in New York, where he went to the Post Graduate Hospital, and is reported to have had some operation done in the ear through the meatus.

I feel quite sure I did not go far enough in this case. I should have broken away the posterior meatal wall, taking all possible precautions not to injure the facial nerve; split the cartilaginous meatus, stitching part of it to the mastoid periosteum, thus making the antrum and meatus one cavity, easy of access through the ordinary opening. Still, the length of time it took to do what was done, together with the fact that the dura had been exposed and free drainage apparently provided, made me hope that enough had been done to cure the condition. I would certainly do this more radical operation in any other case, where there was a history of purulent discharge from ear, associated with polypi, to which an acute mastoiditis was added.

## OBESITY.\*

By C. M. McLEAN, M. D., St. John, N. B.

The tendency to corpulency is often hereditary. It is more apt to occur after the middle period of life, but may occur at any age up to sixty. If an individual does not become corpulent before sixty he never will. Obese persons are rarely ever seen after eighty years of age and never after ninety. This is due in part to the decline of fat in old age, but mainly to the fact that such persons do not live to reach very old age. Obesity affects women more frequently than men, the proportion being 10 to 1.

The most serious of the pathological conditions produced are fatty degeneration of the heart, liver and kidneys. Outside of the dangers to life, the lassitude and want of energy, which accompanies over-fatness, greatly interferes with the prosecution of one's business, and therefore hinders to a greater or less degree his success in life. These subjects are clumsy, easily fatigued and short of breath.

Obesity is more common in hot climates than in cold, as they take less exercise in tropical countries. Heredity is a factor in about 50 per. cent of all cases. The nervous, active, high strung organism is one that seldom becomes overfat. Whereas the lazy, indolent, phlegmatic temperament distinctly favors the process. Gout more than any other disease predisposes to over-fatness. Glycosuria is common among the obese and if over fifty years of age the condition should not be looked upon as true diabetes mellitus. Anæmia by reducing oxidation, favors obesity. Corpulency may take place during recovery from such diseases as typhoid fever, pneumonia and neurasthenia. Castration is sometimes a factor in producing obesity.

Over-eating is a very important and perhaps the most important factor in the production of this condition. In many cases, however, the unfortunate victim is a very small eater and drinker as well. In these cases there must be some defective process of oxidation and elimination, or the case is hereditary. Some of the largest eaters remain thin all their lives. This must be due to some perversion of

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\*Read at meeting of St. John Medical Society, April, 1901.

nutrition, probably of nervous origin. While over-eating is not always a cause of obesity, the fact remains that if the individual consumes still less food he must lose weight. While an excess of any kind of food may cause over-fatness, the carbohydrates are by far the most apt to cause the condition. The fats come next and the proteids are still less favorable to the fatty overgrowth. For this reason any diet to remedy the condition should have the carbohydrates, greatly reduced and the proteids increased; while a fair amount of fat helps to satisfy the appetite and support the strength. After all, it is not so much what is eaten as the quantity of food consumed. Alcohol, especially the malt liquors, favors fat formation in some persons. The alcohol seizes on to the oxygen and prevents the oxidation of fat. Besides, the dextrine and maltose, etc., in the liquor build up fat in the tissues.

Too much sleep and lack of exercise by failing to excite deep breathing and active oxidation favor fat formation; while the accumulation of fat lessens the desire for exercise, and a vicious circle is thus established. I think those who have poor chest expansion and are, therefore, shallow breathers, are inclined to accumulate fat. The practice of deep breathing ought to favor the reduction of flesh, and this is probably the reason why hill climbing is so valuable in the treatment of obesity.

I think that those who acquire very large abdomens are people who spend a great deal of their time sitting. Other things being favorable, fat is more apt to be deposited when the abdomen is relaxed, as in sitting, while the abdominal walls being more tense in standing, fat is less likely to be laid down. Pressure will cause the absorption of fat. Hence an abdominal supporter is a valuable help in getting rid of a too prominent abdomen. When corpulency is once established, too much fluids tends to produce visceral congestions, dilutes the secretions and other fluids of the body, and increases the amount of fat in the body. Besides, large amounts of fluids with meals causes more food to be eaten. Our obese patient should not take more than four or five ounces of fluid with a meal and not more than thirty ounces in twenty-four hours.

There are two types of this disease—the plethoric and the anæmic. The plethoric type is usually seen in males and is generally brought on by the ingestion of enormous quantities of food and

drink. The anæmic type is caused by deficient oxidation and faulty nutrition, and is usually seen in females.

The complications of obesity are amenorrhœa, arterio-sclerosis and cardiac asthma. Over-fat people are bad subjects for surgical operations.

*Treatment.*—The bowels should be kept relaxed by salines (Epsom or Rochelle salts, etc.) Give strychnine to give tone to the nervous system and heart. The heart may perhaps require digitalis. Except to meet special symptoms, it is probably unwise to give drugs in obesity, though potassium iodide will, undoubtedly, reduce the flesh in many cases. The treatment by Vichy and Kissengen salts may have succeeded in some cases, but had not the slightest effect in one case where I gave it a thorough trial. This treatment in a number of cases has produced greatly increased arterial tension and marked irritability of the nervous system. Personally, I have little faith in the Kissengen-Vichy treatment. Oertel's treatment, though good in some cases, will not do in others. The carbohydrates must be greatly reduced in all cases. Sweets should be absolutely forbidden. Not more than thirty ounces of fluid should be taken in a day.

In plethoric cases, the amount of food should be greatly reduced. I think that very often it is easier to keep away from the table than to sit down with others and only eat a few things.

