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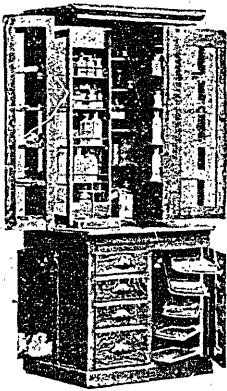
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(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.

(Pass in Medical Jurisprudence, Pathology, Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.

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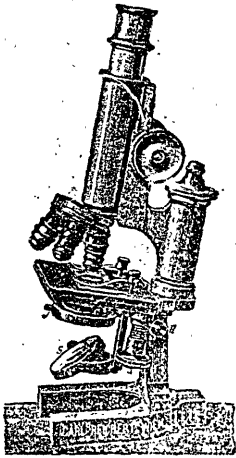
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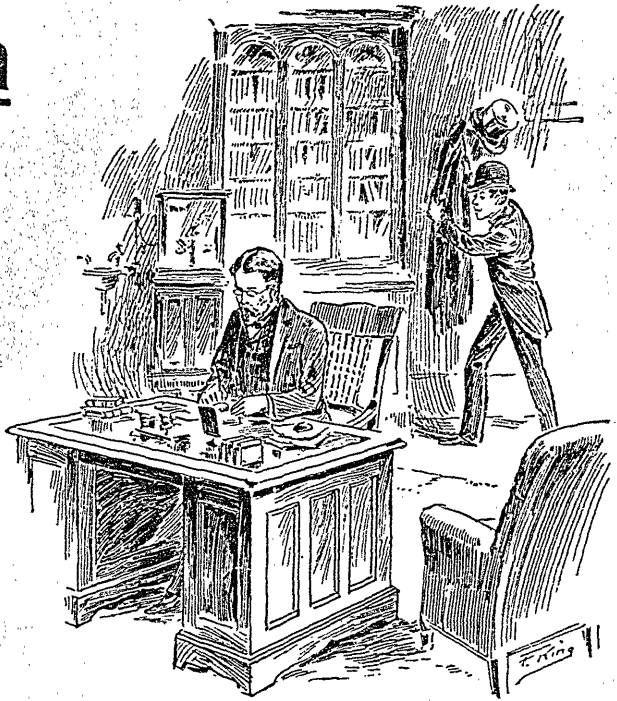
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VOL. XIII. HALIFAX, N. S., FEBRUARY, 1901. No. 2

Original Communications.

REVIEW OF ONE HUNDRED AND FIFTY CASES OF SKIN DISEASE.*

By GEORGE G. MELVIN, M. D., St. John, N. B.

Gladstone, it is said, was the only man who ever made figures interesting. Even Homer, in his catalogue of the regiments and ships and captains which left Greece for the capture of Troy, is admitted to be dull. As I am not a Gladstone, nor even quite a Homer, and as this essay is almost wholly upon statistics, the inference is obvious—yet, possibly, those of you who remain awake when I sit down will have gained some few ideas it may be worth while thinking over, while those who improve the shining moment to take a short nap, will have me to thank for giving them so tempting an occasion.

The one hundred and fifty cases, in round numbers, comprise the contents of my second case-book, and I have selected them for the reason that they have occurred at random, that they make a convenient number from which to extract percentages, that it is a sufficiently large number from which to draw some general conclusions, and that the notes accompanying each case are somewhat fuller, more systematically written, and more easily collated than those made in any earlier period of my practice.

In looking over any considerable number of recorded cases, in actual practice, a somewhat uncomfortable feeling is engendered, perhaps in every physician's case, and certainly in the writer's, in

* Read at meeting of St. John Medical Society, Nov. 21st, 1900.

that the number of instances when a cure is not obtained, or, at least where uncertainty exists regarding it, is much larger than the vanity or self-esteem of the author would have it.

Now, although it is plain that the paramount reason for this is, (and no doubt in the writer's case it is peculiarly so) that we are very imperfect, sometimes careless, sometimes lazy and sometimes too easily discouraged, yet a number of minor excuses can be given which serve, at least, to soothe our wounded feelings in this regard. More especially can these be given in respect to dermatology, and still more emphatically with dermatology in a new section, as St. John and its environs admittedly are. In the first place come those cases where doubt as to the actual result exists. Patients present themselves with a certain set of lesions, they are prescribed for, or operated upon, they are requested to call again at a stated time, and they never afterwards are seen or heard of. Various conclusions can be drawn respecting them. First, that they have received no benefit and so became discouraged; second, that they have fallen into the hands of pessimistic friends, peculiarly gifted with wisdom, of whom there is always a plethora, who assure them that *their* favourite panacea, or their favorite medical man is the one to cure them; or, thirdly—and the one we would feign hug to our bosom—that they have recovered so quickly that a second visit was not deemed necessary.

Again, the cases of acute and recent diseases the dermatologist sees, especially in this locality, are few and far between. His cases are not those of yesterday, nor of the day before. His cases are of ancient date, if not always respectable of origin, and yet invariably so of age. They have run the whole gamut of drugs and doctors, and approach the unfortunatè skin-man as they would the last enemy of mankind, with doubt, dismay and despondency written large upon their visage.

Further there is a very large class of cutaneous lesions not susceptible to cure, but only of improvement. These absolutely unimprovable are the rarest of rare accidents, yet how hard it is to make the patient understand those distinctions—distinctions that are readily appreciated and understood in almost every other branch of medicine. One goes to the oculist, able perhaps to count his fingers, he returns able to read large type and find his way about a room. The oculist has his everlasting gratitude and his two hundred and fifty dollars. Another goes to a general practitioner with three per cent. sugar in

his urine and forced to get out of bed six times a night. He comes back eating patent bread without starch, drinking glycerine for sugar, and only getting up twice a night, and forever praising the good physician who has done so much for him. A third goes to a surgeon with a suppurating hip-joint, and in a few weeks finds himself without any joint at all, and the limb three inches shorter than its fellow. Yet he has sense enough to be grateful. Not so with the dermatologist. A young man introduces himself with a face like a nutmeg grater, and because, in two months, he happens to have a pimple remaining on the chin and another on his forehead, denounces the unhappy skin-man as no good, and indignantly repudiates the modest bill, he, with great perturbation of spirit, ventures to submit.

Another reason of want of better success lies, most peculiarly, with the patient himself. Humanity is fond of swilling drugs. Put a man upon his back and order him to swallow so many teaspoonsful or glassesful so many times daily, and he is perfectly content. Tell the same man to wash his face three times a day, let drugs alone and go about his business, and the chances are ten to one against his doing it two days in succession. Now the treatment in dermatology is largely with the patient himself, and largely on the outside. It is true we often give drugs, but frequently more with a view to pandering to the prejudices of the patient than anything else. Our stand-byes are largely hygienic rules and outward applications, and these it seems to be against the nature of man to apply. Like the German professor in "Trilby," upon rising in the morning, he carefully searches before a looking-glass for a particularly grimy spot upon his face, daintily dips the tips of his fingers in the water, moistens his face with it, glances at his hands, with the remark "I guess that they will do for a day or two yet," and goes on his way rejoicing. He is convinced that all eruptions of the skin are the effects of "bad blood," and a sort of safety-valve to the system. More than once it has been my fortune to have to assure a doubting woman, that, notwithstanding the opinion of some eminent medical authority, it *was* perfectly safe to cure a salt-rheum of the hands, or an acne of the forehead. Nevertheless, she went away with the impression that it was "better out than in."

Of the one hundred and fifty cases under review, twenty-two, or fourteen and two-thirds per cent. were of some variety of *acne*. The indurated type comprised five, the vulgar, or ordinary form,

ten, those associated with rosacea, and commonly designated acne rosacea, numbered six, while one was of the variety rarely seen and from its somewhat fanciful resemblance to small-pox, called acne varioliformis.

The latter deserves special mention. The case was that of a young man of twenty-three, a printer, I think, by trade. The lesions were spread sparingly on face, on forehead between the brows, around margins of scalp, sparsely scattered through it, with a few on the back. They varied from a pin's head to a split pea in size, were papular in character, excoriated in the centre, slowly spreading in a ragged way to the periphery. There was considerable inflammatory action around the base of each papule or nodule. He received an ointment of 20 grains of precipitated sulphur, and 10 grains of resorcin to the ounce of rose ointment. The lesions were touched with pure carbolic acid and afterwards washed with a lotion of sulphate of potash. When last seen he was improving and I have every reason to believe he made a recovery. Taken generally, however, of the diseases frequently met with in dermatology, acne, in its several forms, is the most difficult of all to entirely cure. The remarks just made regarding the remaining pimple on chin and nose are applicable to it. But, while this is true, there is no disease so amicable to rapid and decisive improvement as acne. If the practitioner can but get his patient to understand these peculiarities, few diseases are met with so satisfactory to handle. Some lesions are almost sure to remain however, and it is therefore essential to impress upon the patient's mind a remembrance of her former woeful condition to lead her to a due appreciation of her present state. Those complicated with rosacea are the most intractable. Permanent dilatation of the superficial vessels is very apt to be present, a condition only curable by the electric needle. Of these twenty-two cases my statistics of results are somewhat imperfect. Many were from out of town and could only remain briefly under direct observation; but so far as I know only one remained with no pronounced benefit. Just here, I may say, that this case was a good example of the eccentricities and whimsicalities met with in skin practice. Although living within convenient distance she paid not the slightest attention to regularity in visits. Enjoined to come next week, she would come next month. During these long intervals she would lapse from her former "high

estate," and fall a victim to the seductions of Chase's ointment and burdock blood bitters.

