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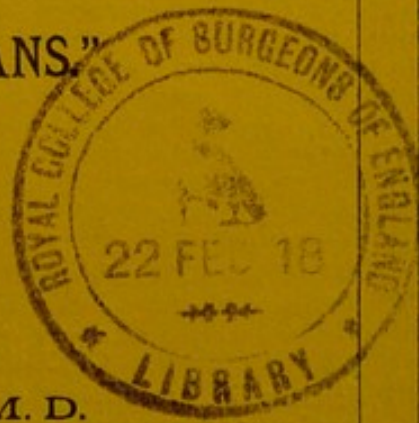
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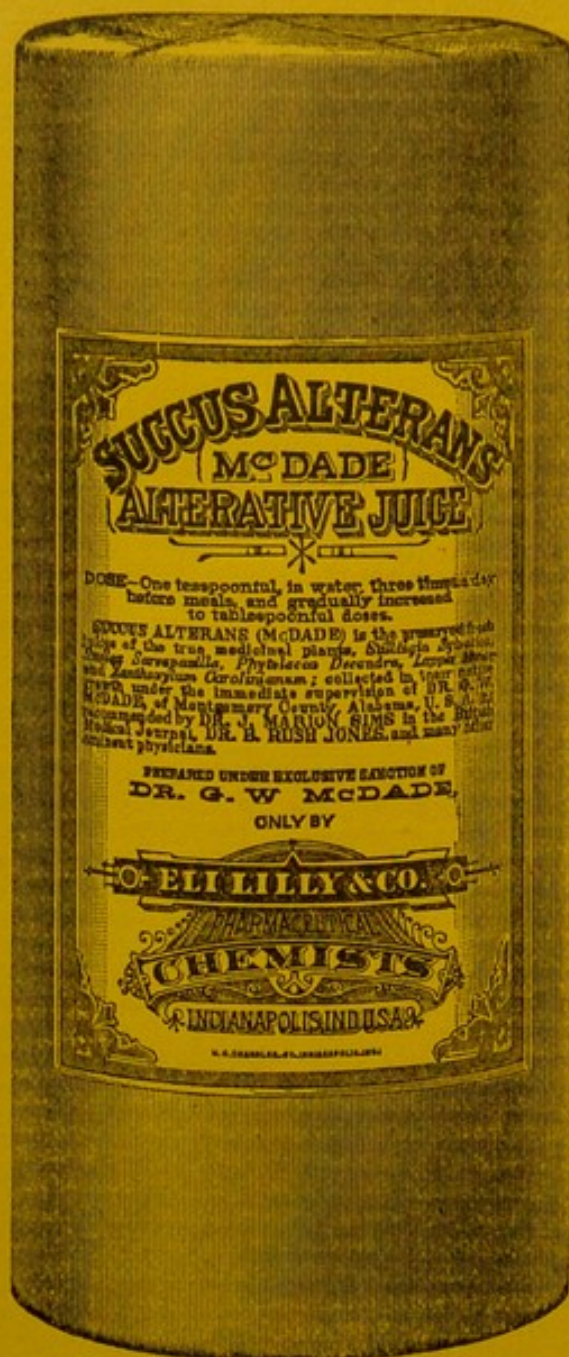
"SUCCUS ALTERANS."

EDITED BY
GEO. W. McDADE, M. D.

MONTGOMERY, ALA., U. S. A.



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PUBLISHERS,
INDIANAPOLIS, IND.
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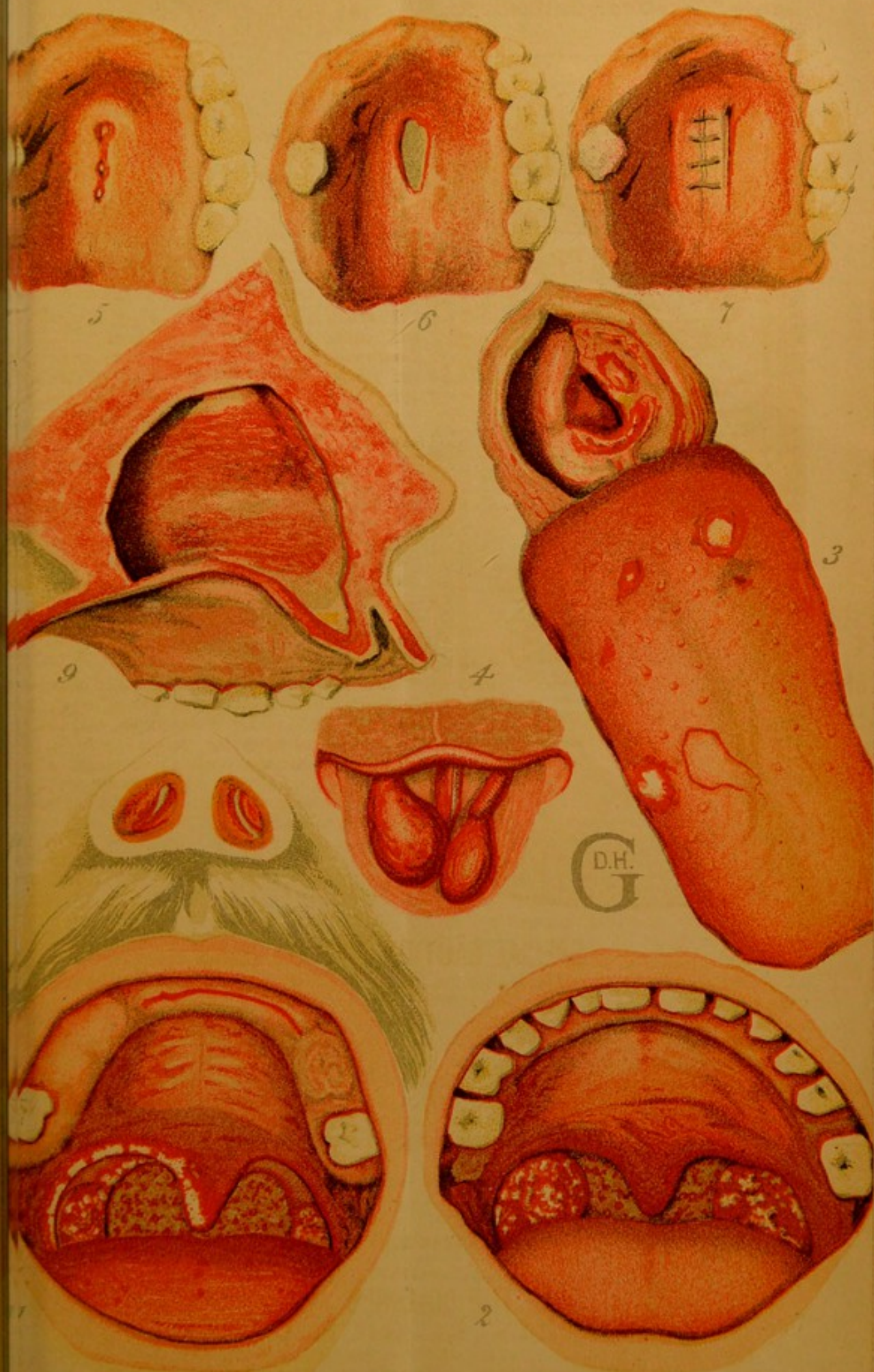
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LESIONS OF SYPHILITIC SEQUELÆ.
DR D. H. GOODWILLIE'S CASES.



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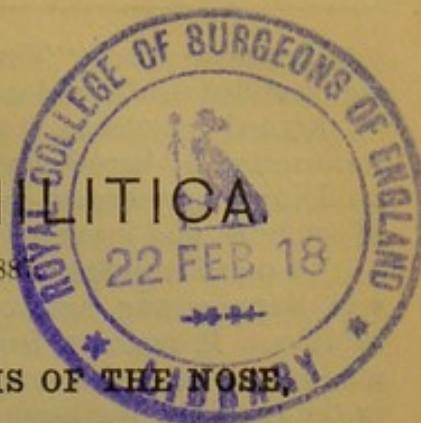
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MONOGRAPHIA SYPHILITICA

MONTGOMERY, ALABAMA, JANUARY, 1886



TREATMENT OF THE SEQUELÆ OF SYPHILIS OF THE NOSE, MOUTH AND THROAT.*

ILLUSTRATED—SEE COLORED PLATE, FRONTISPIECE.

BY D. H. GOODWILLIE, M. D., NEW YORK.

Surgeon in Chief to the Private Hospital for Treatment of Diseases of the Nose, Mouth and Throat, New York; Late Clinical Assistant to the Metropolitan Throat Hospital; Permanent Member of the American Medical Association; Fellow of the N. Y. Academy of Medicine; Honorary Member of the Canada Medical Association; Member of N. Y. Neurological Society; of the Medical Society of the County of New York, etc.

It is not my purpose to dwell on the histo-pathological conditions of the initial and active stage of syphilis, except to outline the generally accepted theory. The diseased germ enters the human system by inoculation, and multiplies through the various manifestations characterizing the active stage of the disease. The contagious property or so-called virus inoculated sets up a rapid and excessive proliferation of cells wanting the perfect normal development, but in material far beyond the necessary requirements of growth and repair of the body, the system becoming burdened by an excessive accumulation of these newly and rapidly formed cells, which, from the pressure they exert on the surrounding parts, and by reason of their want of vital support, sooner or later undergo fatty degeneration, and are in this way eliminated from the system. It is now a well established fact, attested by the best authorities on the subject, that the contagious element or virus no longer is communicable after the active or secondary stage is over.

Then, if such is the fact, we have no reason, pathological or otherwise, for calling this a tertiary stage or gumma period, but it would be better to designate it as a period of syphilitic sequelæ.

Dr. F. N. Otis says ("Physiology and Pathology of Syphilis," p. 43): "The contagious property of syphilis ceases with the active period of the disease. After this is passed, the secretions of open lesions and the blood no longer contaminate. It may also be said that by far the greater number of subjects of syphilis (and more especially those who have been systematically and judiciously treated) remain free from any further signs of the disease."

If this is so, then we may legitimately maintain that at the termination of the active period of syphilis all subsequent trouble must be looked upon as sequelæ and not as a stage of syphilis, any more than we look upon dropsy as a stage of heart fever or stricture as a stage of gonorrhœa.

Mr. Hutchison says (London "Lancet," p. 88, January 17, 1874): "What so-called tertiary symptoms do not constitute a necessary stage, and are rather to be regarded in the light of sequelæ which may or may not show themselves."

Mr. Henry Lee, in speaking of the tertiary stage, alludes to "patients who have passed through the primary and secondary stage of syphilis, but in whom the mercurial poison no longer exists and therefore can not be transmitted."