Some months ago I noticed in a medical journal an account of how a man had reduced his weight from 223 pounds to 169 pounds—a loss of 54 pounds in two months and a half, or an average of more than five pounds a week. He accomplished this by eating one meal a day, consisting of meat and vegetables. He drank no liquid during his meals, nor for two hours afterwards. The rest of the day he drank freely. He arose at 8 a. m. and had half a glass of water and worked until 4 p. m., when he had his meal. Went to work at 5 p. m. and worked until 11 p. m., when he retired without a morsel of food. When he retired at night he wrapped a heavy bath towel around his abdomen and over this a large heavy flannel bandage, and left it on until morning. He soon lost all of his large and flabby abdomen. This man had tried all sorts of drugs without benefit. He also had what he called a sour stomach, which disappeared under the one meal a day treatment.

In February, 1901, I tried this treatment (one meal a day taken about 1 p. m.) on the patient which had taken the Kissengen-Vichy

salts without success. He then weighed 216 pounds. Though weighed every week no records of these weights was kept, but he lost from four to seven pounds a week until 190 pounds was reached. From this on he lost hardly three pounds a week until he got to 180 pounds. From this time on he was not so particular about his diet; took two and three meals a day. He now weighs 177 pounds and feels fine. For the first few days it seems a hardship to only have one meal a day, but after a week or ten days my patient felt about as well satisfied with one meal a day as he formerly was with three. It is wonderful how quickly one gets accustomed to it and how little hunger he feels. A sup of cold water seemed to relieve the feeling of hunger in my patient; a bite or two of cracker would, I think, relieve it also.

When sheep and cattle are being fattened they are fed very frequently and put on flesh rapidly. The longer the interval between meals, the less flesh the animal will acquire. Most people eat too much and many stomach troubles are due to over-eating and not taking sufficient exercise. Most foods are prepared to tempt the appetite and have the effect of over-indulgence. Exercise is an excellent way to reduce flesh. Experiments on a class of 300 young men in a gymnasium showed an average loss of weight of eight-tenths of a pound in an hour at very moderate exercise. One man ran two miles on an indoor track and lost two pounds in fifteen minutes; another lost nineteen pounds in thirty five minutes playing hand-ball. In no form of exercise has the loss of weight noticed been as great as in foot-ball practice. Experiments have shown that one half to six pounds are lost during a single practice, the average being three and a half pounds; after a hard game the loss is still greater. Any person with a sound heart can, by a few hours' exertion, lessen his bodily weight. We have, therefore, in physical exercise, a valuable method of reducing corpulency. More exercise and less food sums up, in my opinion, the treatment of obesity.

## A CASE OF RUPTURE OF THE HEART.

By D. MACKINTOSH, M. D., Pugwash, N. S.

P. L., aged 81 years; a man of large physique; an inmate of the Cumberland County Asylum. Never complained of anything in particular. Arteries atheromatous; arcus senilis well marked.

This man was sitting on a block in the rear yard of the asylum when he suddenly jumped to his feet exclaiming "I am dying". He then walked into the house to the general sitting room, a distance of fifty paces, sat down on a chair, again jumped to his feet and with but little assistance from the nurse walked back into the hallway, ascended a flight of stairs consisting of twenty-two steps, walked into the dormitory and lay down on his bed. He complained of præcordial pain and vomited several times. His face was bathed with perspiration and his countenance was pale. I was summoned by telephone; but before I could reach him he expired; that was about one hour and a half from the time of the first symptom.

A post-mortem next morning revealed a rupture of the right ventricle at the apex and close to the septum. The pericardium was full of dark semi-fluid blood and the rupture was from a quarter to half an inch in extent. The walls of the heart were so fragile and thin from fatty degeneration that I could poke my fingers through them anywhere. I did not examine the other organs.

The interest of this case lies in these facts, viz: that rupture of the heart is a comparatively rare accident, and that the patient was able, almost unassisted, to walk a considerable distance, and lived over one hour and a half after the rupture took place.

Is it not probable that an autopsy would reveal a similar condition in cases of sudden death ascribed to "heart disease" or "heart failure?"

## Correspondence.

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*Editor Maritime Medical News:*

DEAR SIR—In your issue of October, page 356, you ask as to the prevailing epidemic: "What has been done by the Provincial Board of Health in this matter. Has this body asked the local boards to report and instructed them on the best methods known to stamp out the disease? If so, has the Provincial Board enlightened the profession where cases of smallpox exist?"

In answer I would say that by the Public Health Act, Chapter 102, (1900) Clause 35, (d) the Provincial Board is to be notified, etc., and this has not been done, except in a few instances; there is as yet no official knowledge that there is smallpox in Halifax. Clause 31 is similarly allowed to go by default. Clause 35, (f) is not half carried out, and this the more as so many towns and municipalities have not carried out Clause 33.

The Provincial Board of Health issued a special circular on smallpox covering the ground you refer to, and a copy was sent to every medical man in the province; to every health officer as far as known, and a number of copies to each municipal and town clerk for distribution to the town clerks, as they alone so far as I know are aware of those who compose the local health boards. Along with these circulars was sent a copy of the Health Law of the province, a statistical blank for the ready and facile report of disease, adopting the Bertillon system which is the one now most generally used, and as well, an explanatory letter, and a special notification in reference to vaccination. In another cover I send you copies of the literature above referred to. Hence, I think you will see that the Provincial Board of Health has not been remiss in its duties. I only wish so much could be said for the parties of the other boards. Unless the Provincial Board of Health receives notice regularly from the local boards and health officers, it is handicapped, and this the more when Clause 33 is not carried out.