The cases of *pruritus* number four, or only two and one-third per cent. I must not be understood as saying that these were the only cases of itching encountered — far from it. No other symptom is more frequently met with than this, but of course, it is only a symptom—not a disease. Indeed, the same remark holds true in these four cases. It is only in an arbitrary sense that we speak of them as diseases, and because they were associated with troubles that, strictly, do not fall under the dermatologist's purview. Two of them were caused by diabetes, and two by alcoholism. The latter class is interesting, and so far as I know, has not been extensively considered by medical writers. It is certainly true that alcoholism does not always produce an itchy condition of the skin, but it incidentally does so, in some instances. That it does so directly, I do not hold, but indirectly, by reason of the untoward effects of the alcohol upon some of the internal eliminative organs. Diabetic *pruritus* is too common a thing to demand especial notice. Every physician is familiar with it.

Eczema.—This skin disease constituted about nineteen per cent. or twenty-eight cases out of the one hundred and fifty. This is a low percentage according to the books, thirty being the average given by most authors. But from eczema, I have been compelled to separate *seborrhœa*, essentially another disease, but often included with it. Nothing helps the practitioner more in his treatment of this disease, than to make a somewhat minute sub-division of these cases as they come before him. It is true that many of them will change their character in a little while, so that, had they presented themselves in that condition would have been placed in another division. But sub-division gives us hints as to treatment. An eczema of the scrotum is a vastly different thing than the same disease on the hands, even if both should be alike in character; apply the same treatment to the scrotum as to the hands, and the patient will soon be fit for a straight-jacket. Members may think I have carried this principle to an extreme when I divide the disease into twelve different types, but by no means are all the various phases of the disease represented. The twenty-eight cases were composed of six of neurotic origin, two of the genital variety, two of eczema squamosum, four of the anus and perineum, two of eczema rubrum

two of the palmar type, five of the pustular, and one each of eczema facialis, marginalis, seborrhœicum, psoriasisforme and trade. It will be seen that I have ascribed nearly twenty-five per cent. of all cases to nervous origin, a cause which I think is very often overlooked. The grounds for such acription are the symmetrical situation of the disease, its sudden and rapid onset and its fine papular appearance. The latter is very significant. The papules are really eminences left upon the skin by the action of the muscular skin fibres. These are acted upon by the over-stimulated peripheral nerve-endings, the cutaneous tissue is retracted and a "goose-fleshed" condition is the result. One example will serve to illustrate this type. A. M., a girl of twenty-five, called on me, with a fine papular eruption spread over the extensor surface of both arms and over each ear. Besides the papules there was extensive hyperemia of the surrounding tissues which gave rise to the fear of erysipelas. It was intensely itchy and had appeared quite suddenly but two days previous. An examination elicited the fact that she was naturally neurotic, and had been especially so for the last few days. She could not sleep at night, and while asleep was troubled with dreams. A sedative lotion, with bromide internally, soon effected a cure. Of course once started upon the subject of eczema, one never knows when to stop. I feel, now, that I might, with profit, have limited the paper to this disease alone. Concerning its curability, no disease is so satisfactory—time and patience alone are required, but these are the things very often wanting. The acute cases are easily managed, and readily cured; much depends upon the situation of the lesion. If so placed as to be difficult of access, the treatment will be somewhat delayed, as continuous and direct applications are nearly always essential. The drugs and other measures used are so varied that we can not stop to consider a single one. Unless devoting two or three pages to the subject, a mere mention of some few remedies would do more to mislead than anything else.

I have been favoured with very few parasitic diseases since beginning practice. I do not know whether this is peculiar to the city, or not. With regard to the series under review, *tinea versicolor* numbered only four, or two and two-thirds per cent.; *scabies* three, or only two per cent.; *sycosis* five, or three and one-third per cent., and of

these only two presented the trichophyton under the microscope. Since coming to the city I have never seen a case of ringworm of the scalp, and I doubt if a single instance exists in St. John.

The subject of *Syphilis* always possesses an absorbing interest. The cases under review number ten, a percentage of six and two-thirds, an abnormally large one, I think. Of these, six were secondary and four tertiary. No primary cases are contained in the series. The reason of this is obvious. Primary lesions do not effect the skin, as a rule, and others then dermatologists have charge of them. Nearly every one of these ten cases is interesting, and valuable lessons might be drawn from them, but time is short, and this paper already promises to be too long. One case alone will serve to point a moral as to diagnosis. A gentleman complained of piles, he said, and a trifling eruption upon the perineum, which he himself kindly explained to me was eczema. He knew the symptoms of the latter disease, for, when asked, he assured me that it was itchy, that it was somewhat scabby, and often was moist and ran water. As this is a form of eczema comparatively common, I did not doubt that I would find it upon examination as described. But, though he stated it was itchy, I could find no signs of scratching; it was not scabbed to any extent, and was, at that time, quite dry. Instead, were found three or four small nodules, ulcerated at the top, with sides of the excavations straight up and down, quite round and coppery in color. I told him he had syphilis, and asked him how many years had elapsed since he had been under treatment. After some hesitation he acknowledged that some five years before he had had a primary sore, and had been under treatment for two years. He had supposed himself entirely cured, and it remained a physiological problem, whether in telling me about the piles and eczema, he was attempting to deceive or not.

The chief difficulty in the treatment of syphilis is the patient who is unable to take mercury or iodide of potassium. They at once present symptoms of salivation, and of course a change is imperative. Now, although there are, undoubtedly, unfortunates who are salivated by mercury, be the dose ever so small, yet, I think, they are few indeed. I am firmly convinced that the great majority of these presumably unable to take those drugs, know beforehand what they are to be given, and know something of the effect of them pushed to an ex-

treme. In short, I think these are simply instances of the power of mind over matter, and if we can keep our patients in that "ignorance which is bliss," we shall enable them to take their daily portion.

No more responsible position can be found than when a physician is asked by a syphilitic patient when he can marry, with safety. No greater problem capable of solution can be propounded.

That a patient having had syphilis *can* marry with safety, is no longer to be doubted, or even discussed. Thousands of men have had syphilis and have been far healthier every way, after having had it, than before they contracted it. This is but one way of saying that syphilis can be cured, and that, during the cure, the patient, by reason of the restraint put upon his bad habits by the shock it gives him morally, and above all by the wonderful tonic and reconstructive powers possessed by mercury, is built up in every way and is able to procreate far more healthy children than if he never had had the disease. But when does he attain to this condition? This is the vital question. In the fewest possible words not until he has been for two and a half years under continuous treatment and observation, and one whole additional year in perfect health, with absolutely no symptom that in the remotest degree can be referred to the specific disease.

Of the one hundred and fifty cases, six, or four per cent. have been *lupus*—three of each type, the erythematous and vulgar varieties. Nearly all are still under observation and it goes without saying that small glory is to be expected from them. The recent experiments in the light treatment of this complaint, makes one wish for £500 and the place to set up the apparatus.

The *erythemas* cut but a small figure in my statistics. Only two come under this head—erythema odosum, and another of erythema multiforme. The latter is quite interesting, and as it is the only one I have seen since coming home, may be worth a few words. It was a case in the practice of a neighbouring physician and a charity one. The patient was a washerwoman and had been engaged in her usual occupation up to the previous day. When she called to see the doctor he found her arms, hands, and to a less extent, her lower limbs occupied with a large number of split-pea to bean sized nodules. Not much itching, no pain, but some burning was present. There was very little constitutional disturbance, the pulse being a little quickened, and the

temperature about one-half a degree above normal. A few fleeting pains were felt in the limbs. Being in some doubt as to the exact condition present the doctor referred her to me. I did not see her afterwards, but understood the eruption enveloped the whole body, which indeed is its general course. As the case is of comparatively recent date, she may not yet be quite recovered. The patient herself, was quite sure it was a case of "blood poisoning," as she had been engaged, the day previously, upon some very dirty clothes. Of course nothing like this was the fact, but the point might be important in a medico-legal sense.

Psoriasis figures to the extent of six and two-thirds per cent., or ten cases in the series. Here, as in eczema, much is gained from a sub-division. A guttate psoriasis is almost sure to be a recent and spreading one, and one that arsenic will simply intensify. Sedative and palliative measures are alone applicable. On the other hand, the serpiginous or gyrate variety shows it in the resolving stage. Here arsenic may be pushed and the external applications can scarcely be too strong.

Seborrhœa is best classified anatomically. Although the disease is identical in every part of the body, yet great difference exists as regards curability, if it be on the scalp, face or body. When upon the scalp prepare for a long siege; the face demands time and attention, but offers hope, while upon the body a couple of weeks is sufficient to get rid of it entirely. In the one hundred and fifty, the seborrhœic cases numbered twelve, five each on body and scalp, and two on the face. The latter figure is somewhat misleading. Nearly every case of acne and rosacea is complicated with seborrhœa, so it is not always easy to know under which heading to place them. On the scalp the chief symptom is an abundance of scales, which, being constantly exfoliated constitutes the condition known as "dandruff." Only one of the cases under review retired in disgust from treatment, the others being cured, or practically so. A constant succession of remedies is essential to the successful handling of these cases. Of course sulphur is the main standby but alone it is almost useless, and soon loses its effect. Chloral hydrate, resorcin, and acetic acid are indispensable.