*Read before the Medical Society of the State of New York, February 3, 1886. Republished from New Medical Journal of June 26, 1886.

Bumstead states ("Venereal Diseases," Bumstead and Taylor, p. 458): "Hence we consider that the blood and secretions in tertiary syphilis do not inoculate."

Ricord maintains "that tertiary lesions are not inoculable and can not be transmitted by hereditary descent."

Diday "performed inoculations with the blood of persons in the tertiary stage of syphilis, and invariably with negative results."

To these eminent authorities may be added the names of Van Buren, Keyes, von Barenprung, and others who agree as to the non-inoculability of tertiary syphilis. It appears from good authority that the lymphatic circulation is the medium or natural channel by which the excess of nutritive material not necessary in the repair of the tissues is returnable to the circulation.

Rindfleisch says ("Path. Histology," Am. ed., 1871, p. 92): "Luxurious new formations, catarrhs, and surface secretions of all kinds must be produced when the lymphatic conveyance is hindered. We will find this position in pathology very frequently confirmed."

The physical condition of the individual previous to the syphilitic inoculation and the duration and severity of the secondary stage have much to do with this lymphatic hindrance, but it does not fully explain all the lesions of the sequelæ.

Dr. Otis presents a case ("Phys. Path. of Syph.") of syphilitic ulceration of the ileum which, by a careful microscopical investigation, appears to confirm the view of lymphatic obstruction.

"In the microscopical investigation there was found infiltration of round cells into the mucous, submucous, and muscular tissue, stiffening the mass so as to produce distinct induration, separating the bundles of muscular fibers until they become reduced to the appearance of a molecular mass, practically a necrosis; lymph-vessels so distended with cells that a knotty appearance indicated the pressure to which they had been subjected, and revealed the fact that a localized obstruction to the return of lymph through its natural channel had occurred; vessels filled almost to bursting with a yellowish fluid, lymph, and cells."

The excessive deposit of proliferated embryonal-cells, as the immediate result of the virus or contagious element, is more properly confined to the active stage of the disease. These cell products finally undergo fatty metamorphosis, and are carried off through the vessels of the lymphatic circulation. These channels of elimination are, in some cases, unable to perform their function, whether from emboli within* or pressure without the vessels, from the product of an inflammatory process of low grade. The vital powers, having been severely taxed while the contagium or virus has been running rampant in the system during the active stage, passed into a state of cachexia, with local lesions more or less severe, according to the length, severity, and idiosyncrasy of the case. As syphilis is a blood poison, the virus manifests its power most viciously on those organs whose functions and blood-supply are very high and active, as, for example, the skin, iris, nose, mouth, tongue and throat, and, internally, the liver, spleen, kidney and brain.

In the treatment of the nose, mouth and throat, due attention must be given to these internal organs. They have been unduly stimulated in the active stage by the foreign element in the blood, and also by its elimination, and now in the period of the sequelæ will be found to be more or less inactive.

Mercury, in some form, is the recognized antidotal agent for the syphilitic virus. What is exceedingly essential in its use as such is to determine when the virus has been neutralized and the antisiphilitic remedy should be given up, as undoubtedly this will settle, in a great measure, the debated points respecting lesions of the period of sequelæ.

It is well known that mercury affects especially the mucous membranes and tissues of the nose, mouth, and throat, and, in many cases, is carried far beyond any necessity for its use, leading to disastrous results.

* "Lymphatic Obstruction," Otis.

The very symptoms given as a guide to its effect on the system—viz., tenderness of the gums and teeth—are a step too far. This is nothing less than a periodontitis and odontitis (often accompanied by rhinitis and glossitis), a pathological process set up that may do much harm, both local and constitutional.

Iodide of potassium has a beneficial effect when properly used; if pushed too far, the alterative effect impoverishes the blood, diminishing the quantity of fibrin, increasing waste and consequent tissue metamorphosis, interfering with the function of nutrition, and producing a condition of cachexia with catarrhal secretions.

In the active stage of syphilis the physico-pathological process is accounted for by the noxious power of the inoculated virus, and its method of treatment is well known. But the pathology and treatment of the period of the sequelæ and lesions are not so well defined. One person is afflicted with a period of sequelæ, with its lesions, while another who has gone through the disease escapes.

Syphilis is a self-limited disease, and, under favorable circumstances, will run its course and the patient get well without treatment. Clinical experience leads to the belief that the lesions of the period of sequelæ, many of them, come out so much from the effect of the virus of syphilis as the result of the excessive and injudicious use of the anti-syphilitic remedies.

It is well to rout the intruder from the human temple with the proper agents, but, when this has been done, beware lest these be turned to rending the very temple itself.

Syphilitic Sequelæ in the Larynx.—The diagnosis of the sequelæ of this disease of the larynx is not very difficult. It rests on a syphilitic history, together with the symptoms of the disease, as cutaneous eruption, nodes, etc., in the secondary stage; in the sequelæ ulcers about the mouth, tongue, cheeks or fauces; the characteristic dusky-red appearances of palate, fauces, pharynx, and larynx, as compared with the light-red of the simple inflammation. Examination of the larynx by means of the laryngoscope can be more readily done by first making an application of a four-per-cent. solution of cocaine. Under its effects a probe may be employed if necessary in arriving at a knowledge of the growths or in making applications.

Papillary elevations (condylomata) may be often observed on the laryngeal mucous membrane of both the false and true vocal cords. Occasionally they attain such a size as to require an operation for their removal. The prominent symptoms are: an alteration of the voice, hoarseness and difficult respiration. Ulcerations are quite common, and are either superficial and only involve the mucous or submucous tissue, or affect more severely the deeper tissues by the breaking down of some inflammatory deposits. These ulcerations affect both the true and false cords. Serious deformities are often the result of contractures after extensive laryngeal ulcerations and cicatrization. Chondritis of the cartilages of the larynx may exist without any superficial ulceration, and, becoming oedematous, may produce alarming conditions and may require tracheotomy. In chondritis the epiglottis is more often the part first affected, and, as sometimes happens, portions of the cartilage may be thrown off and produce strangulation and death.

The epiglottis and arytenoids are liable, from much loss of tissue, to become deformed, producing dyspnœa and dysphagia. Yet it is surprising how, after the loss of the epiglottis and cicatrization, some patients appear to get along pretty well without it. Growths in the larynx in which this disease is a special factor are not of frequent occurrence. As sequelæ, they may arise from long-continued congestion or as the result of some ulceration.

Cases do occur in which the patient may have had syphilis and returned to health, but in which the disease may be considered as no longer having any important influence. Unless there should be found good pathological reasons, it is well not to credit these growths to the specific disease.

Syphilitic Sequelæ in the Nose and Mouth.—The lesions of the nose and mouth are somewhat difficult of diagnosis, and require no little amount of care and skill

in treatment in order to prevent destruction of tissue and consequent deformity. These lesions for the most part are confined to ulcerations and necrosis of the soft and bony tissues. The ulcerations, if not very extensive, of the nostrils and nasopharynx, from their obscurity, are not so easily made out. But the hard and soft palate, uvula, and oro-pharynx are more readily examined and treated.

Great care must be exercised respecting the deeper ulcerations of the soft palate and uvula lest there be destruction of tissue, deformity and a faulty voice. Also, in the pharyngeal ulcerations at the naso-pharyngeal space, care is essential to prevent adhesions of the soft palate to the posterior wall of the pharynx, and so closure of the opening between the nose and mouth. Ulcerations are often the result of bone necrosis.

What are diagnosticated as gummata of the hard palate are more often disintegrated soft tissue leading to dead bone of the palate and nose. Necrosis of the bones of the internal nose and the maxillæ occur in my experience in about the following order, viz: The vomer, the vault of the hard palate, the lower portion of the ethmoid, the inferior turbinated, the intermaxillary, the middle turbinated, the antrum wall and the maxillæ, the superior turbinated.

The rational signs in the diagnosis of necrosed bones are the history of syphilis, cachexia, nasal catarrh; the characteristic smell of bone necrosis; a discharge muco-purulent and discolored after bone has begun to disintegrate; frontal nasal, and palatal neuralgic pains; thickening of the soft tissue in the nose, preventing respiration, or, if the necrosis extends into the mouth, with swelling on the vault of the palate; or perhaps ulceration; and occasionally conjunctivitis. If the maxillæ are involved, loose teeth are found, with swelling of the lip or cheek, skin eruptions, thickening, ulceration, or fistulæ, leading to further necrosed bone.

Positive signs in diagnosis are a sight of the dead bone through a well-distended nostril with the nasal speculum in a strong light, or by the rhinoscopic mirror in the posterior nares. When no necrosed bone is found in the nose, and it is seen in the vault of the palate, it is good evidence that there is necrosis of the vomer.

A metal probe, with a bend at an acute angle on its nasal end, when passed over the mucous surface of the nostril, may fall into some ulceration or fistula that will lead to dead bone. This will be much facilitated by first putting in a four-per-cent. solution of cocaine on a probe wound with cotton or Japanese paper. This will remove the sensitiveness and decrease the blood flow, and consequently increase the caliber of the nasal passages. If this fails in discovering the necrosed bone, then pass the little finger (on which the nail has grown long), well oiled, into the nostril, feeling your way as you pass it backward and forward. The dead bone piercing through the soft tissue may be felt by the end of the finger or nail. The dead bone may yield to the pressure of the finger upon it, and for want of resiliency, reveal its true nature.

The revolving bone knives make known, by unmistakable signs, when the dead bone is removed and the instant living bone is reached.

The time allotted will not allow me to take into consideration the lesions of the tongue, hard and soft palate, nasopharynx, with others, and their treatment. I will reserve it for some other occasion and content myself by presenting for your inspection some colored wax models of the lesions of these parts, along with those that I have had the pleasure of calling your attention to at this time.

General Treatment.—Treat the sequelæ of syphilis (local lesions and depressed vitality), and not the syphilitic virus. Remove all local lesions (burdens on the vitality) at once, and aim to restore the normal vitality by food and tonics through the medium of the blood. *Teetotalism* from the use of all alcoholic liquors (speak decidedly to those having convivial tendencies). *Temperance* and *perseverance* in all hygienic measures to restore health.

Prescribe the food to be taken in proper quantities and at regular times, and do not forget that milk is at the top of the list in restoring a debased vitality with

Weak digestion. Add other tissue-building food as soon as digestion improves. Give *tonics*, of which the best is iron (carbonate or ferrous malate), which restores the blood-corpuscles, hypophosphites for the tissues, strychnine, quinine, and mentian for improving the digestion and strengthening the cerebro-spinal system. SUCCUS ALTERANS (McDade), from a short experience, has given good results in the sequelæ.