To the different health officers so far as known, reports have been sent advising them as to the smallpox epidemic, and a great many

copies of the circulars have been sent to every locality where smallpox has been heard of.

I get many letters asking if vaccination be compulsory (it is not); and on kindred subjects. The secretary of the Provincial Board of Health has had many trips to different localities, and met and advised with the Municipal Councils, Local Boards of Health and Health Officers in the present epidemic, and is always ready to assist in any way in carrying out our health laws, but he must get reliable and regular reports from local authorities.

Yours truly,

A. P. REID,

Secretary Provincial Board of Health.

### Tumorous.

Or the woes of a titled invalid in search of an appropriate specialist.

A tumor he developed on  
A spot that's quite neglected;  
No specialist for just that point  
He anywhere detected.

So curiously was it placed,  
That, search from toe to crown,  
You saw it not when he stood up,  
Still less when he sat down.

From day to day the swelling grew,  
So vast became that tumor,  
You could not say which was the growth  
And which Sir Francis Boomer.

And so at last it finished him,  
Despite his numerous staff,  
He explained the cause of death  
In his epitaph:

"My ailment could not treated be,  
The times were out of joint;  
There was no specialist upon  
That Perineal point.

"Some doctors find their work before,  
And others theirs behind;  
But none devotes attention to  
The spot which I've defined."

— "J. B.," in *St. George's Hosp. Gazette*.



THE  
MARITIME MEDICAL NEWS,

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**Editorial.**

**QUACKERY.**

If a medical man publishes a card inviting the public to call upon him, heresy hunters are ever on the watch, denouncing him as a quack and guilty of "disgraceful conduct in a professional respect." We must confess, while prudence should limit the amount of advertising, there is another kind of advertising and another kind of quackery within the profession which has been ignored and rather tolerated by the profession. Hospitals are now used as a means of advertising the gentlemen called the medical staff, and the favoured few, pretending to give their time for nothing, are able through this means to monopolize quite a revenue. Again we have known a class of professional quacks, who for very slight pretence, induce women to go to a hospital, and have an operation performed. Under the shelter of a hospital then the female is brought in, and the operation, under an anæsthetic, is performed and the pretended dilatation and curretting is the process which we consider to be meddlesome gynecology at the present day. We have before our mind's eye a case where a medical man used his ingenuity to induce a female to submit to this operation when really no such thing was required.

Then again there is another class who have runners and advocates, and who never do anything without a scene—they are scene actors. These are the men who when they go to church arrange that the servant shall call them out at the middle of the sermon,—in order

to impress the congregation with the fact that their services are in demand. These men look very wise at all times, particularly when walking—appear moody and in deep thought—as if the man who walks gracefully and cheerfully, observing as he goes, could not engage in the thinking process, yet he could—as Ruskin observes—tell what he saw in a plain way, showing his greater capacity as a thinker.

A hospital is a very nice thing when conducted properly—when fair play and favors to none is the rule. There should be no autocrat, and the moment a member of the so-called staff begins to lord over his confederates, his usefulness is gone and the governing body should dismiss him. His advertising proclivities would be at an end, altho' we have seen some bill-heads where all the letters of the alphabet were used to advertise the great man.

The profession must wake up, and those who are honest and opposed to humbug must seek to purify within the lines. Operations are all right when necessary and legitimate, but the unfortunate *uterus* must no longer be used to extract money unnecessarily from poor people who can ill afford to pay the exorbitant claims made by these so-called eminent specialists. If the public knew all, they would insist on the appointment of an Inspector General, whose duty would be to see that no unnecessary operation would be performed, and this would at least check the quacks who live like vultures on this kind of prey.

We must have reform and the public who are interested in honesty and fair play will see that justice is done to all parties, both great and small. Some men live to eat and their God is their belly. Others live to prey on all classes and the God of this world has blinded their eyes and they worship the gold which they have accumulated. They have—as Sam Slick said—but one idea, and that is money. Quackery is the curse of the profession to-day, and how to remedy it is no easy matter. We rather incline to the idea that our colleges are greatly at fault with respect to this question.

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#### DR. REID'S LETTER.

On another page of this issue we publish a letter from Dr. A. P. Reid, secretary of the Provincial Board of Health, in answer to some editorial enquiries in our last issue.

The NEWS heartily compliments Dr. Reid, as secretary of the Provincial Board of Health for the amount of work done by him in

his endeavors to abate the epidemic of smallpox in this province. And he must not imagine that we are criticizing him personally, for the profession is cognizant of his energetic endeavors in all that pertains to public health. We simply wish to learn what the Provincial Board of Health, as a body, has done in the matter referred to? Is it not true that there has been no meeting of the board since the outbreak of smallpox took place? There should no doubt be some way to compel the local boards to report all cases of smallpox to the provincial board, but surely the very fact of their not doing so shows that the Provincial Board is not as active as it should be. If the Board would show some life in the matter, the profession might aid them. More than an occasional splurge is necessary; a sustained effort is required.

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### SMALLPOX IN ST. JOHN.

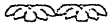
In the present smallpox epidemic, the first case was that of a young sailor who came into port on a schooner. He was removed to the Epidemic Hospital, 30th September. The type of disease was confluent; he had never been vaccinated and the case proved fatal.