While upon the subject of the scalp, *alopecia areata* is not to be overlooked. It is the most conspicuous and easily diagnosed of any

disease in the whole catalogue of medicine. Four per cent., or six cases exist among the one hundred and fifty. Of the six, four were of the ordinary variety, one was marginal, and one universal. The latter I exhibited at the Maritime Medical Association, last July. The marginal one existed in a painter, aged about twenty-two, and yielded to tinct. iodine and iodin-vasogen. A mistake the laity is sure to fall into, and one, medical men also are not entirely free from, is to ascribe the cause to syphilis. The unfortunate, if, especially he be a young man, is sure to be denounced as impure, should one, or a number of these singular, bald patches appear upon his scalp. A greater mistake could not be made. Syphilis causes an alopecia it is true, but never one like this. The specific alopecia is a general thinning—general, yet not exactly equal at every point. Loss does not go on, as a rule, to absolute baldness; patches here and there are thinned out, the hair loses its lustre, and it assumes what has been capitally described as a “moth eaten” appearance. It is but a step from too little hair to too much. In this connection, the celebrated Disraeli’s gibe at Colonel Sibthorpe and his two friends will not come amiss. The gallant Colonel had an enormously large and fierce mustache, while the Colonel’s two colleagues in Parliament from the same county had no beard at all, and very little hair on their heads. The eminent English Jew, therefore, in one of those bursts of sarcasm and wit, which used to astonish Parliament and the world, declared with reference to those three gentlemen, that:

“The force of nature could no farther go,
To beard the one she shaved the other two.”

In like manner while six cases of alopecia shine among my statistics, a like number are found with too much hair, or rather with hair where hair ought not to be. No more satisfactory work confronts the dermatologist than the removal of *superfluous hair*. It is satisfactory in a double sense. It is like mercy: “it is twice blessed, it blesses him—or rather her—that gives, and him that takes.” The amount of indifference shown this condition by people generally, and, especially our own profession is astonishing. If a young woman has a tendency to lung trouble, no expense is spared, no pains are considered too great to benefit her position and to restore her to health and society. Yet that same young woman may have a few hairs

upon her upper lip, or a mole or two upon her otherwise beautiful face, that will far more effectually ruin her peace of mind and effectually blight her prospects in life than a delicate condition of lungs. Instead of being happy, contented and perhaps making an advantageous settlement in life, this easily removable blemish consigns her to a career of uselessness, mental misery, and, in all probability, an early grave. It may never be spoken of even by the patient herself, but the fact of its being present, like a familiar spirit, is never absent from the wretched mind of the young woman, nor from her circle of friends. It is really a serious question and one to which far more attention should be given than at present. In the operation a few things are essential; a good eye,—here, all kinds of glasses are an abomination—a perfectly steady hand, the best of needles, and a reliable battery. A milliamperé meter is useful, but by no means essential.

Dermatitis is responsible for two cases. One of these was Duhring's disease, and the other from poison ivy, or something analogous.

Impetigo claims three—a ridiculously low percentage. The only explanation is, that I do not see many children, especially those of the very poor amongst whom this disease is most plentiful.

Rosacea is numbered for four, or two and two-thirds per cent. Of all skin troubles, with the possible exception of lupus, this is the one to be dreaded as regards a cure. It is generally referable to the nose, and when not associated with or dependent upon any other disease is generally incurable. Fortunately in this condition it is rare; when due to aene, seborrhœa, eczema, etc., it is readily relieved.

Herpes, again, is abnormally absent from my figures. Only four cases, or two and two-thirds per cent., are found amongst the one hundred and fifty. Certainly, I do not get all the cold-sores in the city. The lesions in two cases were upon the genitals, and in two upon the face. The former are important, from their liability among the laity, to be taken for speictic sores. In one of my cases it was considered an obstacle to marriage by a very intelligent young man, for a long time, until assured to the contrary.

I am now beginning to see light ahead, and a conclusion to this weary iteration, as I come to complaints represented by only a single

example of each. Perhaps when my head will have grown gray, and my case—books more expansive, I may return to this subject, and attempt to draw conclusions respecting these also, but, for the present, I shall content myself, and surely please you by merely mentioning them.

They are:—Dermatitis repens, urticaria, telangiectasis, balanitis, xeroderma pigmentosum, pityriasis rosea, tubercular lymphadenitis, nevus pigmentosus, malignant papillary dermatitis, chloasina, inter-trigo, prurigo, milium, and lichen planus.

Lastly come two of surpassing interest, viz.: those *unclassified*. This term unclassified is a mere euphemism and means that we do not know what the diseases were. Rather strange to say, both are under observation at present. One is not classed, because it is a thoroughly "mixed" eruption, there being not the slightest mystery about each type of the eruption. Upon the scalp is a typical seborrhœa; upon the face a clear-cut papular eczema; upon the fingers small furuncles continually cropping out and suppurating; upon the elbows and knees typical patches of psoriasis. Now, if we could locate an early tertiary syphilis the mystery would be cleared up, but this is just where I have made absolutely no progress. All suspicion of this is absolutely scouted by the patient, still, nevertheless, although it remains unclassified upon paper, in my mind it is slowly becoming so, as treatment and improvement progresses.

The other is a genuine mystery. A young girl aged twenty. About the neck, almost in the exact position a loose necklace would occupy, were about twenty-five or thirty small split-pea sized lesions, slightly longer than wide,—that is, oval shaped,—with borders slightly raised, rounded, and darkened, the enclosed space being covered with a perfectly white, thin, soft, delicate membrane. This could easily be lifted up, and when done, a moist, exceedingly fine papular surface was exposed. It bled easily upon manipulation, and the skin, generally, was so extremely sensitive, that an application of chrysarobin set up a violent inflammation, raised vesicles over a very large part of the chest and back, and required active measures for its reduction. This condition had been present about six years, the lesions slowly increasing in number, but not in size. Some of them, however, had evidently undergone resolution, as evidenced from the

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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.

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shallow pits or depressions seen upon the skin. The case was referred to me by Dr. Emery, to whom I am greatly indebted for this unique specimen of skin trouble. She is, I am glad to say, rapidly recovering under the chrysarobin treatment, at intervals with sulphuret of potash and sulphate of zinc lotions, and sedative applications as they seem to be required.

The method of recovery seems to be for the lesion to contract, thus lessening the area, the moisture absorbs, the membrane shrivels, a black dot appears in the centre of it, and finally the film falls off, leaving a minute depression beneath. There are absolutely no subjective symptoms whatever. Did not the patient see them she would not be aware of their presence. A volume, almost, might be filled with speculations relative to this case. Of course, a specific origin will at once appeal to every one. But the lesions are not ulcers; they are not nodules; there is absolutely no sign of syphilis elsewhere, and the girl's history and surroundings are all against the idea. The improvement under treatment also decisively militates against the supposition.

Rightly or wrongly, tuberculosis, I think, approaches more nearly than anything else to explain the causation. But it can by no means be twisted into lupus; and anything more unlike scrofuloderma could not very well be. Still, until a more plausible theory appears, I shall consider it a form of tubercular action upon the skin, and await with interest any further light upon the matter, either here or elsewhere.

In choosing this subject I thought I could have condensed it into a few pages, but I find it has rather run away with me. Even now I find a difficulty in getting rid of it. I fancied upon starting it would be a mere recital of figures, but I see the individual, rather than the collective case, has come to the front.

TYPHOID FEVER.*

By W. S. MUIR, M. D., Truro, N. S., President of the Maritime Medical Association
and President of the Colchester County Medical Association.

Gentlemen,—No medical subject, excepting possibly tuberculosis, is at this present moment creating more interest in the public mind and attracting more universal attention than typhoid fever. When the Spanish-American war began, Lord Wolsely, Commander-in-Chief of the British army, gave it as his opinion that more American troops would die from enteric fever than from Spanish bullets. How true that was; and how painfully true it is also of our own war in South Africa.

In opening a discussion of this kind one would require more time than is at our disposal to go into the history of a disease that is as interesting reading to the general practitioner as "Robinson Crusoe" was to us when we were boys just beginning to read works of fiction, as our dear Sunday school teachers were pleased to call them.

Medical progress and medical knowledge have both been enriched by the development of our knowledge of this disease. Years ago only about three diseases were included under the term fever. Typhoid—or slow, typhus—or ship or jail fever, and malarial. At that time differentiation was impossible, although continued fevers and characteristic types of malarial fever were recognized. To James Gerhart Bartlett, and one or two others is due the credit of first defining and depicting the characteristic anatomical lesions of typhoid, and differentiating it clinically from typhus. Now the bacteriologist comes to our aid, and just twenty years ago Eberth discovered the typhoid bacillus. The announcement of this great discovery appears to have for the time paralyzed the other workers in this line, and for a short time little or nothing was done in the way of important contributions of accurate bacteriological research.

Let me for a moment call your attention to the fashionable, or more correctly military name for this disease—enteric. One would judge that

*Opening of discussion at quarterly meeting of Colchester County Medical Association; also read at meeting of N.S. Branch British Medical Association, Jan. 9th, 1901.

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CONVENIENCE AND SAFETY

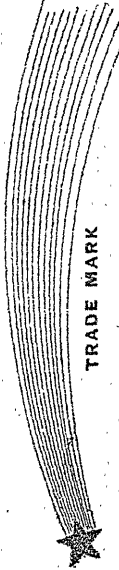
Creolin-Pearson is easy to carry: 1 to $1\frac{5}{8}$ fl. oz. suffice to prepare from 7 to 11 pints of good disinfecting fluid. It readily mixes with water and distributes itself uniformly. It does not stain the clothes, nor injure the hands or instruments. Creolin-Pearson presents an obvious and decided advantage over carbolic acid in its comparative non-toxicity.