Administer an alterative if you have good reason to believe the eliminative system needs it after you have removed all local lesions that burden the vitality.

It is quite important that the liver and kidneys be kept in normal condition, as they are apt to be inactive after having been so much stimulated by the blood poison in the active stage. Tablet triturates of calomel, from one half to two grains, may be used in small continuous doses, or some other cholagogue that will accomplish the desired effect. The urine should be frequently examined and pathological indications met. Sponge the body morning and night with tepid salt water, prepared as follows: One gallon of water, one pint of salt, one quart of dry rum put into a jug. Of this take a teacupful and add to a quart of tepid water, and apply with a sponge or towel. Should this be too stimulating to the skin, use less of the salt mixture. This sponge bath will relieve the kidneys and give tone to the system.

Local Treatment.—Superficial ulcers of the mucous membrane should be treated by mild caustics; the deeper ulcers that involve the muscular tissue, by the solid stick of nitrate of silver or the galvano-cautery, which latter I much prefer. In any case of cauterizing, care should be taken not to destroy healthy tissue or granulations, to needlessly uncover cartilage or bone, or to cause deformity of important soft tissue.

What are sometimes taken for ulcers are granulations at an opening leading to exposed bone; in this case the early removal of the bone is the only cure. Ulcers of the nose should be kept as free as possible from the irritation of the abnormal nasal secretion, and those of the mouth and throat from any irritation by food or unnecessary exercise.

The most efficient application for general use in ulcerations is the iodoform powder blown in by means of an insufflator.

As soon as dead bone is discovered, no time should be lost in its extirpation. It is now a foreign body and a burden on the system, endangers the adjacent soft tissues, and may lead to destruction and deformity. The most efficient means of successful removal of dead bone is by revolving instruments of various shapes and sizes, whereby the periosteum is preserved, a new bone formation secured, and deformity prevented.

In December, 1872, the writer devised and made use of single and multiple revolving knives, saws and trocars, for operation upon the hard and soft tissues of the mouth and nose, or any other part of the body, the revolving power being applied by the *Surgical electric engine*. From this a cable is connected to the hand-piece, in which can be put any revolving instruments. The flexibility of the wire cable allows the instrument in the hand-piece to be freely used at any angle. The hand-piece, held in the hand as you hold a pen, is under perfect control.



FIG. 1.

A Few of the Forms of the Instruments Used.—The single revolving knife (Fig. 1) is circular and sharpened on the edge (a), and has a protecting sheath (b) to cover up the part of the knife left exposed.

Under a velocity of two or three thousand revolutions a minute, the single revolving knife, in cutting soft, sensitive parts, gives little or no pain.

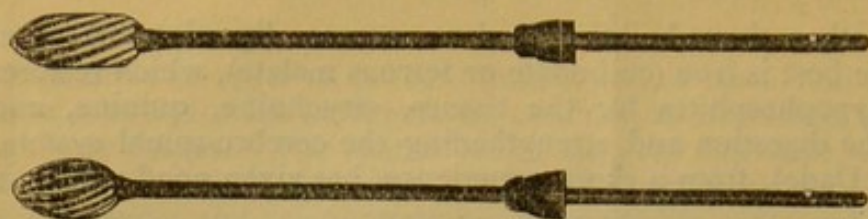


FIG. 2.—Full size.

The *multiple revolving knives* (Fig. 2) are arranged around the end of a shaft at an acute angle, and cut as they revolve, and do not *scrape* like the dental burrs.

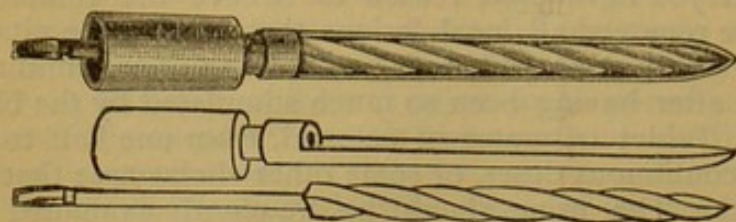


FIG. 3.

These instruments have a protecting sheath (Fig. 3) to be used when necessary.

The *saws*, like the single knives, are circular, have teeth on the edge and sides and are of all sizes.

The *trocars* are of different forms and sizes, and they are intended to make an opening, and then to enlarge it.



FIG. 4.

Fig. 4 shows two of the most efficient ones—one with a spiral cutting edge, and the other flat with two straight cutting edges, and double edges on the point.

The motive power which I show you is electricity from the Gibson storage battery.

For the operation give an anæsthetic. Securely fasten the head of the patient in the head-rest and hood. Keep the mouth open by the oral speculum. Plug the posterior nares. In the *intra-nasal* extirpation of the bones of the nose and vault of the hard palate, the revolving knives are passed into the nostril, cutting the necrosed bone down to the periosteum and the soft tissues of the palate. Putting the finger into the mouth and on to the hard palate, the revolving knife in the nose can be felt as soon as it has reached the soft tissues covering the palate and followed around until all the necrosed bone is removed. The knives cut the cartilaginous septum from the anterior part of the vomer, and, when the soft parts are separated from it by the periosteotome, the bone is grasped with the nasal forceps and removed.

For the *interoral* extirpation of the maxillæ and bones of the nose, detach the periosteum from the necrosed inter-maxillary, from the teeth or ridge of the alveolus upward to the nostrils, and from the same point inward to the soft palate. Remove any teeth that may be present, and loose bone, by the forceps, and then use the revolving knives. The rapid revolution of the knives intensifies the surgeon's sense of touch, which, together with the difference of sound in cutting dead or alive bone, is a good guide in the operation as to the removal of a diseased bone. Wash out the cut-up necrosed bone and close the opening in the intra-maxillary tissue by sutures of catgut. The patient should be forbidden to blow the nose, to prevent hæmorrhage. Intra-nasal dressing is done by antiseptic cotton wound on probes, passed into the nostrils, which are wiped out by revolving it. Blow in iodoform or boric acid powder. The periosteum and soft tissue being preserved, and constant care taken, after treatment, a new growth of bone takes place.

Intra-nasal and Subperiosteal Extirpation of the Bones of the Nose and Mouth with Subsequent Reproduction of Bone.—Mrs. —, aged thirty-five; married November 25, 1868. Up to this time she had been quite healthy. Four months after marriage she had syphilis, for which she received treatment by her family physician. Up to the present time she has had four children. Her first child was still-born at six months; her second child was born at full term, and lived a week; her third child was still-born at eight months; her fourth child was born at full term, and lived ten months.

In 1872 she had syphilitic laryngitis, and was salivated. She came under my care in November, 1874. On examination, I found necrosis of the vomer, lower portion of the ethmoid, vault of the hard palate, and inferior turbinated bones of both sides, and the alveolus of the intermaxillary bone. There was a hole in the hard palate a half inch in length (Fig. 5).* Rhinoscopic examination was very difficult to make, as the uvula and soft palate were much swollen. There were large ulcers on the pharynx. The patient was put upon the use of iodide of potassium, two grammes, and increased to four grammes a day, with tonics and nourishing food.

April 29, 1875, I operated for the extirpation of the necrosed bones. There were present Dr. A. C. Post, Dr. J. T. Darby, Dr. Leonard Weber, and Dr. L. B. Bangs. All the necrosed bones were removed by the revolving multiple knives through the nostrils. The necrosed palatal vault, intermaxillary, both inferior turbinated bones, and anterior part of the vomer were removed through the nostrils. (Fig. 9.)*

The posterior portion of the vomer was now seized with the forceps and removed. By this means the soft parts covering the vomer were left intact, so that, by a rhinoscopic examination, the posterior part of the septum was seen as before the operation. In this case there appeared to be a reproduction of bone in this part of the vomer, and, to some extent, of the hard palate.

A few days after, I removed by the revolving knives some small necrosed portions of the intermaxillary, after which the parts healed rapidly. The voice was somewhat nasal in tone until the opening in the palate was closed.

In October, 1875, about six months after the extirpation of the necrosed bones, uranoplasty was performed for the closure of the opening in the hard palate, which was now three-fourths of an inch in length (Fig. 6).* After removing the mucous membrane from the edges, an incision was made on each side of the fissure through the soft parts and newly formed bone of the hard palate.

The soft parts were cut through by means of a galvano-cautery knife, and so there was no bleeding. The bone was now pierced by the drill, and the bone separated by a chisel after the method of Sir William Fergusson; it may be sawed through, and then they are sprung together and the fissure thus closed. In this case four horse-hair sutures were used to hold the flaps together (Fig. 7).*

These side-incisions must be kept open by packing them, or removing the granulations each day, to prevent healing until the edges of the fissure are united. A gutta percha splint is now fitted and worn over the palate. This prevents the food, fluids, and air from causing disturbance to the healing process. I present wax models of this case, taken from casts of it before, during, and after completion of the operation.

The nose has not become altered in shape, notwithstanding the nasal septum and bony palate upon which it rests are gone. I have never seen the nose fall in, except when the cartilage or the nasal or maxillary bones were involved—in other words, the bridge of the nose.

Mrs. F. C., aged twenty-one, was sent to me by the late Dr. J. Marion Sims. She was married in 1865, and until then was quite healthy; has had three still-born children, and one now living.

In December, 1873, when she came under my care, her condition was as follows: Severe neuralgic pains on the bridge of the nose, center of the hard palate, and left side of the face. This was followed by a swelling of the center of the hard palate. Her physical powers were very much reduced; she had constant pains in her head, a hole in the left canine fossa, and great discharge from the nose and mouth. By rhinoscopic examination, and by a probe through the hole in the canine fossa, I discovered necrosis of the nasal septum and of the turbinated bones of both sides.

She was put upon the use of iodide of potassium, tonics, and cod-liver oil, with phosphates. December 26th, as there was a good deal of pain and swelling

*See Colored Plate—Frontispiece.

of the nasal septum, it was lanced and bled freely, and that gave her great relief. January 4, 1876, I lanced the nasal septum again. February 3d, suppurative periostitis of the left nasal bone externally appeared; the pus was removed by the aspirator; the nose appeared doomed to destruction. February 9th, she was getting steadily worse, and her mind was wandering. Dr. Peters, Dr. Otis, and Dr. Keyes saw her with me, and it was decided to operate at once. I removed by the revolving knives the vomer, lower portion of the ethmoid, inferior and middle turbinated, maxillary walls of both right and left antrum, and a good portion of the hard palate. February 10th, I found the patient going about the house attending to some of her household duties; she had no pain or recollection of the operation. February 13th, I removed small pieces of the intermaxillary bone. There was a small amount of pus on the left side of the nose, which was drawn away with the aspirator. April 10th, she expressed herself as being nearly well. June 23, 1876, she was quite well, and, by a rhinoscopic examination, no discharge was discovered. Notwithstanding the diseased condition of the nose, it returned to its normal appearance.