The Epidemic Hospital is situated near and on the same grounds as the General Public Hospital; this has given rise to considerable discussion as to the advisability of a contagious disease hospital being placed near the Public Hospital and other buildings in the vicinity. Towards the end of October two or three cases of smallpox developed in the neighborhood of the hospital, and two of the hospital nurses contracted the disease. Other cases have since developed in houses scattered over the city. Up to the 14th of November there have been forty-five cases reported, nearly all of which have been removed to the Epidemic Hospital. The number of deaths has been four, the last two being in subjects already ill of some other disease. Still, the type is of a somewhat severe character, a number of cases being severely ill at the present time. The Epidemic Hospital is fully occupied and the Board of Health is arranging for further accommodation. Dr. W. L. Ellis resides in the Epidemic Hospital and has charge of the patients, while Dr. Morris is physician for the Board of Health and attends to outside cases and quarantine.

Vaccination has been very freely employed and as compulsory vaccination has been ordered to be carried out, the disease will doubtless be soon stamped out.

One case has been reported from Kings County of hemorrhagic smallpox, with a fatal result.

# WYETH'S



Each Dessertspoonful  
contains 30 grains of  
the salt.

# Granular Effervescing

## SODIUM PHOSPHATE

A Remedy for Constipation, Obesity, Rickets, Jaundice, Etc., Etc.

Sodium Phosphate is  
Unexcelled:

1. As an Hepatic  
Stimulant with benefi-  
cial effect on the  
appetite.

2. As a Treatment  
for Diabetes.

3. As a "Nervetone"  
in cases characterized  
by Debility, Spermatorr-  
rhœa, etc.

4. As a Purgative  
in cases of Exanthema-  
tous Fevers.

5. As a cure for  
Biliousness, Constipa-  
tion, Jaundice, Diar-  
rhœa, Dysentery, etc.,  
especially in children.

Sodium Phosphate has long been the favorite purgative, inasmuch as it acts gently but surely, has little or no taste, and is easily taken by children and delicate persons. In the present form—the effervescent—it is a delightful remedy, constituting a refreshing sparkling draught of bland action.

1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "griping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterised by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Biliousness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectively controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

**DOSE.**—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary,  $\frac{1}{2}$  to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alterative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. As an excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

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Iron and Manganese as offered in the shape of numerous inorganic preparations are, at the best, only sparingly absorbed after a long and tedious process.

When combined with Peptone in a neutral organic compound, the result is complete assimilation and absorption, thus deriving the full benefit of the ingredients as tonics and reconstituents, and rendering the remedy invaluable in

## Anæmia, Chlorosis, Scrofula and Debility.

The improvement accomplished by the administration of the solution is permanent, as shown by the increase in amount of Hæmoglobin in the blood: i.e. 3 to 8 per cent.

As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day; dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

Offered in 12 ounce bottles (original package) and in bulk at the following list prices.

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Per Demijohn, \$6.25; Per five pint, \$4.50; Per doz. 12 oz \$11.00.

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WRITE FOR LITERATURE.

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Manufacturing Chemists,

MONTREAL, CANADA.

General Agents for Canada.

## Matters Personal and Impersonal.

Dr. C. D. Murray of this city was married to Miss Jessie B. Boak on the 23rd ult., in Brunswick Street Methodist Church. The NEWS extends its warmest congratulations.

Dr. L. M. Murray is the latest acquisition to the profession of this city, having opened an office at 186 Pleasant St. Dr. Murray, who is a brother of Prof. D. Murray of Dalhousie, had a very successful career at McGill.

A FRENCH PHYSICIAN SENTENCED.—In the suburbs of Paris, a physician was recently sentenced to pay a fine of \$40 and \$200 damages, for having told the prospective mother-in-law of a patient of his that the patient was tubercular, thus bringing about a rupture of the projected marriage. Medical testimony at the trial showed that not only had he divulged a professional secret, but his diagnosis had been absolutely wrong.—*Phila. Medical Journal*.

THE IMPORTATION OF VACCINE NEEDLES.—A novel case was recently decided by the U. S. General Appraisers. A company dealing in antitoxins and vaccines recently protested against the action of the Chicago Collector of Customs upon an importation of cambric needles charged with anthrax vaccine, in admitting the vaccine free, but subjecting the needles to a duty of 25 per cent. ad valorem, as "needles not especially provided for." The importers set up that either the needles were hand-sewing needles, and that they were properly entitled to free entry, or that the virus and needles were entreties and were entitled to free entry as virus. The claim that the virus and needles are entreties is not sustained, but it is decided that the needles, being hand-sewing needles, must be so classified, and that they come in free, being specifically provided for.—*Medical Record*.

AMPUTATION MAY POSSIBLY CONSTITUTE MAYHEM.—A Chicago physician has advertised that he will pay \$300 each for two human ears, which he proposes to amputate and endeavor to transplant. It is reported that he has found two persons who will permit their ears to be removed, but that a justice holds that in removing an ear, even with the consent of the person operated on, he would be guilty of mayhem.—*N. Y. Medical Journal*.

A STORY BY TELEGRAPH.—From the *Washington News Letter Leaflet*, a Christian Science publication apparently devoted to the exploitation of the remarkable healing abilities of its editor, the *Medical Record* clips the following :

EARLHAM, N. Mex., August 11, 1901.

O. C. SABIN,

1800 Belmont ave., Washington, D. C.

Treat son Earnest for fever.

(Signed) \_\_\_\_\_

EARLHAM, N. Mex., August 13, 1901.

O. C. SABIN,

1800 Wyoming ave., Washington, D. C.

Fever yet ; some better ; treat parents for fear.

(Signed) \_\_\_\_\_

EARLHAM, N. Mex., August 15, 1901.