FAC-SIMILE OF LABEL

The only authorized package for Canada bears the name of

LYMAN, SONS & CO., MONTREAL,

Sole Agents for the Dominion.



TRADE MARK

ONE POUND OF CREOLIN-PEARSON

SUFFICIENT TO MAKE
16 GALLONS
DISINFECTANT.

DIRECTIONS

For Disinfection where Contagious or Infectious Diseases are prevalent (e.g. Cholera, Typhoid, Measles, Typhoid, Cholera, Small Pox, Scarlet Fever, and Diphtheria), closets, sinks, and chamber pots should, after every using, be treated to liberal supplies of Creolin-Pearson. A tablespoonful to one gallon water. Before a sick-room is again occupied it should be thoroughly cleansed with the same solution.

Teaspoon.

As a Germicide in Bone Throat, Colds, etc. . . . ¼ to ½
To Heal Wounds and Sores and to Destroy Pus, dilute solution with salt and coffee. 1
To keep Air Pure in Houses, Sprinkles freely. 1
In Skin Diseases, as Barbers' Itch and Ringworm, Bathe parts with. 1
For Preserving the Teeth and Purifying the breath, rinse Mouth with 3 to 5 drops in tumbler of water.
In Mosquito and other Bites, rub pure Creolin-Pearson well into the wound.

MIX WITH WATER BEFORE USING.

(SAPONIFIED COAL-TAR OIL)

NON POISONOUS—NON CAUSTIC

Acknowledged by the Scientific World to be

THE IDEAL DISINFECTANT,

DEODORANT AND ANTISEPTIC,

A POWERFUL ANTIPARASITIC.

CREOLIN-PEARSON is more than ten times stronger than Carbolic Acid or any other household disinfectants.

My trade mark consists of the word "CREOLIN," and any infringement will be severely prosecuted.
WILLIAM PEARSON.

Sole Agents for Dominion of Canada: LYMAN, SONS & CO., Montreal.

DIRECTIONS

To Destroy Insects and all Parasites, to keep off Flies wash the animals (especially head and neck) with . . . Parts 1 in 50
As a Radical Cure for Mange (in Dogs, Sheep, etc.) A few Drops suffice: The hair will grow again. . . . Parts 1 in 20
For Horses, as a Preventive and Cure for Mange the coat of animal should be well saturated with solution of . . . Parts 1 in 50
Keep the Stables daily with a similar solution. Will keep animals in perfect safety from Infection. . . .
For Broken Knees, Quittor, Grease, Cracked Heels, etc., rub well with . . . Parts 1 in 30
For Worms in Horses give internally, on empty stomach, a quart solution of . . . Parts 1 in 30
Throat-worms in Lambs, Diphtheria in Fowls, all internal Parasites eradicated by giving solution of . . . Parts 1 in 30

If the above Directions are not perfectly clear, please request the Druggist to explain the same.

N.B.—BEFORE USING A SOLUTION, SHAKE WELL.

it was called enteric fever because the anatomical lesions always had and have their origin in the patches of Peyer, the solitary follicles and other parts of the ileum. Now I think that there is abundant evidence to show that the primary localization of typhoid infection is not always in the small intestine, but that other organs and tissues of the body may be the seat of the primary infection, and are there not numerous cases on record where the only intestinal lesions found were confined to the colon? Cases are described where the typhoid bacillus has been found, and the primary site of the infection has been the respiratory tract; most inflammations of the mucous membranes occurring during typhoid are secondary and are really complications of the typhoid lesions of the small intestine. The lymphatic structure of the small intestine in most every case is however the primary seat for the typhoid bacillus and most cases of typhoid appear to us as a typhoid bacillus septicæmia, so to speak. We must remember that many of the complications are due to micro-organisms, such as the colon bacillus and the streptococcus.

In speaking of the diagnosis of typhoid fever we are bound to give Widal's blood serum test first place, as, while in some cases the Widal reaction may be very late in appearance, in others only occurring during a relapse, we must remember that it may be entirely absent. The diazo-reaction of Ehrlich is almost always present during the first and second week of typhoid, and consequently is of great value when an early diagnosis is necessary. Always remember that in general miliary tuberculosis you may get the diazo-reaction also; this is most important as this affection is frequently mistaken for typhoid fever. The rose coloured spots of the typhoid eruption always contain the bacilli. In some of the continental hospitals these spots are snipped out so as to make a positive diagnosis. Does this not prove that the bacilli are already in the general circulation? How much trouble the typhoid abortionist would save himself if he would only keep the ætiology of the disease in full view. To be a good surgeon it is absolutely necessary to know your anatomy. To be a successful physician you must always have the pathology and the ætiology of the disease in question before you and at your finger ends.

During the last three years, Wright, of the Army Medical School, England; Marx, Pfeiffer, and others, have been using preventive inoculations against typhoid. These are made with sterilized cultures,

and are followed by a febrile reaction lasting for two or three days, swelling, pain and tenderness at the site of the injection. The results of the use of "enteric toxin" and its value as a preventive against typhoid are still conflicting. Wright, of Netley, states that at the Maidstone Asylum ninety-five out of the two hundred attendants were inoculated, and that not one of those ninety-five contracted fever; whilst again nineteen out of the remaining one hundred and five suffered from the disease. At Khartoum, of eight young subalterns; six consented to receive inoculations, the other two declined, both the latter contracted fever and one died, while the six inoculated men all escaped.

In the *British Medical Journal*, of Nov. 10th, 1900, Dr. H. H. Tooth, of St. Bartholmew's, and Portland (South Africa) hospitals, has given the medical profession the benefit of his experience with "enteric toxin," and I cannot do better than quote him.

"To take first the relation of disease and inoculation among the personnel of the hospital—twenty-four non-commissioned officers, orderlies, and servants of the Portland hospital, and four of the medical staff were inoculated on the voyage out; all of these showed the local symptoms at the time, that is—pain, stiffness, and local erythema; seventeen also presented well marked constitutional symptoms—general feeling of illness, fever and headache; of the orderlies nine had enteric fever subsequently, two had refused inoculation and both of these had the disease very severely, in fact one died; of the inoculated cases five had the disease lightly and two fairly severely; one of the sisters had the disease rather severely and she had not been inoculated. We had under treatment at the Portland hospital two hundred and thirty-one cases of enteric fever, most of which came under our care at Bloemfontein; of these two hundred and thirty-one patients, fifty-three had been inoculated at home or on the voyage out, and of them, three died, making a percentage of deaths among the inoculated of five and six-tenths per cent.; one hundred and seventy-eight had not been inoculated, of whom twenty-five died, that is, a mortality among the non-inoculated of fourteen per cent. The general mortality in enteric fever with us was twenty eight deaths out of two hundred and thirty one cases, that is, twelve and one-tenth per cent., which seems to compare favorably with the experience of the London hospitals."

Personally I have interviewed as many as twenty of the Canadians who suffered from enteric in South Africa, and several of them had been inoculated as many as nine times and their verdict was, (you can take it for what it is worth) that inoculation was no good. They all confirmed one remark however that Dr. Tooth makes in his report, and this is that the more severe the reaction at the time of inoculation the more severe the attack of enteric.

Inoculation for the prevention of typhoid is in its infancy, still from what I can gather it has not had anything like a fair trial. It is a most important subject, and one our Parliament will some day have to deal with. Parasitology and bacteriology are subjects that will shortly be primary with the military surgeon and tropical physician, and already France has taken steps to have these subjects taught together at the Faculty of Medicine, Paris. With us in Nova Scotia it is most important that hygiene should be taught in our public schools, our high schools, and our universities. That preventative medicine and bacteriology could with benefit be taught together in our medical schools, and men so educated, so that they could fill the positions of Public Health officers with benefit to the public and honor to their profession.

I am forced to remark that up to this present moment little or no attention has been paid to two most important questions in connection with the subject of typhoid. One is:—*how the elimination of the typhoid bacillus takes place from the body, and how to effectually sterilize the stools and other excreta.* Almost everyone in attendance upon a typhoid patient is perfectly satisfied if they bury or burn the fæces. The care of the urine never appears to enter their minds. The fæces of typhoid patients almost always contain the bacilli, and being cast off from the ulcerated intestinal mucous membrane they remain alive until discharged. In the fæces of some, the typhoid bacillus dies in a few hours while in most of the others they remain alive for days and weeks, and with some they increase in numbers. This is an important point to remember in connection with the dissemination of the disease and in bacteriological examinations of the fæces for diagnostic purposes. Fæces should be collected in a clean bottle, not sterilized, and forwarded for examination as quickly as possible. From all that I can gather from results obtained by Dr. Hiss, of the Health Department of New York City, and many others, that as a rule the Widal reaction can be depended upon in doubtful,

cases before we can expect positive assistance from the culture examination.