Necrosis of the Vomer, the Vault of the Hard Palate, etc.—Dr. F. N. Otis, of New York, referred to me William H. G., aged twenty-seven years, of London, England. Two years and a half ago he had the specific initial lesion. He now has necrosis of the vomer and vault of the palate, with a small hole in it. There is a foetid discharge from the nose, occasionally stained with blood from excessive granulations. Local treatment consisted in blowing into the nasal cavities iodoform and camphor. By invitation of the late Professor James R. Wood, M. D., to deliver a clinical lecture on extirpation of the bones of the mouth and nose, I operated on this patient at his clinic at Bellevue Hospital, January 15, 1880. I administered four ounces of whisky before the operation, and kept him under the influence of nitrous oxide during the operation, which lasted about fifteen minutes. No external incision was made, and the necrosed vomer, the lower portion of the ethmoid, both inferior turbinated bones, and the vault of the hard palate were removed by the revolving knives through the nostrils.

No portion of the soft tissue on the hard palate was removed. On the completion of the operation, he freed his nasal cavity of the cut-up necrosed bones and blood, and then he was positively forbidden to again blow his nose for the next twenty-four hours, to prevent hæmorrhage. After that time the clotted blood was carefully removed by the dressing nasal probes, and the nasal cavity completely covered by blowing in the iodoform and camphor powder.

The opening in the palate closed without an operation, with a new deposit of bone over the palate.

He is in perfect health at the present time.

In the following case (Fig. 1) we find a syphilitic history and symptoms of lesions of the sequelæ—viz., nasopharyngeal catarrh and hypertrophy of nasal tissue, sciatica, frontal, nasal, and palatal neuralgia, the characteristic smell of necrosed bone, rational signs pointing to diseased bone, which were confirmed by probe and digital examination. Intra-oral and subperiosteal extirpation of the intermaxillary, the vault of the hard palate, the vomer, and the turbinated bones was done, with subsequent growth of new bone. There was extensive ulceration of soft palate and tonsils.

A merchant, unmarried, consulted me in February, 1883. He had had a chancre eight years before, followed by all the usual symptoms or lesions of the secondary stage, for which he was treated by the late Dr. Bumstead. He suffered greatly from sciatica and nasal catarrh. He went to Europe, but, getting much worse, he immediately returned, when, on examination, he presented the following conditions: There was little or no respiration through the nose, in consequence of great swelling of the tissues covering the septum and turbinated bones. The front teeth were loose. There were necrotic smell and pharyngitis from foetid nasal mucus and mouth breathing. There was neuralgia over the bridge of the

nose and in the palate. There was albumen in the urine, and loss of appetite. By the probe and digital examination was discovered necrosis of the intermaxillary, the vault of the palate, and the vomer. He entered my private hospital, and was operated upon immediately. When he was under the effects of ether, the nasal speculum was placed in his mouth and the intra-oral operation performed by first detaching the periosteum from the intermaxillary and vault of the palate. The teeth and loose portions of the intermaxillary were removed by the forceps. The revolving knives were used to remove this bone, and then passed backward along the floor of the nostrils, cutting the necrosed vault down to the soft tissues covering the palate. I also cut away that portion of the palatal vault on which the vomer rests. The periosteum was detached from the vomer, and it was removed by the nasal bone-forceps. The soft tissues of the intermaxillary were closed by sutures of catgut. The nasal cavity was kept clean by means of the nasal swabs. Boric-acid powder was blown in. The liver being somewhat inactive, a grain of calomel was administered, and was followed by iodide of potassium; but it interfered with his digestion so much that it was given up, and strychnine, iron, and gentian were substituted. He was given a milk diet until digestion improved. Alcoholic liquors were strictly forbidden. Albumen disappeared from the urine.

He was struck on the ear with such force by the falling of a book in his library that it ruptured his drum-membrane. Suppurative otitis followed, which was treated by the dry process. The nose, mouth, and ear progressed very favorably. The opening in the mouth through which the necrosed bones had been extirpated (Fig. 1) soon closed, and new bone was produced so as to allow an artificial denture to be worn. Some months after he caught a severe cold by exposure in a storm, and had an attack of erysipelas of the face. It commenced on the cheek and extended over the whole face and scalp. No necrosed bone could be discovered, and the erysipelatous inflammation did not extend into the nostrils or mouth. The pulse and temperature were quite high. The urine was nearly half albumen. He soon recovered under treatment, and resumed his business. In a few weeks he returned, complaining of sore throat, from which he had been suffering for some days. On examination, an ulcer was found involving two-thirds of the uvula, extending along the anterior and posterior pillars of the palate and the right tonsil (Fig. 1), and upward into the posterior nares. There was also necrosis of the inferior turbinated bones. The palate seemed doomed to destruction. The necrosed bone was at once removed by the revolving knives, and the ulceration cauterized. At the recommendation of my friend, the late Dr. J. Marion Sims, I put him on full doses of SUCCUS ALTERANS (McDade), prepared by Eli Lilly & Co., of Indianapolis, Ind. A marked improvement commenced at once, and in a few days the large ulcerated soft palate and tonsil healed.

The uvula is now of about one-fourth its natural size, and the palate contracted so that the naso-pharyngeal space is smaller. Two years afterward the voice was normal, the patient's health was quite good, and he has *gained twenty pounds in weight*.

Syphilitic Sequelæ of the Tonsils.—The report of this case (Fig. 2), in an inmate of St. Francis's Hospital, was kindly furnished me by Dr. F. E. Miller, house surgeon, who had charge of the case.

"Mrs. Mary W., aged twenty-three years. Parents are both living and healthy, and the family, consisting of twelve children, are all healthy. The patient has always been healthy until since her marriage. Has had two children, both of which are now dead. When the last child was born both mother and child had syphilitic eruption. The mother had sore throat, ulcers between the toes of both feet, and her hair came out. She entered the hospital and received treatment by mercury and iodide of potassium. When all symptoms of the disease had yielded to treatment and she appeared well, she left the hospital.

The following year she returned to the hospital, complaining of sore throat. On examination, both tonsils were found large and ulcerated and accompanied by bronchitis. There was a syphilitic wart of the anus. Iodide of potassium in ten-grain doses was administered twice daily in milk. This so distressed her stomach and bowels that, after a fair trial, it was given up, and SUCCUS ALTERANS (McDade) was given in one-drachm doses twice daily. The large and ulcerated tonsils were amputated by Dr. Goodwillie. Under the tonic effect of this medicine she regained her health and left the hospital. After a short time she reported as in good health and *having gained twenty-five pounds in weight.*"

This case shows the successful treatment of the syphilitic virus by the mixed treatment on her first visit to the hospital; on her second visit, at the period of sequelæ, with the lesions of the tonsils and bronchitis, the failure of the iodide to give relief. The removal of the tonsils, with the good effect of the SUCCUS, completed her recovery. I saw her a year afterward and she was in good health.

Intranasal Necrosis with External Deformity.—William W., aged forty-nine years, had chancre twenty years ago, for which he had treatment by cauterization and mercury until salivation was produced. After recovery from the salivation he remained in good health for six years. While in Lima, Peru, he had a slight sore throat with no other secondary lesions. His medical attendant, getting the history of the chancre, put him on the use of mercury and iodide of potassium. It was not long before his stomach began to trouble him and diarrhœa set in. He still continued, by advice, to take the anti-syphilitic remedies (as in that country there is a great amount of syphilis), but he became quite ill, and returned to his home in Buffalo, N. Y. On several occasions he omitted the medicine, and, finding he improved each time, finally gave it up, but it was two years and a half before he recovered his health and was able to return to business. Soon after he began to have nasal catarrh with foetid discharge and frontal headaches. He lost flesh and his bodily strength was much reduced, so that at times he was confined to bed. Necrosis of the intranasal bones followed, they exfoliated, and he removed them himself when they became loose. He had taken for this large doses of iodide of potassium.

When I first saw him he was quite cachectic, with little appetite or physical strength. The vomer, inferior turbinated, and cartilaginous septum were entirely gone. The end of the nose was quite depressed. Formerly a good Roman nose, it now out-Romaned the Romans. The depressed end of the nose left the bony bridge quite prominent. There was still some necrosis of the lower portion of the ethmoid and middle turbinated bones. Treatment consisted in the removal of the necrosed bones. The nasal swabs he carried with him to use in keeping the nasal cavity clean. Alcoholic liquors and beer were forbidden. The only medicine prescribed was SUCCUS ALTERANS (McDade). Milk diet was taken at first, then followed by solid food. At the end of six months' treatment he was apparently well, *having gained seventeen pounds in weight.* During that time he attended to his business without a single day's loss. An operation was now done to remove the bony hump on the bridge. A longitudinal incision was made along the bridge, the periosteum detached and held back, while the bone was removed by a revolving circular saw. The soft parts were then brought together and healed promptly; this left no scar, and very much improved the shape of the nose.

This patient was a person of very good intelligence, and his history gives a strong probability that the disastrous results must be credited to the drugs rather than to any syphilitic virus.

Chondritis of the Left Arytenoid with Œdema; Deformity from Necrosis of the Vomer and Left Superior Maxillary.—W. R., fifty-five years old, married. Several years since he had syphilitic necrosis of the vomer, vault of the palate, and left maxillary. These bones were removed by exfoliation, and, as a consequence, the bridge of the nose had fallen in and to the left side, and he presented an ex-

ternal scar. There was a large opening from the mouth into the antrum and nose. He was brought to me by his physician, suffering from dyspnœa and dysphagia to an alarming degree. The foetor of his breath indicated dead bone, which, on examination, was found to be the turbinated. There was also chondritis of the left arytenoid with œdema (Fig. 4.) This, together with a large amount of nasal secretion, caused the distressing dyspnœa. I administered in one dose twenty-five grains of hydrarg. chlo. mite, with external applications of heat to the larynx. The next morning he was greatly relieved of his distressed breathing. Believing the necrosed bone in the nose to be the exciting cause of the laryngeal trouble, I immediately removed it. I gave him strychnine and iron with SUCCUS ALTERANS (McDade). There was considerable paralysis of the left vocal cord, but it gradually passed away, leaving the voice husky.

Had all this necrosed bone been removed at the proper time from the very first, he would have had no deformity or laryngeal trouble.