O. C. SABIN,

1800 Belmont ave., Washington, D. C.

Earnest well ; stop treatment.

(Signed) \_\_\_\_\_

BUBONIC PLAGUE IN LIVERPOOL.—Six persons have died in Liverpool since September 3rd with symptoms of bubonic plague. There are now several suspected cases in the hospitals under investigation ; all possible precautions are being taken to prevent the spread of the disease. Precautions against the introduction of bubonic plague are being taken at all the Atlantic and Gulf ports. Since the reappearance of the plague in Glasgow all vessels arriving from that port and from Liverpool are subjected to the closest possible scrutiny.—*N. Y. Medical Journal*.

AN ORDINANCE AGAINST LONG SKIRTS, it is announced, will be introduced by one of the members of the Bayonne, N. J., Board of Health, making it a misdemeanor for a woman to wear gowns that sweep the street, as it is believed there is no more potent agent in the spread of disease than these collectors and carriers of baleful germs. In Pottsville the Board of Health has issued an order against long skirts on the streets, and the collection of cigar stumps is also prohibited.—*American Medicine*.

GREATEST IN THE WORLD.—Prof. H. Schweitzer, one of the foremost chemists in the country, secretary of the American branch of the Society of Chemical Industry of London, England, ex-professor of chemistry in the great Heidelberg University, and a member of the

committee on adulterations of the National Wholesale Druggists' Association, is at the Russell House.

Prof. Schweitzer comes to Detroit for the purpose of giving expert testimony in the case against Detroit men charged with counterfeiting trade-marks owned by Farbenfabriken, Bayer & Co., of Elberfeld, Germany.

Herr Schweitzer is but 41 years old, yet he has reached the very pinnacle of success in his chosen profession.

The professor has travelled all over the world perfecting himself in his profession, but not until he came to Detroit did he realize the greatness of the Parke, Davis & Co. plant. He said he had heard of it in all quarters of the globe, and yet he did not expect to see such an enterprise in what he called the "middle west of a half-populated country."

Prof. Schweitzer visited the plant Tuesday, October 22, and this is what he says he found :

"The greatest industry of the kind in the world, the greatest beyond all question. The biological department was astounding. The physical assay work on animals is worth to a student a walk of 1,000 miles. The scientific atmosphere is an inspiration and the ingenious machinery a marvel. I was told that there were employed in the factory alone over 1,500 people, and that the firm has 207 traveling men employed.

"There are five American branches, I was told, and there are manufacturing plants in England and Canada. In the English plant are employed 250 persons. There is nothing wanting in this plant for the production of powerful, accurate, uniform and palatable medication. They have a circulating library for the employes, as well as an emergency hospital, and I understand the employes have decent hours and are well treated."

The professor was asked why such plants are not established in the old world. He said :

"The reason is that in the countries of Europe every druggist is a manufacturer. He compounds his own medicines in the back room of his store. He has his own laboratory, and there he experiments. Here it is different. If the druggists of the old world could have walked through the plant that I walked through to-day, they would no doubt have become discouraged, for they would realize that they could never hope to learn in a lifetime what is learned in that institution every hour."—*Detroit Journal, Tuesday, October 22, 1901.*



## Therapeutic Suggestions.

**CHLOROFORM IN EPIDIDYMITIS.**—Great benefit is obtained in treating cases of epididymitis, both specific and non-specific, by means of chloroform locally applied. Lay cotton wool, saturated with chloroform and spirit, at the bottom of a large glass vessel, into which put the genitals, and pack round with dry cotton wool, the buttocks and thighs forming a cover; this application being continued for from fifteen to twenty-five minutes, and repeated two or three times a day.

Pathologically, the condition is one of venous congestion of the epididymis and the cord through retention of semen. Epididymitis is very likely to occur when gonorrhœa has been contracted in excessive venery.

Thirty-six years ago a case of periodical "heat" in the human subject was treated in this way: The man used to suffer periodically from a form of orchitis, during which the testes felt hot and swollen, and the plexus pampiniformis was full and turgescient like a varicocele. He was ordered the local application of chloroform for nearly thirty-five minutes, after which the pain of the severe attack completely ceased and the swelling considerably decreased. This treatment lasted three days, during which time he was able to walk about the cotton wool which had been used for the chloroform being put into the suspensory bandage and the testes covered with it. After that both the swelling and sensibility disappeared.

Another case was only epididymitis caused by continuous pressure of a rudder handle on the hypogastrium, in which similar treatment proved entirely successful.

Again a class of cases that is usually very difficult to treat is, gonorrhœal orchitis, but that proves fairly tractable when managed with the help of chloroform. Here one of the first signs of improvement is frequently the re-establishment of an old discharge, which is cured simultaneously with the epididymitis.—CLEMENS (*Allegemeine Medicinische Central Zeitung*.)

(We can fully endorse the foregoing, and a mixture of one ounce of commercial chloroform in two parts of alcohol, will be found most efficient.—Ed. *Medical Council*.)