The presence of the typhoid bacilli in the urine is of greater importance than the consideration of their presence in the fæces—from two points of view. First, because so little attention is paid to their presence in the urine during the attack, and from the fact that in twenty per cent of all those who have suffered from typhoid the urine is found to contain the bacilli in enormous numbers, and cases are recorded where the bacilli have been found in the urine months and even years after the attack of fever, notably in the case reported by Gwyn where he found the bacilli four years after, in a case of chronic cystitis following typhoid; and again the other day in the *B. W. Journal* of Nov. 24th, 1900, Dr. Walker, of Peterborough, England, reported an outbreak of typhoid fever, which he proved conclusively was due to the urine of a trooper in the Imperial Yeomanry who had been in hospital in South Africa suffering from enteric fever from May 23rd to August 1st, when he was discharged convalescent and sent to England. It may be as well here for me to state that Dr. Mark W. Richardson of Boston, in the *Journal of Experimental Medicine* Vol. IV, reports on the value of urotropin as a urinary antiseptic in typhoid fever. Urotropin is a combination of formalin and ammonia, and has been cracked up as *the* urinary antiseptic by many others besides Richardson notably Ehimann of Vienna, Heubner of Berlin, and Holmes of Chatham, Ontario. Another interesting discovery by Richardson was that after washing out the bladder with a very weak solution of bichloride of mercury the typhoid bacilli no longer appeared in the urine. Urotropin is given in ten grain doses three times daily.

Let me mention another fact that we should always bear in mind. Years ago I lost a patient from what I then called abscess of the liver following typhoid. Now I am positive that my patient died from suppurative cholecystitis. Since our knowledge of this recognized complication of typhoid I make it a rule to ask any patients who consult me about their stomachs and livers if they have ever had typhoid fever. Flexner found pure cultures of typhoid bacilli in the gall-bladder in over a half of those he examined after death. Halsted reports in thirty-one cases of gall-stone operated on by him ten had had typhoid fever. Miller of Johns Hopkins obtained a culture of typhoid bacillus some years after recovery from typhoid. Now is

this not another source of typhoid infection through the elimination of the bacilli by the fæces?

I have pointed out two hidden sources of infection, viz.:—chronic cystitis and cholecystitis. We might now discuss the way infection occurs.

The chief mode of invasion is by way of the mouth and stomach, hence it is of great importance to know the duration of the life of the typhoid bacillus outside of the body. This varies according to the soil in which it is placed, to the varieties of the bacteria with it, and according to the presence or absence of injurious influences, as high temperatures, light, etc. In the fæces the typhoid bacillus may live for hours, usually for a few days and occasionally for weeks. As a rule they cannot be detected in water after fourteen days, and it is said that they have been found in living oysters four weeks after contamination. All our information on this subject goes to show that the typhoid bacillus increases largely in the human body, and that in one fluid infected by them outside the body they will actually increase—that is milk. Epidemic after epidemic of typhoid traced to the milk supply has been reported, and it is an easy matter in small places to find out the sources of the milk supply and often the cause of the epidemic if pains are taken. This year I can trace no less than five cases due to a common cause—the milk supply. Typhoid was in the house of a family who kept one cow and sold milk to two other families, both of these families contracted typhoid, as well as another who only got a quart of milk occasionally. Epidemics of typhoid due to contaminated water are very numerous and one epidemic is reported due to ice. This ice was cut at a pond where a patient had typhoid just before, in January, and the only cases occurring in the town were those who used the ice from this pond, during the following August. A case now and again caused by eating shell-fish is reported, and the poor little house-fly is also guilty of transporting the bacilli with their feet, and infecting with their fæces.

The diagnosis of typhoid fever with us is generally an easy matter; it is almost always autumnal, and again we have no malaria or typhus to complicate matters. Some of our American friends appear to have malaria always conveniently at hand, and when a case of intermittent fever has lasted for a few days and quinine will not reduce the temperature it is pronounced typhoid—quite right. As I said before Widal's reaction will assist us out with doubtful cases, and that kind of typhoid which some physicians have always at hand to cover up a

bad diagnosis of tuberculosis, or the pregnancy of a neurotic woman will have to vanish if this test becomes imperative, as it should be. Typhoid fever of the young, typhoid fever of the youth and middle aged, and typhoid fever occurring in those over fifty-five years of age should from a clinical standpoint be discussed separately. In infancy and childhood the opportunities for infection or contagion are the same as for the old. It is truly wonderful what a child with typhoid will live through. In children I dread what are called the head symptoms, and when associated with a low or not correspondingly high temperature, and a weak heart, look out for sepsis. Typhoid children with a rapid respiration and who are restless should be watched very closely. The temperature with infants is often irregular, still these irregularities more often depend upon complications. Constipation, otitis media, bronchial catarrh, and sometimes scarlet fever complicates infantile typhoid. Diarrhœa with the typhoid of children in my practice has not been a frequent symptom; still we must expect it, and also remember that perforation without diarrhœa in children may occur.

According to Ashby and Wright typhoid fever is not common in children under three years. From all that I can gather, in children typhoid fever is very rare in the first year, increasing slowly towards the fifth year and is quite frequent between the fifth and fifteenth year. It is a point worth repeating that some five years ago Dr. W. P. Northrup reported the results of two thousand autopsies in children under five years, and in not one did he find the lesions of typhoid fever. Northrup also points out that the ulcerations claimed for typhoid fever are not characteristic at all, and that they are found in common intestinal diseases of non-infectious nature. Even with the most skilled the diagnosis of typhoid in very young children is difficult, much depending upon the season, or the presence of an epidemic; or more correctly should it be in the house, with children the prognosis is as a rule good. Hensch places the mortality at seven and five-tenths per cent., Holt at six per cent., and at the epidemic that occurred in Marseilles in 1896-97, the death rate was twenty-three per cent. out of 187 cases occurring in children under fifteen years of age. Between the years of fifteen and forty-five we meet typhoid in its true character, and I will pass over typhoid I have met in persons over fifty years of age. After that age it appears to me to be a most chronic disease, so much so that if your patient does not get tired of

the sight of you, agree to become a small mutual admiration society. At the present time I have a patient who has been in bed continuously since the first of October—over three months. There are or never were any complications, and no relapse, the case apparently running a chronic course. In the morning for the past six weeks the temperature is normal, in the evening there is a slight rise from one half to one degree. This has been my experience with ever ycase occurring with those over the middle age. They never with me experience that awful appetite that the typhoid patient is generally affected with after the turn.

Some of the complications of typhoid fever require more than a passing word. In the case of perforation, *should* we operate is a most serious question. At the present moment the answer should be absolutely in the affirmative. Fifteen years ago not a single operation had been attempted in America, and one only in all Europe. A year ago Keen, of Philadelphia, published a table of one hundred and fifty (158) cases operated upon. Of that number over twenty-three per cent. recovered; one case was operated upon three times, and yet recovered. Keen says that no age is a barrier, but age has considerable influence on the recovery rate, as from fifteen years to twenty-five years is the most unfavorable, the most favorable being under fifteen years, as according to Keen's tables fifty-three per cent. recovered, and thirty per cent. of those over thirty-five years also recovered. Sex seems to have considerable influence on the mortality rate. In Keen's tables of the males eighty-five died and twenty-one recovered—a recovery rate of eighteen and one-tenth per cent. Of the females eleven died and 8 recovered—a recovery rate of forty-two and one-tenth per cent. Perforation is of course most frequent in the third week, and the per cent. of recoveries after operation is lowest also. Keen's tables give the percentage of recoveries in the second week as eighteen, in the third week as sixteen, and in the fourth thirty-three. *When* to operate is a most important question. Keen says:—"The best time is not during the immediate primary shock which lasts during the first few hours. The second twelve hours after perforation, all things considered, has been the most favorable up to this time. The earlier the moment at which the operation can be done after immediate shock of the perforation, provided, of course, there has been any, as is sometimes not the case, the better it will be for the patient. Every hour

then counts, since the infection of the peritoneum becomes more diffuse and more intense."

From reading up the subject "When to Operate," I notice that Cushing and Taylor take exception to Keen's rules, and advocate earlier interference. Taylor says:—"To operate immediately your diagnosis is made, and not wait for reaction, for shock and lowered temperature is due to the large amount of septic material in the abdominal cavity, and to the resulting purulent peritonitis, and not to the shock of the perforation of the bowel." Keen, Cushing and Finney, in speaking of *how* to operate, all advocate the use of cocaine instead of a general anæsthetic. The incision should be made in the right linea semilunaris, or through the rectus muscle. Look first for the perforation in the ileum, then in the adjacent cæcum and appendix; then in the sigmoid where it generally occurs; when found the perforation should be sutured, using Halstead's mattress suture, without paring the edges. Cleanse out the peritoneal cavity thoroughly—this is most important, and most cases require drainage.

Eye diseases complicating typhoid fever are not frequent, many practitioners of large experience never meeting them. Conjunctivitis, corneal ulcerations and inflammations, and retinal hemorrhages are, the most frequent. There may also be a temporary disturbance of vision and muscular action due to toxæmia; later on in the disease you may have ocular palsies and optic nerve atrophy.

Epistaxis by many is called a symptom; I have seen it a complication and consider it such. Phlebitis is not a very common complication. I have in my own practice had four cases, all single, three being right sided and involving the internal saphenous vein. Pneumonia, nephritis, laryngitis, œdema glottidis, otitis media, peritonitis, pleuritis, orchitis, peripheral neuritis, bronchitis, hæmorrhage from the bowels, persistent tympanites, and parotiditis are complications that may arise. Hæmorrhage from the bowels is about the most common complication of the number, bronchitis coming a close second, and pleuritis third. A passing remark may be of benefit here. Take the complication "peritonitis"—I have never seen it, but if I should, I would most certainly suspect a leak into the peritoneal cavity, remembering the great power of resistance the peritoneum has from attacks of bacteria. Again in the complication (so-called) "peripheral neuritis," is this not purely mechanical in typhoid—being induced by prolonged relaxation of the big muscles. You see the same condition of things often in cases

of chronic phthisis: There is one complication that I reported in a paper read before this Society some years ago, and which I only once have seen mentioned and that was by S. Dickenson in his farewell visit to his wards in a London hospital and that is hæmoptysis. When I mentioned this fact to a justly celebrated physician of Brompton hospital, London, in 1891, he dryly remarked that it was a case of phthisis. It was not, as the man is living and has been perfectly healthy ever since.