In the case shown in Fig. 3 (the history of which, with the treatment, will be given at some future time), there was superficial ulceration of the *surface* of the tongue, with deep ulceration of the epiglottis and the arytenoid.

LETTERS FROM DR. J. MARION SIMS.

[The following letters from Dr. J. Marion Sims, written, as will be seen in referring to the dates, but a short time before his death, show his great interest in the outcome of "The Treatment of Syphilis" by the McDade remedy, as announced in his London paper, which, according to the appendix to his autobiography, lately published, was the last paper written by him for the press.]

267 MADISON AVE., NEW YORK, SEPTEMBER 13, 1883.

MESSRS. ELI LILLY & CO.:

I think you have done wisely to get Dr. McDade to furnish you with the fresh roots for the McDade Remedy.

There will always be danger of getting in the market extracts made from roots that have been kept too long, and have lost some of their virtues.

I send you a letter, just received, from Dr. Wm. S. Frost, of England. Please send what he needs for his two cases.

* * * * *

Yours truly,

J. MARION SIMS.

WASHINGTON, D. C., OCTOBER 29, 1883.

ELI LILLY & CO.,

Indianapolis, Ind.:

* * * * *

You have shown a spirit of enterprise and energy, and liberality that commands my sympathies.

* * * * *

I wish you all the success possible in this enterprise. I get letters almost daily about it, and I always answer them promptly.

Believe me, yours most truly,

J. MARION SIMS.

DR. McDADE'S TREATMENT.

The usual dose of "Succus Alterans" (McDade) is a teaspoonful three times a day, gradually increased to tablespoonful doses, taken in water or syrup, either before or after eating. When it does not nauseate, I order it before meals; if it nauseates, it is best borne an hour after eating, taken in an equal quantity of simple syrup. Begin with the smaller dose, and as the patient becomes accustomed to the effects of the medicine, increase the dose to the larger. In most cases this can be done in four or five days. The large doses, if taken in the beginning, may produce nausea, vomiting, and act too freely on the bowels. If, at any time, the medicine should produce these effects, discontinue it for a day or two, then take a medium dose. If the bowels do not act, move them with some cathartic. It is seldom that it will be necessary to vary from the above doses. In one case I could not give it in larger doses than half a teaspoonful, and in one gave as much as three tablespoonfuls three times a day.

The "Succus Alterans" (McDade) stimulates the secretions throughout the entire system, acting directly upon the stomach, liver, kidneys, and the glandular system. The appetite and digestion are improved, there is an increased flow of saliva, gastric fluids, bile, urine and perspiration. In some patients an itching is produced; in others an eruption on portions of the body or limbs; in a few, watery blisters in the palms of the hands and soles of the feet, which require no particular treatment. In case the itching becomes annoying, sponge the parts with a solution of bicarbonate of soda.

Secondary symptoms seldom follow the primary stage if "Succus Alterans" is promptly and persistently used on the very first appearance of the chancre. Secondary cases are usually discharged from treatment in from three to four months, and tertiary in from four to eight months. This is the rule; of course there are exceptions, owing to idiosyncrasies of the patient, amount of constitutional disturbance, condition of patient, and the length of time since contracting the disease. Some are cured in less time, while others require more. I have never had to extend the treatment into years. After all evidences of the disease are subdued, I recommend the patient, as a precautionary measure, to take the medicine every alternate week for several months. No injurious effects are produced, even if it should be continued for years.

Patients who have been treated on the old plan usually improve rapidly after taking the "Succus Alterans," and soon recover from any bad effects the mixed treatment may have produced. I think "Succus Alterans" the best remedy for the cure of mercurialism and iodism.

The "Succus Alterans" sometimes produces temporary nausea; further gastric disturbance I have never witnessed. Almost invariably the appetite and digestion improve after taking the "Succus Alterans" (McDade). There is also abundant evidence of its value in anæmia, from either syphilitic or other causes.

I am convinced of its curative effects, eradicating the syphilitic spores from the blood; also increasing the number of red corpuscles.

Mercury and the iodides long continued often produce injurious effects upon the system, second only to the disease itself. As before stated, the "Succus Alterans" (McDade) can be taken for an indefinite time without injury. My mode of administration, as with any other remedy necessary to be continued for a length of time, is to occasionally discontinue it a few days, or a week, alternating with tonics or other medicines, as are indicated; each return gives renewed benefit.

GEO. W. McDADE M. D.

ORIGINAL CONTRIBUTIONS AND LATE LETTERS.

ASTONISHING RESULTS IN ECZEMA RUBRUM.

Letter from Dr. Geo. H. Bosley, Attending Physician Out-Door Poor Department Bellevue Hospital, New York; late House Surgeon, Charity Hospital, New York, Etc.

DEAR SIR—Agreeably to your request to give you the results following the use of SUCCUS ALTERANS (McDade) in the various forms of Eczema, occurring in my class of diseases of children at the Out-Door Poor Department, at Bellevue Hospital, I take pleasure in saying that it has acted well in those forms depending upon a strumous condition, the majority of them being benefited by its use, and in one case (of *Eczema Rubrum*, a girl of ten years in which no syphilitic history could be obtained) in which almost everything had been used without permanent benefit, SUCCUS ALTERANS (McDade) produced results which astonished and delighted me.

Very truly yours,

229 W. 52D ST., NEW YORK, MAY 22, 1885. GEO. H. BOSLEY, M. D.

MALNUTRITION.

Statement of Dr. Chas. Henry Brown, Lecturer on Diseases of the Mind and Nervous System and Electro-Therapeutics in the New York Post Graduate Medical School and Hospital.

My experience with the well named SUCCUS ALTERANS (McDade) enables me to speak *emphatically in its favor* as a general tonic in other chronic diseases as well as syphilis, in which malnutrition is a prominent factor.

Very truly,

62 W. 19TH ST., NEW YORK, MAY 1, 1886. CHAS. HENRY BROWN, M. D.

TERTIARY SYPHILIS—RECURRENT IRITIS.

Statement of F. W. Ring, M. D., Assistant Surgeon to Manhattan Eye and Ear Hospital, New York.

I have used SUCCUS ALTERANS (McDade) in two cases of tertiary syphilis—one in a patient with *suppressed rheumatism*, who faithfully used six bottles with undoubted benefit; in the other patient extensive tertiary ulceration disappeared within six weeks.

I have also prescribed the Succus in two cases of recurrent iritis, advising a continuation of the medicine after all inflammatory action had subsided. It is now some months since the patients were under my immediate treatment and no recurrent symptoms have occurred.

Very truly,

101 PARK AVENUE, NEW YORK, APRIL 19, 1886. F. W. RING, M. D.

"A GRAND SUCCESS."

Letter from Dr. Geo. Howe, of New Orleans, Louisiana.

GEO. W. MCDADE, M. D., MONTGOMERY, ALABAMA:

DEAR DOCTOR—Another year's use in my practice in eighteen cases of syphilis without a single disappointment entitles SUCCUS ALTERANS to renewal of my endorsement of the two previous years' use. An extract from a letter, received this morning from a patient, reads: "*The 'Succus' is a grand success, and has converted an almost intolerable existence into one of such entire absence from suffering and mental distress that language is inadequate to express my happiness.*"

Permit me to describe my method in prescribing its use:

One teaspoonful three times daily during *first* week.

Two teaspoonfuls three times daily during *second* week.

Three teaspoonfuls three times daily during third week.

Four teaspoonfuls three times daily during fourth week, and *continue this dose* during *four or five months*, according to circumstances.

Then decrease the dose one teaspoonful per month, each dose, until only one teaspoonful three times daily is taken; then every other day for another month, making a period of about ten months from beginning to end of treatment.

Very respectfully yours, etc.,

COR. CHARTRES AND BARTHOLOMEW STRS.,
NEW ORLEANS, LA., FEB. 25, 1886.

GEO. HOWE, M. D.

AN UNQUALIFIED ENDORSEMENT.

*Department of Public Charities and Correction, Infants' Hospital, Randall's Island,
James R. Healey, M. D., Medical Superintendent.*

GEO. W. MCDADE, M. D., MONTGOMERY, ALABAMA:

DEAR SIR—Having given your SUCCUS ALTERANS an impartial trial, I am at liberty to state that *it in every way possesses the merits you claim for it.*

NEW YORK, MARCH 8, 1886.

Respectfully,

JAMES R. HEALEY, M. D.,
Medical Superintendent.

TERTIARY SYPHILIS CURED BY SUCCUS ALTERANS.

An Exceedingly Interesting Report by Dr. N. L. Hornsby, of St. Louis, Mo.

DEAR DOCTOR—D. M. H. came under my observation in March, 1884, with the following history: When twenty years of age he contracted syphilis. He was treated *secundem artem*, and apparently with success. In time he married. His children died as fast as they were born. Fifteen years ago he had an attack of *variola*, which seemed to so modify his syphilitic taint that the children of subsequent birth lived. He again congratulated himself he was cured, to be again deceived. The disease now manifested itself by exudations on the *medulla oblongata*. He had frequent epileptic attacks, often twice a day, then at longer intervals, and finally *hemiplegia*. From being a robust man, weighing two hundred pounds, he was reduced to a mere skeleton. At this stage of his disease I was called to see him, and learned that all the usual remedies had been tried and found inefficient in his case. I determined to try the SUCCUS ALTERANS, so highly recommended by the lamented Dr. Sims. He began with teaspoonful doses, gradually increasing to tablespoonful three times daily.

In six weeks the epileptic attacks had ceased, and in three months his paralysis was relieved, and he was able to walk about the house. The improvement

has continued steadily and uninterruptedly, and to-day he is himself again, weighing over two hundred pounds.

I have seen several cases of syphilitic affections of the brain attended with paralysis, and never before have I seen a case entirely relieved, and I consider tertiary syphilis, from being the *opprobrium medicina*, as remediable by the SUCCUS ALTERANS (McDade) as any other purely constitutional affection.

A. L. HORNSBY, M. D.

6828 BROADWAY, ST. LOUIS, MO., JAN. 10, 1886.

THE MOST SATISFACTORY ALTERATIVE.

Letter from Dr. James Stimson, United States Examining Surgeon, Plum Creek, Dawson County, Nebraska.

MESSRS. ELI LILLY & CO., PHARMACEUTICAL CHEMISTS, INDIANAPOLIS, IND.:

Accept my thanks for September number of *Monographia Syphilitica*.

I have been using SUCCUS ALTERANS ever since you brought it out; always with much satisfaction to my patients and myself in cases requiring the use of a powerful alterative. It has produced happy results when all other alteratives failed me.