HEMORRHOIDS.—There are two varieties of hemorrhoids, the external and the internal, and their treatment is decidedly different. The first form may consist of mere tags of skin hanging near the anal margin, or of a sacculated clot of blood (thrombotic pile) due to the rupture of a vein, situated still nearer the sphincter. When either of these becomes inflamed it produces a very painful little tumor. The best treatment for an external pile of either variety is to remove it. This is easily done, and by the hypodermic injection of a little cocain or Schleich mixture, may be made quite painless. The cutaneous tag is gently pulled out and snipped off at its base and the venous pile is split open, its contents shelled out, its anterior cauterized with pure carbolic acid and a simple antiseptic dressing applied. For this purpose Roberts prefers this ointment :

R. Carbolic acid, gr xx  
Zinc ointment,  $\bar{5}$  j.  
M.

But the patient will not always consent to this procedure, simple as it may seem, In such a case palliative treatment must be resorted to. Hot or cold compresses, according to the patient's preferences, serve to reduce inflammation better than most drugs. Equal parts of extract belladonna and glycerin makes a soothing application, or the parts may be bathed with distilled extract of witch hazel or lead and opium wash.—*The Medicus.*

CHOREA—

R. Tinct. belladonnæ, fl.  $\bar{3}$  j  
Liq. potassii arsenitis, fl.  $\bar{3}$  j  
Syr. hypophos. comp. ad fl.  $\bar{5}$  iv

M. Sigi A teaspoonful to be taken three times a day.—*Da Costa, Ex.*

SORE NIPPLES.—

R. Balsam Peru,  
Tinct. arnicæ, aa  $\bar{3}$  ss  
Ol. amygdalæ express  
Aq., calcis, aa  $\bar{3}$  ss

M. Sig. Shake well, and apply to inflamed nipples with a camel's hair brush, after cleansing them with borax and water.—*Scarff, Jour. Amer. Med. Association.*

## Book Reviews.

**THE PRINCIPLES AND PRACTICE OF MEDICINE.** Designed for the use of practitioners and students of medicine. By WM. OSLER, M. D., F. R. S., F. R. C. P., Lond, Professor of Medicine in the Johns Hopkins University, etc., etc. Fourth Edition. Published by D. Appleton & Co., New York.

"Osler's Practice" has for some years been, without doubt, the favorite text-book in medicine. In 1892 the first edition was placed upon the market, and immediately the success of the work was established. A second and third edition followed in rapid succession, and now, only nine years after the appearance of the first edition, the fourth edition is upon sale. This is quite sufficient testimony to the value of the work.

The new edition shews several changes. None of the advances which were made in medicine since the appearance of the third edition have been passed unnoticed, and in consequence of our newer knowledge, some of the chapters have been almost entirely rewritten. Several new chapters have been added to the work, dealing with subjects which either escaped attention or were not treated in detail in previous editions. In fact, such an amount of new material has been incorporated in the work that the present edition contains a hundred pages more than the first edition.

Of particular interest is the inclusion, in many chapters, of the experience of the author's clinic. This is a feature of the work which, while not entirely novel, is made so prominent as to be almost distinctive.

The re-arrangement and extension of the section on diseases of the nervous system makes this part of the volume very valuable. In the revision of this section, much new matter has been introduced and the presentation of the whole subject of nervous diseases is now thoroughly up-to date.

Osler's work is so well known that it scarcely requires any word of commendation from us; for all know it, and all require it. There is just this to be said, however: while the previous editions were excellent, the fourth is even better, and no practitioner can afford to be without it.

**A PRACTICAL TREATISE ON DISEASES OF THE SKIN.** By John V. Shoemaker, M. D., L. L. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia, etc. Fourth edition, revised and enlarged, with chromogravure plates and other illustrations. Published by D. Appleton & Company, New York, 1901.

The first edition of this work was published in the year 1888, and before us now we have the fourth edition, revised and enlarged. Part I is taken up with "General Considerations," which occupies some 120 pages. In this department is given a clear description of the anatomy and physiology of the skin and a general idea of the symptomatology, diagnosis, pathology, etiology

# LACOTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

“Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine.”

—*The Medical Times and Hospital Gazette.*

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Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

Dose.—One to two tablespoonfuls from three to six times a day.

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AS A NASAL DOUCHE AS A MOUTH WASH  
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and treatment of skin affections. Part II gives the classification and description of each individual disease. The author's classification is a modification of Hebra's system, and differs considerably from the changes advocated by both Morrow and Crocker. For example, instead of having a distinct heading for "Diseases of the Appendages of the Skin," the author places these affections under one of the other classes. Whether this plan will prove as well adapted to the general practitioner is a question, but at all events we can commend the author in his endeavors to adhere strictly to a classification founded upon an anatomical and pathological basis. Instead of a class on "Inflammations," the affections usually placed under this heading are mostly described under "Hyperæmias" and "Exudations."

The more prevalent contagious, febrile diseases, which show characteristic rashes, are described under "Exudations," these affections not usually been given in works devoted to diseases of the skin.

Each disease is well described and the treatment complete, the most important and common affections being naturally more particularly dealt with. The formulæ at the back of the volume will prove of considerable benefit, especially to the general practitioner. The illustrations are very valuable, especially the plates, while the general appearance of the work—particularly the style of type—is first-class, as might be expected from the reputation of the publishers.

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## Books and Pamphlets Received.

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A TEXT BOOK OF SURGERY. By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Volume I. Published by D. Appleton & Co., New York.

BATH WATERS. A Rational Account of their Nature and Use. By Preston King, M. D. Published by J. W. Arrowsmith, Bristol.

FURTHER OBSERVATION ON THE TREATMENT OF THE ABDOMINAL VISCERA THROUGH THE COLON. By Fenton B. Turck, M. D., Chicago. Reprint from *The Journal of the American Medical Association*.

GASTRITIS GLANDULARIS CHRONICA. By Fenton B. Turck, M. D., Chicago. Reprint from *The Medical News*.

AN ADENOID PROBE. By Emil Amberg, M. D., Detroit. Reprint from *Medical Review of Reviews*.