“The Treatment of Typhoid.” Oh for that feeling of enthusiasm and self gratification which inflates us temporarily with the idea that we can abort and even cure typhoid fever, and which every man has had after treating his first half dozen typhoids. Yes, nearly every man at first has experienced that joy only to be lost when the cases come more frequently and the epidemics more severe. I have never aborted a case of typhoid. I have frequently heard and hear of men who “break it up.” This is done by phenacetine and Dover’s powder, —a sweat, followed by a purge. As I said before the serum test and the diazo-reaction will if introduced generally, put the typhoid abortionist out of business. You cannot in a mixed general practice follow out any definite line of treatment for typhoid; you really introduce a little bit of every kind—Brand’s modified with intestinal antiseptics would cover it. By far the most important person in connection with the treatment is the attendant; one trained nurse and an intelligent assistant are now absolutely necessary. In a case of typhoid select a good large room, one with an open grate or fire-place if obtainable is preferable, place your bed in such a position that you can get on all sides of it, put your patient to bed and keep him there; even if you are not sure of your diagnosis give him the benefit of the doubt. At first no matter what condition the bowels are in I always give a calomel purge; this is followed up with five grain doses of salol, in powder, every third hour; not always salol, sometimes salicylate of bismuth or sulpho-carbolate of zinc, in powder also. I would strongly advise all who are in the habit of giving compressed tablets to typhoid patients to have the stools of their patients closely examined and washed if necessary, and I think that they will be somewhat surprised to find that in most cases they—the tablets—look as nice and innocent as ever. I find in cases where there is a tendency to vomiting, the salicylate of bismuth with a digestive ferment is borne better than any other intestinal antiseptic. Pyrexia

I treat with ice cold sponge baths, that is when the temperature is above $102\frac{2}{3}^{\circ}$ and 103° . When the heart begins to flag I give strychnine and whiskey and digitalis if indicated. Dover's powder I find about the best to induce sleep; sometimes I use morphia. For intestinal hæmorrhage I use Dover's freely if not contraindicated. There is another old drug that must not be forgotten here and that is turpentine. I have learned long ago to discard the fashionable antipyretics.

I should have placed the great question of diet before the treatment as I know all will agree with me that it is by far the most important part of our treatment. Milk—not peptonized; eggs—raw; barley water, and strained gruel are my chief articles of diet; with this I give freely of pure cold water.



WYETH'S Granular Effervescing

Each Dessertspoonful contains 30 grains of the salt.

SODIUM PHOSPHATE

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

Sodium Phosphate is Unexcelled:

1. As an Hepatic Stimulant with beneficial effect on the appetite.

2. As a Treatment for Diabetes.

3. As a "Nervetone" in cases characterized by Debility, Spermatorrhœa, etc.

4. As a Purgative in cases of Exanthematous Fevers.

5. As a cure for Biliousness, Constipation, Jaundice, Diarrhœa, 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 alternative 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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WYETH'S SOLUTION

IRON & MANGANESE PEPTONATE

(NEUTRAL.)

Liq. Mangano—Ferri Peptonatus—Wyeth's.

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.

Per Demijohn, \$6 25; Per five pint, \$4.50; Per doz. 12 oz \$11.00.

WRITE FOR LITERATURE.

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Selected Article.

THE GOAT LYMPH CURE.

A WESTERN DRUMMER'S UNEXAGGERATED TESTIMONIAL.

[Correspondence of the Medical Fortnightly.]

CHICAGO, ILL., October 1, 1900

Dear Doctor Norbury:

You will be surprised to hear from me, I know. But I cannot keep still, I am so joyous over my recovery from an illness that threatened my life. For ten years I have been an invalid, suffering from that tired feeling which prohibits one from getting up to make the fire in the morning, or toting the baby at night. I had a pain in my chest, also in my dress-suit case; a horrible, creepy feeling at times, as if an artificial ice-machine and a graphophone were playing rag-time up my spinal column. I had a Royal Blue taste in my mouth and an Aguinaldo pain below the name-plate on my shirt. I had sixteen Röntgen ray photographs taken of this region, trying to find the pain, but all to no effect. It was here to-day and there to-morrow. My complexion varied with the rise and fall of my gall-bladder. (You know I am a travelling salesman.)

I was in a horrible state, when one day I met a friend, a former light-house keeper from the dome of our family hotel, who had had trouble with his lights and kidneys. He said he was given up, and the sculptor had been ordered to take his death-mask, when he was induced to try the Roberts-Hawley Lymph Cure. The effects were marvelous in his case; he no longer had to wear glasses; a new seat appeared in his pants; his artificial teeth changed to a natural color; he could talk French, something he had never been able to do before in his life; and in short, he was a new man.

By reason of this marvelous change in my friend, I went up to Chicago to see these people. I registered at the Great Northern, and asked to be directed to the great sanitarium where people were being cured of ailments. "Oh, you want to see Joe Hawley," (he said Joe with a familiarity, just as easy as if Joe was a police officer on Cabanne). He directed me to Joe's office. I recognized Joe's

office, just as you do the fish stalls in Fulton market, by the odor. It had kind of a billy-goat, down-neath-the-ground-wine-cellar-and-cobwebs-combined odor. Joe was glad to see me, and at once commenced to tell me of the 4768 cases just like mine on record in his office, 4782 of whom had been cured after some very *high* authorities (13th to 27th stories of the Columbus Memorial, Reliance and Venetian Buildings) had given them up. He even showed statistics from Bulletin No. 66804 (one issued every half hour, as returns come in from all over the world) that my disease was being cured even before it came into existence, and said that all children born of parents treated by them would be immune, so would their children and their children's children even unto the end of time. Amen. I asked what was my disease. He remarked, oh, I never thought to examine you, pardon me; we are so accustomed to shooting the harpoon into all alike, that such a trivial thing as a diagnosis is apt to slip my mind. But I was diagnosed, my measure was taken for a billy-goat extract, and I was asked to step into a back-room, where, as the band played "Hot time in the Old Town To-night," I was harpooned on the starboard just aft of my liver. I was then kneaded like you handle hard-tack dough—but at once like Longfellow's Ship of State, I commenced to feel new life along my keel. Holy smoke, but I was a ringer, I made a quarter in less than 26, reached half in 54, was on the home-stretch in 1.20 and scored in 1.40, beating all previous records for a two-year-old billy-goat.

How is that? But as to my health, well, I never saw anything like it; why I have an appetite that craves "de paper on de bill boards," I eat tomato cans with a relish, and even tackle the garden hose for dessert. I would make an Alpine guide look silly by my ability to scale a house-top. You should see me, why I have a smile "just like Teddy," only I have whiskers on it; my voice has a peculiar clarinet tone, tremolo pianissimo soft pedal, but (that word *butt* comes so easy) I am well. Yes, I am a regular 1400-barrel well. Full, overflowing, and shouting the praises of Roberts-Hawley. I am to be photographed this afternoon for my "after taking" picture. Say, but I look like Croker, feel like a small boy with a new pop-gun, and am coming home next month to vote for McKinley, Bryan and Debs.

Good bye, bye, bye.

LAUGHING BILL RUSSELLER.

Correspondence.

TO THE EDITOR OF THE MARITIME MEDICAL NEWS:

SIR,—In the December number of your journal I find in the report of the discussion which took place at a meeting of the Branch British Medical Association, held on the 5th of December, Dr. Murphy is reported to have referred to a case of compound fracture of the tibia he had at the Victoria General Hospital in the following words: "He (Dr. M.) referred to the difficulty he had experienced in getting good apposition and union in the upper half of the tibia. He mentioned a case at the Victoria General Hospital where the bone had been crushed and fissured into the knee-joint with great effusion into the joint. He had cut down and wired the fragments, but gangrene set in and rendered amputation through the thigh necessary."