Very respectfully,

OCTOBER 26, 1885.

JAMES STIMSON, U. S. Examining Surgeon.

TERTIARY SYPHILIS.

I have seen excellent results from the exhibition of SUCCUS ALTERANS (McDade) in tertiary manifestations of syphilis.

THOMAS COURTNEY, M. D.

378 SECOND AVENUE, NEW YORK, JAN. 20, 1886.

SUCCESS OF SUCCUS ALTERANS AFTER FAILURE OF IODIDE OF POTASSIUM.

MESSRS. ELI LILLY & CO., INDIANAPOLIS, IND.:

GENTLEMEN—I have recently witnessed satisfactory results from the persistent administration of SUCCUS ALTERANS (McDade) in an aggravated case of destruction of the tonsil, velum, and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease.

Very respectfully,

DOVER, MORRIS CO., N. J., MARCH 2, 1885.

I. W. CONDUCT, M. D.

THE FINEST ALTERATIVE BEFORE THE PROFESSION.

Letter from Dr. John Cass (Bellevue Hospital Medical College, 1875), Member of City Board of Health, etc.

MESSRS. ELI LILLY & CO., INDIANAPOLIS, IND.:

GENTLEMEN—The SUCCUS ALTERANS (McDade) of your manufacture, is certainly the finest alterative now before the profession, in my opinion, based on the most satisfactory experience in its use.

Very respectfully yours,

HAMILTON, O., JUNE 14, 1886.

JOHN CASS.

AN IMPORTANT ADDITION.

Letter from Dr. Geo. Stedman, Supt. Massachusetts Charitable Eye and Ear Infirmary, Associate Medical Examiner Suffolk County, etc.

DEAR DOCTOR—I have used the SUCCUS ALTERANS (McDade), and am pleased to say that I consider it an important addition to our list of anti-syphilitic remedies. It is of special benefit where the usual remedies are not well borne, and I have noticed marked improvement from its use in such cases.

Very truly yours,

BOSTON, JULY 1, 1886.

GEORGE STEDMAN, M. D.

MOST BENEFICIAL RESULTS.

Letter from Dr. Edw. M. Harding, of Boston.

DR. GEO. W. MCDADE, MONTGOMERY, ALA.:

MY DEAR SIR—During the past three years I have frequently prescribed your SUCCUS ALTERANS in the treatment of syphilis with the most beneficial results. In several cases of tertiary syphilis I have seen marked improvements follow the use of your preparation after the usual remedies had been tried without success. The SUCCUS ALTERANS, as prepared by Eli Lilly & Co., I regard as a valuable anti-syphilitic and alterative medicine, easy to administer, rapid in its action, and satisfactory in its results.

Yours respectfully,

EDW. M. HARDING, M. D.

29 BOWDOIN ST., BOSTON, MASS., JULY 6, 1886.

SECONDARY AND TERTIARY SYPHILIS AND SKIN DISEASES.

Letter from O. G. Cilley, A. M., M. D., of Boston, Member of N. H. Medical Society, formerly Surgeon General of the State of Massachusetts, etc.

GEO. W. MCDADE, M. D., MONTGOMERY, ALA.:

DEAR DOCTOR—In reply to your inquiry in regard to your SUCCUS ALTERANS, I would state that I have used the preparation for the past four years in secondary and tertiary syphilis with the greatest success. I have also used the SUCCUS in skin diseases, both acute and chronic. The results were most satisfactory. As an alterative in syphilis and skin diseases it has no equal, certainly no superior.

Yours very truly,

O. G. CILLEY, A. M., M. D.

35 CAMBRIDGE ST., BOSTON, MASS., AUG. 24, 1886.

GOOD RESULTS.

Letter from Dr. F. L. Thayer, of Massachusetts.

DEAR DR.—I have used the SUCCUS ALTERANS (McDade), and with good results, sufficiently so, certainly, as to warrant a further trial.

Yours respectfully,

WEST NEWTON, AUGUST 28, 1886.

F. L. THAYER.

OBSTINATE PSORIASIS.

Letter from Dr. Jno. H. Manley, Visiting Physician to the Alms House and Work House Hospitals, Blackwell's Island, New York City, etc.

DR. GEO. W. McDADE:

DEAR SIR—Some time ago I had under my care a most obstinate case of psoriasis, of syphilitic origin, which had for years resisted the whole series of remedies recommended by medical men of extensive experience in the treatment of cutaneous diseases. Discouraged with my want of success, I turned, without much hope, to your SUCCUS ALTERANS, giving it in such doses and under such conditions as set forth in your pamphlet.

Before the patient had finished taking one bottle the intolerable heat and itching began to diminish, and the rash to fade. In the course of six weeks the disease had been radically extirpated.

In my opinion, it has not an equal in those depraved conditions arising from impoverished or polluted blood, when a tonic and alterative are needed.

I am, respectfully yours,

244 WEST 55TH ST., NEW YORK CITY,
SEPTEMBER 20, 1886.

JOHN H. MANLEY, M. D.

SYPHILIS, ECZEMA, PSORIASIS AND NASAL CATARRH.

Letter from Dr. J. B. Payne, Associate Member St. Louis College for Medical Practitioners, and Fellow of the American Rhinological Association.

DR. McDADE:

DEAR SIR—Ever since your prescription for the remedy now known as SUCCUS ALTERANS was given to the profession, I have been a pretty constant prescriber of the same in the treatment of syphilis, scrofula, chronic nasal catarrh, eczema and psoriasis.

In syphilis I have found the remedy highly efficacious, and especially so in those cases where the pathological tendencies of organism had given to the disease a special aspect and course.

In chronic nasal catarrh I prescribed it with very gratifying results, and in a few obstinate cases of eczema and psoriasis I have employed it with marked benefit where the effect of a general revolutionizing alterant was indicated.

My early experience with the remedy was not very satisfactory, due, as I afterward learned, to the fact that I had it prepared from fluid extracts as usually found in the shops, made from dried roots and a part of their virtues dissipated in the process, or, perhaps, from fresh materials by a process of distillation containing the volatile principles only, neither of which represent the entire properties of the drug employed. Such I do not recommend.

I do, however, confidently rely upon its good effects when properly prepared from fresh material *representing both the fixed and volatile principles* of the drugs entering into the compound, and in a manner favorable to be readily absorbed when administered, for the physiological law that one is nourished by what one digests, and not by what one eats, is equally applicable in therapeutics, that the patient is cured, not by what he takes but by what is absorbed.

Yours respectfully,

J. B. PAYNE, M. D.

HOT SPRINGS, ARK., Nov. 10, 1885.

A VALUABLE ALTERATIVE AND TONIC.

DR. GEO. W. McDADE:

DEAR SIR—Having had considerable experience in the use of SUCCUS ALTERANS (McDade) in the treatment of blood diseases, and having noticed its effects, can confidently recommend it as a valuable alterative and tonic.

Yours truly,

HOT SPRINGS, ARK., Nov. 3, 1885.

SAMUEL M. WORK,
Late A. A. Surgeon U. S. Army.

ALWAYS SATISFACTORY.

GEO. W. McDADE, M. D. MONTGOMERY, ALA.:

DEAR DOCTOR—I can heartily endorse the use of SUCCUS ALTERANS (McDade.) I prescribe it constantly in cases of Syphilis, Scrofula and various Skin Diseases, and must say that the results from a proper use of this preparation are always satisfactory.

Very truly,

HOT SPRINGS, ARK., Nov. 10, 1885.

CHARLES DAKE, M. D.

BEST RESULTS.

Letter from Dr. A. W. Thompson, Member Southeast Missouri Medical Society.

GEO. W. McDADE, M. D., MONTGOMERY, ALA.:

DEAR DOCTOR—I have used SUCCUS ALTERANS with the very best results in all conditions where an alterative tonic is required, ever since it was introduced to the profession by our friend J. Marion Sims. My use of it in syphilis and scrofula has been met with good success.

Very truly yours,

HOT SPRINGS, ARKANSAS, Nov. 10, 1885.

A. W. THOMPSON, M. D.

AN UNDOUBTED ALTERATIVE.

Letter from Dr. S. P. Collings, formerly Surgeon Indianapolis City Hospital, Demonstrator of Anatomy Indiana Medical College and Lecturer on Venereal Diseases, College of Physicians and Surgeons, Indiana.

DR. G. W. McDADE, MONTGOMERY, ALA.:

DEAR DOCTOR—I have used SUCCUS ALTERANS (Eli Lilly & Co.) to a considerable extent for the past two years, and can testify to its undoubted alterative properties, and find it valuable in the treatment of syphilis, scrofula, chronic ulcers, etc.

Respectfully yours,

HOT SPRINGS, ARK., Nov. 6, 1885.

S. P. COLLINGS, M. D.

GOOD RESULTS INVARIABLE.

Letter from Dr. P. D. McCulloch, Member of the Tri-State Medical Society of Tennessee, Mississippi and Arkansas, Member of the Public Health Association of the United States, etc.

DR. McDADE:

DEAR SIR—I consider the SUCCUS ALTERANS, as prepared by Eli Lilly & Co., the very best vegetable alterant of which I have any knowledge. I have used it a great deal with invariably good results.

Yours, etc.,

HOT SPRINGS, ARK., Nov. 11, 1885.

P. D. McCULLOCH, M. D.

THE GENUINE SUCCUS ALTERANS GIVES GREATEST SATISFACTION.

Letter from Dr. Frederick Oberd (University of Muenchen and Erlangen, 1859).

Dr. McDADE:

DEAR SIR—Your *genuine* preparation, SUCCUS ALTERANS, gives me the greatest satisfaction in the treatment of syphilis and rheumatism. I have in many such cases given the SUCCUS alone, and I am convinced that it serves me always as the best alterant in treatment of blood diseases.

HOT SPRINGS, ARK., OCTOBER 30, 1886.

Yours respectfully,

FREDERICK OBERD, M. D.

A CASE OF SPECIFIC ATAXIA.

MESSRS. ELI LILLY & CO., INDIANAPOLIS, IND.:

GENTLEMEN—I have used your SUCCUS ALTERANS (McDade) with a large number of patients in the last twelve months, and am obliged to regard it very highly.

In one case of *specific ataxia*, in which the patient had used all the remedies which are commonly prescribed, with little or no benefit, I ordered SUCCUS ALTERANS (McDade), which has been continued for eight months. The cure seems to be complete.

In all cases of chronic ulcers, syphilitic or otherwise, it has never disappointed me, and in chronic mercurialization I have never found anything to compare with it, except possibly the hot waters at these springs.

It is always sure to arouse the emunctories, thereby insuring rapid elimination.