A SHORT SKETCH ON THE SURGICAL TREATMENT OF OTITIS MEDIA SUPPURATIVA. By Emil Amberg, M. D., Detroit. Reprint from *The Physician and Surgeon*.

THE CARE OF PATIENTS DURING SURGICAL OPERATIONS; WITH METHODS OF PREVENTING SHOCK AND INFECTION. By Fenton B. Turck, M. D., Chicago. Reprint from *The Medical Record*.

## Notes.

### A CLINICAL REPORT ON GUDE'S PEPTO-MANGAN.

BY SAMUEL WOLFE, A. M., M. D., PHYSICIAN TO PHILADELPHIA HOSPITAL, NEUROLOGIST  
TO SAMARITAN HOSPITAL, PHILADELPHIA, PA.

There may still be some doubt whether manganese is a normal constant constituent of the human blood or any of the tissues of the body. It may not have been positively determined whether iron, when given in an inorganic compound or in pure metallic form, is absorbed by the mucous membrane of the stomach or intestinal canal, or whether it accomplishes its curative work by some occult process of stimulation of that membrane, by virtue of which it takes up with greater readiness the nutritive portions of food substances which are presented to it at the same time; or whether it plays a chemical role in changing the contents of the alimentary canal, so that what eventually passes into the circulation is more fitted to maintain high standards of nutrition or will prove less deleterious to the processes of life.

Even when we have combinations which, whether obtained synthetically or analytically, resemble the forms in which this metal is found in the blood, our assurance is by no means perfect that they can pass the portals of the circulation, the absorbent organs of the alimentary tract, without great risk of change from their original forms, in their contact with the substances and tissues to which they are exposed.

All these are still questions, on some of which the evidence is sufficiently positive to leave but little doubt, while on others there are so many theories that we are left to choose what may best suit the results of our own observations, if not, indeed, our caprice or fancy.

To the chemist and therapist these are certainly interesting and practical questions. Before the physiologist and pathologist still others of equal importance loom up. What are the different steps in the process by which an atom of iron, in either a food or drug, becomes ultimately an ingredient of the hæmoglobin of a corpuscle, and what have been the dynamic processes with which it has associated itself up to this point? Again, what is its final destination and disposal? With what materials has it been combined, and what forces has it generated and modified by the time it has finished its course? What accounts for its disappearance under abnormal conditions, and why does the train of symptoms which we witness arise under these circumstances?

Again, these are facts, theories, hypotheses and speculations which we are bound to consider, and, in the light of our own reason and judgment, to determine.

But while we are thankful for all the light that can be shed on these problems, and, as members of a culture profession, are impelled to continue their investigation, yet to the clinician their solution is not essential. Whether his path be flooded with the brightness of midday or shrouded in Egyptian darkness, he must still walk in it. When, in the records of professional literature or in the acquirements of his own personal experience, certain means have associated themselves with consequent legitimate ends, it is his plain duty to adapt the one to the other. And, again, where the means have been to a degree inadequate, on the introduction of what appeals to his reason as of a higher probable power, he must determine the claim. The clinician must not allow himself to be diverted too far into the by-paths of knowledge, lest he become timorous and undecided. The locomotive engineer, who knows the management of his engine in such a way as to start it, regulate its speed and stop it, so that he will constantly carry his train to its destination on time and without accident, and with the accomplishment of all that is expected of him at the termini and at the way-stations, is but little the better for a complete knowledge of the country to which he travels; of the industries of the towns at which he stops; of the mechanical and physical forces which rule the movements of his engine; or of the mathematical rules which govern the construction of the road.

My observations with Pepto-Mangan, introduced to the profession by Dr. Gude, chemist, of Leipzig, are such as can be easily confirmed by any physician, since they were all made in private practice, and rest on beside and office notes. I have used the preparation to a considerable extent ever since it was first brought to my notice, which I think was about two years ago. Owing to some specially good results obtained, I was led to the series of recorded observations on which this paper is based. They extend over four months of time, and embrace about fifty cases.

As a rule, I followed the directions issued by the manufacturers in its administration, giving to an adult a tablespoonful dose and to younger subjects a proportionate amount. Milk seemed to be the best vehicle, and immediately before or after meals a convenient time. In its relation to food, however, I do not think we need exercise any special care as to its administration. There were but few cases in which I found any disturbance of the digestive functions by these doses, but in several there was considerable constipation induced, and in one or two some diarrhœa, as the apparent result of the drug. While my experiments in this direction have not gone far enough to beget firm convictions, I am of the opinion that in the main equally good results could be achieved by a smaller average dose, and in this way the small number of untoward results might probably be still further diminished.

In one series of twenty-three cases the patients were all married women, ranging from the ages of twenty-two to seventy, who were more or less anæmic from various causes. In all but five the results were decidedly satisfactory, and of these one failed to report the second time, so that the result is not known. The other four were cases of advanced organic disease, in which no therapeutic procedure could have given decided results. In nine of the twenty-three cases the results might be classed as brilliant. In all of the others I am convinced that no other preparation of iron could have done more. The condensed details of a few illustrative cases from this series follow.

A woman of 65, during several years, had occasionally applied for relief from vertigo, frequent attacks of palpitation and general weakness and nervousness. She also had frequent long-continued attacks of diarrhœa and some gouty manifestations in the joints. In November I found her very decidedly prostrated and anæmic. She took the Pepto-Mangan in connection with a carefully regulated diet (chiefly albuminous) for six weeks, and gained steadily in strength. At the end of that time her symptoms had disappeared, and she claimed to be in better condition than at any time during the previous two years.