As I happen to know something about the case to which Dr. Murphy refers, permit me to give you the history of the case as given to me by the house surgeon at the time and as recorded in the surgical record books of the hospital. The patient was assigned to me, as you will see by the history, but on learning what had been done for him in my absence, I decided to leave the further treatment of the case with the operator so that he might get full credit for his work. Here is the record of the case:

"April 21, 1900. Patient was brought to hospital by Dr. MacLean in ambulance suffering from a compound fracture of tibia and fibula—about at junction of middle and upper third, and injury to knee-joint. The patient was allotted to Dr. MacKay, and the case was of such a nature that it was decided to call him at once. He was not at home, so Dr. Murphy was called. Meantime the patient was undressed and splints were removed. The external wound, which was on the inner side of the leg and about three inches from the knee-joint, was washed and swabbed with bichloride solution and a bichloride pad put over it. There was what looked to be fascia or tendon somewhat protruded. The hemorrhage was not great at this time. Dr. Murphy arrived soon after being called and examined the

case and decided to operate. Splints reapplied and patient taken to operating room. Anaesthetised with chloroform. Leg shaved and scrubbed with soap and water and bichloride. The knee-joint was quite swollen. The sulci on each side of the patella were bulged and palpation indicated that it was due to fluid. *The patella, as near as could be made out, was not floating. An incision was made about two inches long on either side of the patella. The incision was about two inches in length on surface. It was carried down into joint cavity but not in its full length.* Considerable blood escaped from the inner incision but not much from the outer one. These wounds were then bound up temporarily with plain sterilized gauze soaked in carbolic solution. An incision about five inches long, beginning at a point about one inch below the patella, was then made over anterior edge of the tibia and down to bone. The periosteum was raised and fracture exposed. The break was at right angles to the bone and had corrugated edges. The lower fragment was displaced inwards, backwards and upwards, while the upper fragment was displaced in the opposite direction. *There was also a fracture running about one inch up the upper fragment. There were no loose splinters of bone.* The ends of bones were then put in place. Two holes were drilled in each fragment and ivory pegs put in and a silver wire put around three of them. The fourth peg was connected with one of the others by a large silk thread being put around them. An opening was then made between this wound and the one caused by the fracture on inner side of the leg and a rubber tube put in. The upper end of the tube was then brought out of an opening made about midway between the wounds described. The periosteum which had been raised was brought together over the wire and bone with catgut sutures. Fine strands of silkworm gut were put in before the superficial tissues were sewed. Superficial tissues sewed with silkworm gut. These wounds, together with those on sides of patella, were dressed with boracic acid and plain antiseptic gauze. The leg was then put on a straight back splint and bandaged. A tourniquet was put around the thigh during the operation. The wound was frequently douched with bichloride during the operation. There was considerable swelling and ecchymosis about the injury."

Yours truly,

N. E. MACKEY.

THE MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIII.

HALIFAX, N. S., FEBRUARY, 1901.

No. 2

Editorial.

THE DEATH OF THE QUEEN.

Who can realize that the Sovereign who guided the destiny of the British Empire for so lengthy a period now doth rest from her labors! Her country and the various colonies scattered throughout the universe have been plunged in grief, while nations of all kinds have bowed their heads in respectful sympathy. A reign with its vast strides in every commercial enterprise and professional pursuit and a Queen whose loftiness of character endeared her to every right-minded person,—can such be repeated or compared in the world's history during the years to come! Without commenting on the great loss our Empire has sustained—which every loyal subject has before this realized—we here append a brief authoritative statement of the Queen's last illness for which we are indebted to the London *Lancet*.

OSBORNE, Jan. 23rd 1901.

The Queen's health for the past twelve months had been failing with symptoms mainly of a dyspeptic kind accompanied by impaired general nutrition, periods of insomnia, and later by occasional slight and transitory attacks of aphasia, the latter suggesting that the cerebral vessels had become damaged, although Her Majesty's general arterial system showed remarkably few signs of age.

The constant brain work through a long life of Royal responsibilities, and the Imperial events, domestic sorrows, and anxieties which have crowded into her later years, may no doubt be held in some measure to account for this discrepancy between the cerebral and general vessel nutrition. The thoracic and abdominal organs showed no signs of disease.

The dyspepsia which tended to lower Her Majesty's originally robust constitution was especially marked during her last visit to Balmoral. It was there that the Queen first manifested distinct symptoms of brain fatigue and lost notably in weight.

These symptoms continued at Windsor where in November and December slight aphasic symptoms were first observed, always of an ephemeral kind and unattended by any motor paralysis.

Although it was judged best to continue the negotiations for Her Majesty's proposed visit to the continent in the spring, it was distinctly recognized by her physicians and by those in closest personal attendance upon her that these arrangements were purely provisional, it being particularly desired not to discourage Her Majesty in regard to her own health by suggesting doubts as to the feasibility of the change abroad to which she had been looking forward.

The Queen suffered unusual fatigue from the journey to Osborne on December 18th, showing symptoms of nervous agitation and restlessness which lasted for two days. Her Majesty afterwards improved for a time both in appetite and nerve tone in response to more complete quietude than she had hitherto consented to observe.

A few days before the final illness transient but recurrent symptoms of apathy and somnolence with aphasic indications and increasing feebleness gave great uneasiness to her physicians.

On Wednesday Jan. 16th, the Queen showed increased symptoms of cerebral exhaustion. By an effort of will, however, Her Majesty would for a time, as it were, command her brain to work and the visitor of a few minutes would fail to observe the signs of cerebral exhaustion.

On Thursday the exhaustion was more marked with considerable drowsiness; and a slight flattening was observed on the right side of the face. From this time the aphasia and facial paresis although incomplete were permanent.

On Friday the Queen was a little brighter, but on Saturday evening, 19th, there was a relapse of the graver symptoms which with remissions continued until the end.

It is important to note that notwithstanding the great bodily weakness and cerebral exhaustion the heart's action was steadily maintained to the last; the pulse at times evincing increased tension, but being always regular and of normal frequency.

The temperature was normal throughout. In the last few hours of life paresis of the pulmonary nerves set in, the heart beating steadily to the end.

Beyond the slight right facial flattening there was never any motor paralysis, and except for the occasional lapses mentioned the mind cannot be said to have been clouded. Within a few minutes of death the Queen recognized the several members of her family.

EDITORIAL NOTES.

HON. DR. PARKER'S RETIREMENT FROM THE LEGISLATIVE COUNCIL.—The opening of the session of the Nova Scotia Legislature was followed by the newspaper announcement of the retirement from the Legislative Council of Hon. Dr. Parker, who has graced a seat in that august body for many years, and who has always held the esteem of both political parties. Although for several parliaments, the government has not been one in sympathy with Dr. Parker's political views, yet we have reason to know that he has frequently been invited to advise in matters of a state-medical nature, and that his opinions have always carried much weight. We sincerely regret that Dr. Parker has felt the need for severing his active connection with the public life of the province, but we trust that he will still continue to influence, as occasion may require, those who have for so long a time been associated with him in law-making. It is a pleasure to know that, despite his eighty years, Dr. Parker enjoys good health and has lost none of his vigorous interest in professional and public matters.

OUR OLDEST ACTIVE PRACTITIONER.—We believe that the senior of our practising physicians in Nova Scotia is Dr. Henry G. Farish, who is seventy-six years of age, and who has been practising continuously in Liverpool for upwards of half a century. In a recent letter to a friend in Halifax, Dr. Farish reports himself in perfect health and as capable of attending to his professional work as when he was but fifty years old. The doctor's practice entails much driving over hilly and rocky roads, but it is to this that he attributes his physique. The News congratulates the genial doctor on the exceptional record he has to his credit.

RESOLUTION OF CONDOLENCE.—The following resolution in reference to the death of Dr. Farrell was carried unanimously at the meeting of the Nova Scotia Branch British Medical Association held at the Halifax Hotel on January 9th :

Whereas, the late Dr. Farrell, having been one of the founders of the Nova Scotia Branch B. M. A., and ever an enthusiastic member thereof, holding the office of President, and for many years being on the Council of the Branch.

And whereas, few meetings were complete without his presence, and when interest or discussion flagged, he, by his magnetism and knowledge, infused new life into the matter under consideration, every professional subject occupying his attention. Every member of the profession in Halifax and Nova Scotia looked up to him as a leader in all things medical, a vacancy which can never be filled.

Therefore resolved, that the Nova Scotia Branch B. M. A. hereby express their profound grief for the loss sustained and extend to the sorrowing family their sincerest sympathy in their great bereavement.

And further resolved, that this resolution be engrossed on the Minutes of this Branch, and that a copy thereof be sent to Mrs. Farrell.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. W. L. Ellis, Vice-President, in the chair.

Dec. 12th, 1900.—A paper on "Cystoscopy" was read by Dr. Murray MacLaren. The construction of the Nitze cystoscope was described and the method of use detailed. The use of this instrument was valuable in certain cases, such as the obscure origin of hæmaturia, small tumors and calculi. Kelly's cystoscope for females was also considered and the various points involved in its usage discussed. Some illustrative cases were mentioned.

Dec. 19th.—PATHOLOGICAL SPECIMENS.—Dr Wetmore exhibited a portion of a fibula, about two inches in length, removed from a gunshot wound, and raised the point of what disability was likely to follow such an accident.

Dr. Ellis thought bone grafting might be attempted.

Dr. Scammell said much would depend on the amount of periosteum remaining.

Dr. G. A. B. Addy exhibited several specimens:—

1. Periosteal sarcoma of lower third of femur; it was six by four inches, encapsuled, largely non-adherent to bone, and microscopically of the spindle-celled variety, hence of the least malignant type. The causal factor was often traumatic.

2. Melanotic sarcoma, removed from the flank of a horse.

3. Malignant adenoma of liver, removed from a colored female, who had a persistent elevated temperature. Typhoid fever was first suspected, although the blood reaction was not obtained. Post-mortem examination showed a liver tumor which seemed to be of primary growth.

4. Extra-uterine pregnancy.

5. Malignant disease of cardiac orifice of stomach. This was discovered post-mortem. There had been no pain nor subjective symptoms—general wasting was alone discoverable. The subject had come into the hospital complaining of hypertrophied prostate and bladder trouble.

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The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

6. Malignant disease of pyloric orifice of stomach. In this case gastro-jejunostomy had been performed.

Dr. Addy then described the method of cutting, staining and mounting sections. He uses almost exclusively the paraffine method; this occupies at least a week, in order to get the tissue in proper state for cutting and mounting.

A discussion followed on various points in connection with the specimens.

Jan. 9th, 1901. Dr. J. Robertson McIntosh, President, in the chair.