Very truly yours,

HOT SPRINGS, ARK., NOV. 5, 1885.

J. J. WALKER, M. D.

SCROFULA IN CHILDREN.

ORPHANS' HOME, REV. G. R. FOSTER, Sup't.

DEAR SIR—Your SUCCUS ALTERANS (McDade) has been administered to a number of the orphans here with marked benefit. It has become a necessity here where we have cases of scrofula. The effect on children is instantaneous and altogether for good. It has cured the Superintendent of enlargement of liver and spleen with ulceration of the lower bowels.

TUSKEGEE, ALA., MAY 11, 1886.

W. J. GAUTIER, M. D.,

Physician Orphans' Home.

IT IS A MEDICINE AND NOT A VEHICLE.

Physicians should keep in mind the great value of SUCCUS ALTERANS (McDade) as a *general alterative*.

Its use is invaluable in all cases of strumous diathesis, anæmia, consumption diagnosed as originating in specific disease, nasal catarrh, rheumatism, eczema, psoriasis, wasting away from general debility, and the whole list of diseases following in the train of poisoned and impure, or impoverished blood.

Use SUCCUS ALTERANS *pure and simple*. Some physicians run to compounds, arguing, perhaps, that if one article in the compound misses the other will hit. It is worse than useless to add mercury or iodides to SUCCUS ALTERANS (McDade) which is of itself a certain antidote to blood poison and increases red corpuscles in poor blood, while mercury and the iodides often produce a condition of the system infinitely worse than the disease it is sought to cure.

DISEASES OF THE BLOOD AND SKIN.

REVIEW OF FOUR YEARS' EXPERIENCE,

BY GEO. W. McDADE, M. D.,

MONTGOMERY, ALA.

It was the twenty-sixth day of November, A. D. 1882, that Dr. J. Marion Sims, in a meeting of the London Medical Society, listened to the discussion of the papers presented by Dr. Drysdale and Dr. Routh, and made the observation, that in the treatment of the most virulent form of blood disease, medical men of the highest education "differ as widely as they did fifty years ago."

Dr. Sims already knew of Dr. McDade's remedy, and laid the whole matter before the faculty of England in his paper published in the British Medical Journal of March 10th, 1883.

It is now nearly four years since Dr. McDade's remedy, SUCCUS ALTERANS (McDade), was authorized to be prepared by the chemists, MESSRS. ELI LILLY & COMPANY, and the perfected article placed in the hands of the medical profession.

Its introduction was simultaneous throughout America, and the rapidity of its adoption has no parallel in modern medicine, except in cases of the great anæsthetics. The demand upon the chemists who prepare it has reached into hundreds of thousands of pounds, and its application to the cure of disease has extended from its specific use until it covers every form of blood and skin disease as well as ailments resulting from *anæmic, strumous and rheumatic* conditions; for, by highest authorities, it seems it is not only a *wonderful alterative* but a *powerful tonic* as well, a combination which every physician must acknowledge covers many cases of a most serious nature.

The success attending the use of SUCCUS ALTERANS (McDade) in these affections is indeed a revelation. Mercury and iodide of potash, separately or combined, has been the sum total of treatment, it may be said, in serious blood disorders as far back as our knowledge extends, and many physicians have regarded the patient a very fortunate one, if, in being cured of his disease, he escaped the more lasting horrors of constitutional poisoning by mercurials and iodides. So if the poor sufferer happily escaped Scylla, he was nearly certain to be wrecked on Charybdis. That a purely vegetable medicine should be discovered, which in all useful qualities supplants mercury and iodides in these cases, and at the same time is so devoid of injurious effects that it may be taken in any quantity and for any length of time without harm, is certainly of great importance.

The experience of the past four years establishes beyond a doubt that Succus ALTERANS (McDade) is such a discovery, and, although Dr. J. Marion Sims had good grounds upon which to base his statements made in the British Medical Journal, still, he "builded very much better than he knew," and it is doubtful if the great surgeon, in teaching the professional world his wonderful operations, ever performed a greater service than in bringing this remedy to the knowledge of his professional brethren.

The list of blood diseases is more or less circumscribed or extended, according to the views of different authorities. Blood disease may occur from introduction of specific poison, which, in its manifold modifications and changes, may be transmitted hereditarily through many generations, "hanging," in its different forms, as the elder Gross has well said, "like Lethe upon the outskirts of the original disease." In this he includes (Transactions American Medical Association, June 3, 1874,) the whole range of scrofulous diseases. Dr. Gross was also a firm believer

in the doctrine that tubercular consumption should be referred to the same cause. More or less connected is the great list of skin diseases, whether exanthematous, vesicular, pustular, papular, squamous or folliculous, as classified by some writers.

Then follow, and of infinite importance, those female diseases, which, though not caused by blood poison, are the direct result of low nutrition and impoverished condition of the blood, marked by absence of proper proportion of red corpuscles;—amenorrhœa, dysmenorrhœa, leucorrhœa and kindred ills.

The effect of SUCCUS ALTERANS (McDade) as a constitutional remedy in all these diseases rests, unquestionably, *in its power of eliminating specific poison from the blood and in its tonic power, increasing the proportion of red corpuscles in impoverished blood*, thus enabling the system to throw off disease.

The highest authorities unite in support of these views, and confirmatory reports are daily passing into medical history. (See pages 3 to 21.)

ECZEMA SCROTI.

NELSON B. SIZER, B. S., M. D., Brooklyn, N. Y. (Senior Surgeon of the Brooklyn and East Brooklyn Dispensary, Fellow of the State Medical Association, etc.), says: "I have used it very freely as an alterative during the past six months, and am entirely satisfied with my results." "Another patient is rejoicing; suffered extremely four years from eczema scroti; all treatment failed till he was put on SUCCUS ALTERANS. Commenced treatment January 5th, 1885; reported himself well March 9th, 1885." (Monog. S., Sept., '85, p. 6.)

SCROFULA.

D. D. STEVENS, M. D., New York City: "Numerous cases have been entirely cured and others greatly benefited. Two cases of *persistent scrofula*, which resisted the usual treatment, commenced to improve from the first dose of SUCCUS." (Monog. S., Sept., '85, p. 6.)

OBSTINATE LEG ULCER.

DR. A. W. CATLIN (Attending Physician St. John's Hospital, Member Kings County Medical Society, etc.), Brooklyn, N. Y., after giving details of a case of obstinate leg ulcer in a young woman, which had resisted all treatment, says: "Patient came under my care depressed, debilitated and *anæmic*, with large, sloughy ulcer on lower third of tibia, and two smaller ones beneath the knee of same limb." After four months' treatment with SUCCUS ALTERANS (McDade), Dr. Catlin says the large ulcer, two and a half by three inches in diameter, has entirely healed, and the others rapidly following. (Monog. S. Sept., '85, p. 4.)

DYSMENORRHŒA, LEUCORRHŒA, RHEUMATISM.

DR. C. C. BAKER, of Alabama, says of a case treated for specific disease with above complications: "August 11, 1883, complexion cadaveric, pale, emaciated, no appetite, rheumatism in ankles and joints, menses recurring every fourteen days, dysmenorrhœa, leucorrhœa constant. Ordered SUCCUS ALTERANS (McDade), prepared by Eli Lilly & Co. Steady improvement. January 16, 1884, present condition, complexion healthy, *has increased twenty-five pounds in flesh*, appetite good, eats more than ever in her life, menstruation regular and free from pain, no leucorrhœa."

LUPUS.

DR. H. S. BELL, of Paris, Illinois (Bellevue Hospital Medical College, New York, 1878), reports a severe case of ulceration of the wrist, diagnosed as *lupus*. Speedy cure.

TONIC AND ALTERATIVE.

DR. E. B. LEWIS in a clinical lecture at the Medical Department of the University, Kansas City, Mo., advised the use of SUCCUS ALTERANS (Lilly & Co.) for its tonic, alterative and appetizing effects as well as its anti-syphilitic properties. (Monog. S., June, 1884, p. 15.)

SCROFULOUS ULCERS.

DR. FRANCIS M. WELD, of New York, speaking of a case of scrofulous ulcers, says: "I think I never saw such lesions healed so rapidly before." (Monog. S., Jan., '85, p. 4.)

AMENORRHOEA.

DR. H. TUTHILL HALLECK (Attending Physician to Women's Hospital), Brooklyn, N. Y., reports case: "Lady aged thirty-three, much reduced in flesh, quite weak, general innervation, rash on lower extremities, also suffering from amenorrhœa. SUCCUS ALTERANS prescribed. Third week, rash entirely disappeared, appetite vastly improved, entire aspect changed. SUCCUS ALTERANS continued for three weeks more and patient discharged apparently cured and menses re-established." (Monog. S., January, '85, p. 11.)

SPECIFIC ERUPTION AND ULCERATION.

DR. J. C. ANDREWS, of Illinois (Medical College Indiana, 1883), says of a case: "The skin was covered with an eruption much resembling small-pox. Mouth and throat full of mucous ulcers. After three months' use of SUCCUS ALTERANS (McDade) the effect has been almost miraculous—ulcers completely healed and eruptions left the skin." (Monog. S., June, '84, p. 8.)

NASAL CATARRH.

DR. G. H. SCRIVEN, Waverly, Ohio, says: "I am fully satisfied that SUCCUS ALTERANS as an alterative in a wide range of chronic and acute constitutional diseases is among the most potent in our list. Reports case of nasal catarrh twenty-two years' standing. Nares and throat extremely ulcerated, Strumous habit, chronic gastro-hepatitis. Immediate and rapid improvement; increased flesh; promise of entire restoration. Treatment continued."

NASAL CATARRH.

DR. A. G. HENRY, of North Baltimore, Ohio, is highly gratified over his successful use of SUCCUS ALTERANS in a chronic and obstinate case of nasal catarrh. (Monog. S., June, '84, p. 7.)

ULCERATION OF LOWER LIMBS.

J. A. SPRAGUE, M. D., Williamson, Wayne county, N. Y., University Medical College, N. Y., 1879, reports a case, February 13, 1884, in which there was "sloughing of the entire calf of one leg, part of the other and both feet. Patient very low; put him on full doses of SUCCUS ALTERANS (McDade). Healthy granulation at once set up." April 9th, 1884, reports: "My case has made a wonderful recovery. I consider SUCCUS ALTERANS the ideal alterative." (Monog. S., June, '84, p. 7, and January, '85, p. 15.)

POOR NUTRITION.

DR. A. LOUIS MICHAELS, Kansas City, Mo., (Columbus Medical College, 1881), says: "I have been using SUCCUS ALTERANS (McDade) with the most happy results in old and worn-out cases. I find it specially beneficial in cases of poor nutrition." (Monog. S., June, '84, p. 8.)