A woman of 25, of highly nervous temperament, cultured and refined, had passed through her first confinement in May, the labor being a very difficult one, and resulting in a still-birth. She grieved very much, and, though fighting bravely against her depression of spirits, by autumn she became neurasthenic and anæmic. She had morbid fears, frequent flushes, and some menorrhagia. She was put to bed and given Pepto-Mangan and strychnia sulphate in gr. 1-30 doses b. i. d., and recovered rapidly. She again became pregnant, and is perfectly well.

A mother of three children, aged 32, the youngest ten years of age, who has during the last year had some three or four attacks of menorrhagia, had gradually reached a quite profound state of anæmia in spite of plentiful administration of other forms of iron in the intervals of the menses. She is obstinately persistent in refusing a uterine examination, and was therefore treated symptomatically only. My recent prescription of Pepto-Mangan has rapidly dissipated her pallor and improved her general health.

A primipara, aged 22, was pale during pregnancy, and at the end of her lying-in, though she had not lost blood at all profusely, and claimed to feel well, was very pallid. After using the Pepto-Mangan for two weeks her color had been fully restored.

Two young married women, both of whom had passed through a confinement within a year, were anæmic, and frequent sufferers from headaches, and considerably debilitated. They both recovered promptly on the Pepto-Mangan.

Another series of nine cases consists of children from infancy to the age of 12. In all marked results were obtained.

A little girl of 4, for two successive summers had frequent malarial attacks of an irregular character and resulting in anæmia and debility. She had been treated with arsenic, quinine, various preparations of iron, and, though responding to the drugs, was still inclined to fall always a ready victim to fresh onsets of the disease. On Pepto-Mangan she made steady and rapid progress towards robust health, and now is a perfect specimen of a vigorous child.



An infant of seven months passed through a siege of infantile remittent with a great deal of bowel disturbance, which yielded to quinine in the course of two weeks. Within a month the same train of symptoms developed, and quinine was again given, and followed by Pepto-Mangan, and since then the child's health has remained good, although several months have elapsed.

A girl of 7, who had for a long time been pale, took diphtheria. After recovery from the disease, the anemia, as might be expected, was still more grave. She was put on Pepto-Mangan and soon became rosy and strong.

Another girl of the same age, also habitually pallid, had wryneck for two weeks, which disappeared under iodide of potassium, but the anemia had increased. Her restoration in color and to robust health was secured by the use of Pepto-Mangan for a month.

A little boy of 4 had measles, from which he made a good recovery. Two months later he was very anemic and listless, with poor appetite and slight feverishness. He at once improved on the Pepto-Mangan, and continued until fully restored.

A baby, six months old, one of a pair of twins, had developed a quite marked degree of hydrocephalus. Large thin blue veins stood in relief all over the scalp. The anemia was very pronounced. She was put on Pepto-Mangan, and her appearance now is much better, with strong indications of the arrest of progress in the disease.

Another series of five cases includes girls approaching, or slightly beyond, puberty, all anemic, and all responding to the use of Pepto-Mangan.

Of this class, a girl of 17, who has always been pale, thin and puny, has only come under treatment within a month. She has never menstruated, and shows but little tendency to don the usual habiliments of the maiden. She is under size, but has since her early girlhood always had an aged look. Her appetite is very meagre and somewhat capricious. She suffers from pains in the legs, more especially the joints, and has a distinct systolic murmur. Under the Pepto-Mangan she seems disposed to gain in color and appetite, and the pains in the legs have somewhat diminished. I shall watch the outcome of this case with great interest.

In submitting this report, I wish to summarize these conclusions:

That Pepto-Mangan is a highly available preparation of iron, on account of its liquid form, pleasant taste, non-corrosive action on the teeth and unirritating effect on the digestive organs, admitting thus of easy gradation of dose, easy administration to children and avoidance of unpleasant effects in all classes of patients.

That it is an efficient and rapid restorer of the normal quality and quantity of the blood, in all conditions where the state of the organism admits of this result by the administration of a chalybeate.

SANMETTO IN FREQUENT MICTURITION AND NEPHRITIS FOLLOWING LAGRIFFE.—I used Sanmetto in a case of a man seventy-eight years of age, recovering from lagrippe, troubled with frequent micturition and chronic nephritis. The result of the agent was completely satisfactory. Have used it since in cases of irritable bladder, with pleasing results.

Benecia, Cal.

A. BLODGETT, M. D.

### SIMILAR TO THE EFFECT OF SUNLIGHT.

(From *The Medicus*, May, 1901.)

The physiological-chemistry of antikamnia, in disease, exhibits analgetic, antiperiodic, antipyretic and antiseptic functions. Its antiperiodic tendency is similar to the effect of sunlight, though differently expressed. However, with antikamnia this latter function is materially aided when combined with other well-known drugs, such as quinine and the milder laxatives. The ideal combination I have in mind may be obtained in "Laxative Antikamnia and Quinine Tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, I might mention lagrippe, influenza, coryza, coughs and colds, chills and fever, and dengue with its general discomfort and great debility. These tablets administered in doses of one or two, and repeated every one or two hours, are a perfect antiperiodic in malaria and a perfect reconstituent tonic—an expression of solar life, light and energy in malarial anemia. (L. P. Hammond, A. B., M. D., Rome, Ga.)

H

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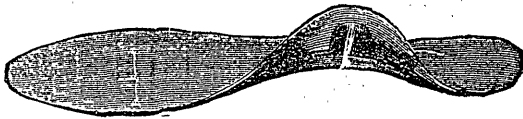
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