A paper on "Hodgkin's Disease" was read by Dr. J. P. McInerney. The disease was first described and commented upon by the late Dr. Hodgkin of Guy's Hospital, hence its name. It is characterized by progressive enlargement of lymph glands in various regions, by anæmia, and occasionally by splenic enlargement and growth of lymphoid tissue. The histories of five cases were given: (1), man aged 34, sent to Montreal General Hospital; the cervical and axillary glands were enormously enlarged; the skin, notably on back of hands, was pigmented; (2), man, in whom the retroperitoneal and pelvic glands were alone involved; (3) man, whose mediastinal glands were enlarged and interfered greatly with the great vessels, trachea and bronchi. 4 and 5 were also cases of males suffering from the disease. Pigmentation of the skin is thought to be due to pressure of glands on the solar plexus. Nothing is known of its causation. The disease may be confounded with lympho-sarcoma, glandular swelling in leukæmia, or tubercular glands. The increase of white blood cells in leukæmia is an important aid in differentiation. The prognosis could hardly be worse. Treatment is not satisfactory. When localized without constitutional disturbance, enlarged glands may be excised. Iron, arsenic and general tonics are the chief resources in treatment. Special reliance is placed on arsenic; it must be pushed to twenty-five or thirty minims of Fowler's solution three times daily. Phosphorus is also recommended. Considerable improvement is frequently obtained by the administration of arsenic in large doses, generally followed however by relapses.

Dr. Inches related a case which had terminated fatally.

Dr. Murray McLaren referred to the difficulty in diagnosis of certain cases, such as those where enlargement is restricted to some internal lymphatic glands. Occasionally the external glands resemble tubercular enlargements. Arsenic is of considerable service. Pigmentation

of the skin in Hodgkin's disease, in some cases at least, is due to the arsenic and not to the disease. Glandular enlargements may contain collections of clear fluid; these are of service in distinguishing the disease from tuberculosis.

Dr. Wetmore detailed a case of general tubercular involvement of lymphatic glands.

Dr. Skinner referred to two cases observed in Edinburgh.

Dr. Crawford mentioned an instance of obstruction to breathing due to pressure of enlarged cervical glands in Hodgkin's disease.

Dr. Melvin had a case under observation where improvement has followed from arsenic with the application of vasogen-iodine externally.

The President said some years ago arsenic was regarded very favourably in the treatment of tuberculosis. Cases of this nature do not bear arsenic as well as those of Hodgkin's disease. He had known a case of the latter that took fifteen minims of Fowler's solution, three times a day for years. It kept down the growth of the tumors. But even tubercular patients take arsenic better than those in health. He had seen many cases, principally in other's hands. One, in this city, was interesting in that he had brain symptoms and died of cerebral tumor; he had also rare eye symptoms. Another case had enlarged glands which simulated enlarged thyroid.

Dr. McInerney closed the discussion.

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Personals.

Dr. G. L. Foster is a new comer among us, and has taken up his residence at 184 Pleasant street.

Dr. W. D. Forrest has just returned from London, where he was successful in securing the double qualification, M. R. C. S. and L. R. C. P.

Dr. E. E. Bissett, of Port Morien, is now taking a post-graduate course in New York, his practice being attended to for the present by Dr. L. B. W. Braine.

Dr. G. D. Turnbull, of Yarmouth, has left for Chicago to resume work in eye, ear, nose and throat diseases.

Dr. J. B. Black, of Windsor, was recently elected mayor of that town by a good majority.

Dr. J. R. McIntosh, of St. John, has gone on a trip to the West Indies.

Sir Wm. MacCormac has received from the President of France the Cross of Commander of the Legion of Honor.

The death of Senator Almon took place on the 18th inst. in the 86th year of his age. An extended obituary from the pen of one who knew him well from early life to ripened old age will be published in next issue.

Book Reviews.

STUDIES IN THE PSYCHOLOGY OF SEX.—The Evolution of Modesty.—The Phenomena of Sexual Periodicity.—Auto-Erotism. By Havelock Ellis, M. D. 6½x8½ inches. Pages xii-275. Extra Cloth, \$2 00 net. Sold only to Physicians, Lawyers, Clergymen, Advanced Teachers and Scientists. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

We have grown accustomed to expositions by Havelock Ellis upon criminology and allied subjects, and have come to regard him as excellent authority upon any subject on which he chooses to write. The announcement of a new work is therefore hailed with pleasure. The title of this new work at once arouses interest, and altho' it is difficult for one to define just what should be expected from it, there is at least anticipated a treatise clothed and clouded in the language and abstrusities of the psychologist. As a matter of fact there is a complete absence of such befoggery, and the style of composition throughout is lucid and most readable. The work discusses in very frank language the various topics detailed above, and makes free reference to the notions held by various peoples at various times with reference to the sexual instinct and its manifestations. This gives to the book a certain fascination which one would almost prefer not to confess, and for this reason we are glad that its sale is to be almost restricted to members of the medical and legal professions. A general circulation of the book might have anything but a good influence. Its perusal might be of assistance to medical men in enabling them to better understand the nature of some of their patients, and might persuade lawyers that all that seems bad is not necessarily so. But it is also reveals weaknesses and imperfections in human character which we would fain believe to be uncommon, the mere suggestion of their existence being sufficient to make one feel uncomfortable.

As is their custom, the publishers have done their part of the work in a manner which leaves nothing to be desired.

"PANAMA AND THE SIERRAS: A DOCTOR'S WANDER-DAYS."—By Frank Lydston, M. D. Illustrated from the author's original photographs. Cloth, \$1.75. Published by the Riverton Press, Chicago, Ill.

Dr. Lydston is one of the clever American physicians whose reputation is not alone that of a very excellent surgeon, but also that of a criminal anthropologist and that of a *literateur*. Some years ago his "Tales of a Talkative Doctor," won for him acknowledgement as a writer of more than ordinary versatility, and afforded much enjoyment to those who read the work. In his new book, therefore, one expects to find both amusement and information—and one finds both. The book is a light narrative of travel in a most interesting country, with which the author is intimately acquainted. The description is never wearisome, yet it is sufficient, and no opportunity is lost to enliven it with witty quip and humorous reminiscence. It is well tended to pass the busy doctor's leisure hour very pleasantly and profitably.

Notes.

A RELIABLE TREATMENT FOR CHRONIC BRONCHITIS.—It is only within comparatively recent years that the medical profession has been able to assert positively that chronic bronchitis can be successfully treated without frequent discouraging recurrences of the attack. The key to the solution was found in the final proof that the determination and treatment of the cause was essential to complete relief. A permanent cure is questionable unless the primary cause is removed, and this may find its origin in tuberculosis, kidney trouble, disorders of the heart or infiltration of the connective tissues of the lungs with air. Coupled with the necessity for a permanent cure is found the desire for a remedy that will accomplish the desired result quickly. In this latter respect advanced medical research has brought to light a contributing remedy that is of the utmost value. Cod liver oil has always been regarded high by the profession in chronic bronchitis; but an obstacle was encountered by reason of the frequent tendency of the oil to upset the stomach and defy digestion. In Scott's Emulsion this stumbling block has been removed and the approved treatment of chronic bronchitis can now be followed literally by reason of the ease and safety with which Scott's Emulsion can be taken by the patient. There is an element of risk attached to the use of cheap and often unreliable emulsions of cod liver oil, that physicians will do well to guard against. The tendency of such preparations to lose their value by the separation of the different ingredients and the frequent use of inferior hypophosphites and spices, is sufficient reason for the careful practitioner to avoid them.

In using and prescribing Scott's Emulsion there is no uncertainty as to the quality of the article, nor is there the slightest doubt relative to its efficacy or the uniformity of its preparation. Scott's Emulsion has, moreover, the advantage of a food-medicine, being a direct contributor of nourishment to the blood and tissues during its treatment of chronic bronchitis.

CLINICAL NOTES AND COMMENTS.—Dr. T. D. Crothers, editor, *Quarterly Journal of Inebriety*, in the January, 1901, number, writes:—"Antikamnia has become one of the standard remedies, particularly in Influenza. It is prepared with various drugs in tablet form, the latest, a laxative tablet, with quinine and some mild cathartics, called "Laxative Antikamnia & Quinine Tablets." All of these forms are very attractive and palatable. We have never seen a case of addiction to antikamnia, hence we prize it very highly as one of the most valuable remedies for diminishing pain without peril. We have used it with excellent results to quiet the pain following the withdrawal of morphia. We have received from this company many complimentary notices showing the vast influence it has secured among regular practitioners. The object of the antikamnia in "Laxative Antikamnia & Quinine Tablets" besides its antipyretic and analgesic effect, is the prevention of all griping, nausea and other unpleasant effects generally produced by purgatives when administered alone."

SANMETTO IN PROSTATIC AND BLADDER DISEASES.—I have used Sanmetto in my practice for several years, and believe it to be a preparation of more than ordinary merit for the cure of prostatic and bladder diseases. The ethical manner in which it is put before the profession allows the physician to prescribe it, without fear of its use by the laity, in all cases where it is indicated.

R. D. MASON, M. D.

Prof. of Rectal and Pelvic Surg. in Creighton Med. Col. Surg. to St. Joseph Hospital.
Omaha, Nebr.

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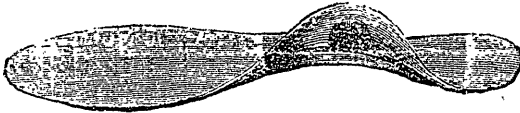
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These Supporters are highly recommended by physicians for children who often suffer from *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

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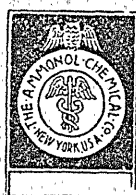
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