GENERAL DEBILITY.

DR. CONSTANTINE F. MAGUIRE, Brooklyn, New York (late House Surgeon Kings County Hospital, Visiting Physician to Southern Dispensary and Hospital), reports case of young man without positive symptoms except *general debility*. Put him on SUCCUS ALTERANS (McDade). In two months reported himself in excellent health. *Gained twenty pounds in flesh.* (Monog. S., Sept. '85, p. 8.)

CHRONIC ECZEMA.

J. J. GARVER, M. D., Indianapolis, Indiana (Superintendent City Dispensary, etc.), reports cure of case "affected fearfully with *chronic eczema*." Discharged in seventeen weeks. (Monog. S., Jan., '85, p. 12.)

CHRONIC ECZEMA—Two cases.

WM. A. LOCKWOOD, M. D., of Norwalk, Conn. (College of Physicians and Surgeons, New York, 1864), reports a case of chronic eczema of many years standing in a lady sixty-two years old. Rapid recovery. Another case, chronic eczema. "SUCCUS ALTERANS (McDade) is rapidly curing him without other medicine or local treatment." (Monog. S., Jan., '85, p. 12.)

SCROFULA.

DR. GRANVILLE C. BROWN, of New York City, speaks of the use of SUCCUS ALTERANS "with most decided benefit" in scrofula. First signs of improvement, increase of appetite, better assimilation of food. Patients gain in weight, cheerful feeling, sleep quietly. *The red blood corpuscles are greatly increased in numbers.* (This is a *great fact* and the foundation of the cure of all blood diseases by SUCCUS ALTERANS.) (Monog. S., Sept., '85, p. 5.)

GASTRIC DISTURBANCE OVERCOME.

JOHN C. LESTER, M. D., New York City (Editor of the American Medical Digest, etc.), relates the case in a patient where the mixed treatment caused *violent gastric* disturbance. "SUCCUS ALTERANS being substituted, was well tolerated, and, as far as heard from, has effected a permanent cure." (Monog. S., Sept., 1885, p. 5.)

CHRONIC ECZEMA.

A. C. LUCAS, M. D., Kansas City, Mo., reports cure of case of chronic eczema by continued use of SUCCUS ALTERANS. (Monog. S., Jan., '85, p. 14.)

GENERAL ALTERATIVE.

DR. W. T. CORLEY, Waco, Texas, says: "As a general alterative I have used SUCCUS ALTERANS *very successfully*." (Monog. S., Jan., '85, p. 16.)

RECURRENT IRITIS.

ARTHUR MATTHEWSON, M. D., Brooklyn, N. Y. (Surgeon Brooklyn Eye and Ear Hospital; Surgeon-in-Chief Dept. of Diseases of the Eye and Ear, St. Mary's General Hospital; Prof. Ophthalmology, Long Island College Hospital, etc.), says: "In a case of recurrent iritis, with specific eruption, it showed to especial advantage by bringing the symptoms under more rapid control than had been done in previous attacks by the usual treatment with *mercurials* and iodide of potash." (Monog. S., Sept., '85, p. 3.)

ELIXIR PURGANS (LILLY).

"A PERFECT LIQUID CATHARTIC."

AS A CATHARTIC,	AS A LAXATIVE,	AS AN APERIENT,
2 TO 4 TEASPOONFULS.	1 TO 2 TEASPOONFULS.	1-2 TO 1 TEASPOONFUL.

ELIXIR PURGANS (LILLY) reliably stimulates the dormant liver without undue irritation, and, by its gentle yet positive effect upon the alimentary tract, calls into useful action those rebellious physiological functions which act as the most potent causes in producing a condition of chronic or obstinate constipation. This is ESPECIALLY TRUE in HABITUAL CONSTIPATION so common in WOMEN and CHILDREN, and will be found also particularly useful in that large class to whom pills and powders are so repugnant. Its endorsement at Bellevue (see page 27) and many other prominent hospitals east and west, as well as its employment in general practice by the most eminent medical men, confirms the experience of years in its use.

EACH TEASPOONFUL REPRESENTS

Rhamnus Purshiana, - -	10 grains.	Iris Versicolor, - -	4 grains.
Euonymus Atropurpureus,	8 grains.	Hyoscyamus Niger, - -	2 grains.
Cassia Acutifolia (Purif.), -	10 grains.	Aromatics, etc.	

HIGHLY RECOMMENDED.

We take pleasure in endorsing the ELIXIR PURGANS (LILLY) as prepared from the above formula, for in it we find a near approach to positive perfection in the form of a *Liquid Cathartic*, and, from our experience with the preparation, can highly recommend it to the profession

Medical Superintendent of the Infants' and Children's Hospital, Randall's Island, New York.
JAMES R. HEALY, M. D.

Surgeon to the Bureau of Medical and Surgical Relief for the Out-Door Poor, Bellevue Hospital, New York.
W. G. ROBINSON, M. D.

Surgeon to New York Ophthalmic and Aural Institute.
J. H. SHORTER, M. D.

Medical Superintendent of Kings County Hospital, Flatbush, Member of Kings County Medical Society, etc.
JOHN A. ARNOLD, M. D.

Senior Surgeon Brooklyn and East Brooklyn Dispensary, Member Kings County Medical Society, Fellow of the State Medical Association of New York.
NELSON B. SIZER, M. D.

Medical Superintendent of Demilt Dispensary, New York City.
EDWARD J. DARKEN, M. D.

Attending Physician at St. John's Hospital, Brooklyn, N. Y., Member of Kings County Medical Society, etc.
A. W. CATLIN, M. D.

Medical Superintendent of the Columbus Lying-in Hospital, Boston, Fellow of the Massachusetts Medical Society, etc.
CHAS. H. COBB, M. D.

Fellow of the Massachusetts Medical Society, etc.
H. S. DEARING, M. D.

Surgeon to Charlestown Free Dispensary and Hospital, Fellow of the Massachusetts Medical Society.
T. J. BRODERICK, M. D.

We also refer, by permission, to Carney Hospital, Old Harbor Street, South Boston, Mass., under charge of the Sisters of Charity. "The ELIXIR PURGANS is being used in the hospital with decided benefit."

ELIXIR PURGANS (LILLY).

"A PERFECT LIQUID CATHARTIC."

ENDORSED AT BELLEVUE.

BELLEVUE HOSPITAL, NEW YORK CITY,
BUREAU OF MEDICAL AND SURGICAL RELIEF FOR
OUT-DOOR POOR, JULY 8, 1885.

ELI LILLY & Co.:

GENTLEMEN—Your ELIXIR PURGANS is used with *great satisfaction* by Drs. FILINN and WALDO in the DIGESTIVE DEPARTMENT, where they have many cases of habitual constipation, in which the usual cathartics fail to have effect or become nauseating.

The preparation is also largely used in other departments, including the CHILDREN'S DEPARTMENT, the DEPARTMENTS OF DISEASES OF WOMEN and of GENERAL MEDICINE. A number of the attending physicians *have given it a thorough trial* and find it an EXCELLENT and AGREEABLE PURGATIVE and LAXATIVE in many cases where other cathartic medicines were either useless or distressing.

Yours very truly,

HENRY SAVAGE, Ph. G.,
Apothecary-in-Charge.

CONSTIPATION IN WOMEN AND CHILDREN.

The ELIXIR PURGANS (LILLY) has been very frequently used by me as cathartic, laxative and aperient in many troublesome forms of constipation in women and children with the most satisfactory results. It can be prescribed with pleasure and confidence by any physician.

378 2D AVENUE, NEW YORK.

THOMAS COURTNEY, M. D.

HOME FOR INCURABLES,
THIRD AVENUE AND 182D STREET.

MESSRS. ELI LILLY & Co.:

GENTLEMEN—We are using your ELIXIR PURGANS in the HOME FOR INCURABLES at FORDHAM, N.Y.C. It is a very palatable and effective LIQUID CATHARTIC, and we feel pleased with the results obtained from it.

Yours respectfully,

ISRAEL C. JONES,

NEW YORK, MARCH 25, 1886.

Supt. and Resident Physician.

IN PRESCRIBING, PLEASE BE CAREFUL TO WRITE

"ELIXIR PURGANS" (LILLY),

THAT OTHER PREPARATIONS MAY NOT BE SUBSTITUTED.

FOR SALE BY DRUGGISTS EVERYWHERE.

SYRUP YERBA SANTA, AROMATIC (LILLY),

A PERFECT MASK FOR THE BITTERNESS OF QUININE.

We offer this article with the assertion that it is the most perfect liquid vehicle for the administration of Quinia, Cinchonidia, etc., ever produced. It is an elegant, highly flavored preparation, and exceedingly agreeable to the taste.

One fluid ounce will PERFECTLY DISGUISE the bitter taste of twenty (20) grains Sulphate Quinia.

Full directions for using accompany each package.

A MOST EXCELLENT VEHICLE.

We are using SYRUP YERBA SANTA, AROMATIC (LILLY), and think the preparation a most excellent vehicle for masking the taste of Quinine and other bitter medicines:

JAMES R. HEALY, M. D.,

Superintendent Infants' and Children's Hospital, Randall's Island, N. Y.

GEO. H. BOSLEY, M. D.,

Attending Physician O. D. P., Bellevue Hospital, N. Y.

JOHN A. ARNOLD, M. D.,

Medical Superintendent Kings County Hospital, Flatbush, N. Y.

NEW YORK, October 2d, 1886.

THE KANSAS CITY MEDICAL RECORD, August, 1884, says:

"SYRUP YERBA SANTA, AROMATIC, is the best preparation we have ever used to mask the taste of Quinine and other bitter medicines. We use the Syrup prepared by ELI LILLY & CO., in the proportion of two grains of Quinine to a drachm of the Syrup."

FOR SALE BY DRUGGISTS EVERYWHERE.

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Tonic and stimulant. Useful in wakefulness dependent on cerebral anæmia and exhaustion. Wakefulness of the aged accompanied by muscular cramps, feebleness of memory, and trembling of the voluntary muscles on exertion.

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Ext. Colocynth Co.....	1 1/2 gr. }
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Purified Aloes.....	5-6 gr. }
Ext. Nux. Vomica.....	5-12 gr. }
Podophyllin.....	1-12 gr. }
Powd. Ipecac.....	1-12 gr. }

For puerperal women, where there is a great aversion to an enema, two of the above pills in the morning before breakfast will act effectually and without pain.—*Dr. Fordyce Barker on Puerperal Diseases, page 29.*

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