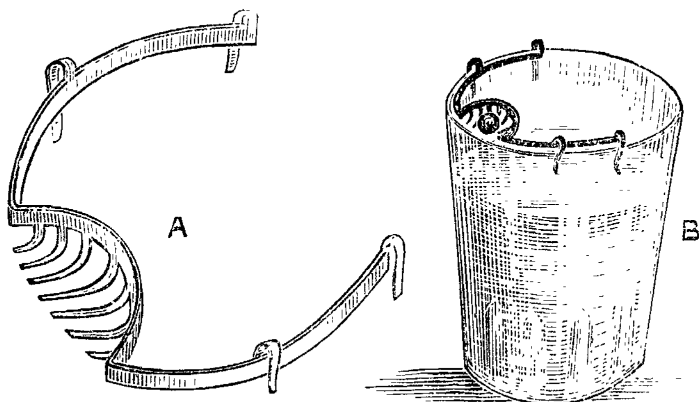
# New Inventions.

## "PILL-TAKERS."

MANY people of undoubted veracity declare that they are wholly unable to swallow pills. Some spasmodic movements of the tongue or irregular contractions of the pharynx balk every conscious endeavour, or at least keep the pill in motion in the mouth until its flavour becomes unpleasant. A "pill-taker" has been introduced by Messrs. Joseph Yates and Co., 9, Coleman-street, E.C., to overcome these




difficulties, and its action is so extremely simple and so very satisfactory that we do not hesitate to commend it to the notice of our readers. It is adjusted on the rim of a tumbler or wine glass, and the pill is placed in a small grating. The pill is then simply washed down the throat, almost unconsciously, being mostly carried down with the first mouthful of fluid. The "pill-taker" is neatly made, and from its simplicity it should find ready reception when once tried.

## ANTISEPTIC WOOD WOOL.

WE have received from the Sanitary Wood Wool Company, Limited, of 11, Hatton-garden, E.C., two examples of the recent adaptation of antiseptic wool which present advantages. 1. Hartmann's Patent Wood Wool Gonorrhœa Bags. The bag is made of muslin, the lower part of which is lined with wood wool, impregnated with corrosive sublimate. To each bag, on either side, is attached a thin tape, of sufficient length to fasten round the waist. The bags possess advantages over other methods used to secure cleanliness during these attacks; being absorbent, they prevent the discharge from soiling the clothes of the patient, are antiseptic, and easily applied. We have tried them in hospital out-patient practice, and the patients speak highly of them. As they are not expensive, the patients have no scruple in destroying them and using a clean one. 2. Hartmann's wood-wool vaccination pad. These are square-shaped muslin bags, enclosing a layer of absorbent wool, which has been prepared with corrosive sublimate; the pads are fixed in position by two tapes, which pass round the arm, and by a third which goes round the chest. The advantages claimed for them are that they protect the arm from external violence, absorb all discharges, and diminish the risks of septic absorption. They also minimise the risk of an attack of erysipelas.

THE RABIES ORDER.—The Board of Agriculture has issued an amendment to the Rabies Order, stating that muzzling shall not be necessary in the county of Chester and in the boroughs of Birkenhead, Chester, Congleton, Crewe, Hyde, Macclesfield, Stalybridge, and Stockport, in the case of "dogs which have on a collar, with the name and address of the owner of the dog legibly engraved on such collar."

## ENTERIC FEVER IN INDIA.

*To the Editors of* THE LANCET.

SIRS,—The progress of sanitation and the increased prevalence of enteric fever suggest an anomaly which at first is a little difficult to understand. Personal observation and experience favour a simple explanation. The increase of enteric fever is, I believe, a mistake. I do not mean to imply that the returns of the disease do not show a marked increase, but I am inclined to think this is due to a prejudice—I might even say a fashion—of diagnosis. I well remember being told by a surgeon-general of recognised ability that enteric fever *never* occurred in India, and more than one medical officer can testify that the returns submitted to this officer were invariably sent back for correction. In consequence, enteric fever was of rare occurrence. On the other hand, I have met with medical officers who looked on nearly every case of remittent fever in which the temperature remained abnormally high for over a week as cases of enteric fever. I have little hesitation in saying a medical officer who entertains strong views on any particular subject has a bias of diagnosis. This peculiarity is not confined to army medical officers in India. It also exists in England. A specialist on kidney disease invariably discovers some defect in the urinary organs; a physician who devotes his attention principally to the liver recognises some obscure hepatic trouble; and the heart doctor generally hears some muffled bruit. To avoid any misunderstanding, let me at once say I am not making an accusation of a want of honesty of diagnosis, but only that a preconceived idea is an important factor in the nature of a diagnosis. It is this fact which partially accounts for the increase or diminution in the returns of enteric fever. There is, however, another reason of perhaps even greater weight, and one which I have on several previous occasions advanced. It is that in India there are two varieties of enteric fever, or I would prefer to say that there is enteric fever and enteroid fever. I understand by the diagnosis of enteric fever the presence of certain recognised symptoms and lesions, and I contend that in the absence of them it is misleading to call the disease by that name. Let there be no mistake. I do not state that every symptom of enteric fever is necessarily present, but that certain symptoms, as, for instance, the enlargement of the spleen, are always present in a genuine case of enteric fever. In enteroid fever the characteristic features are invariably absent. Enteroid fever is a sporadic disease, which originates in spite of pure water, perfect drainage, and good sanitation. Unlike enteric fever, the bowels are usually constipated, though diarrhœa may result from irritation caused by the presence of the accumulation. True lenticular spots are absent. The spleen, unless influenced by malaria or some disease, *per se*, is not affected. The intestines may be quite normal or may be implicated in any degree, from congestion to ulceration. The peculiarity of these lesions is that they are diffused and scattered, involving any part of the tract of the small intestines, and sometimes of the colon. The temperature is more suggestive of remittent than enteric fever, though this is not always so.

So far my remarks are based on practical observation of other medical officers and my own cases of so-called enteric fever. I will now indulge in a speculative theory, and suggest that the sudden atmospheric change of temperature, of so frequent occurrence in India, acting on an overheated system, produces a severe chill, which results in causing in some cases congestion of the lungs, in others hyperæmia of the liver or spleen, but in the majority of cases catarrhal inflammation of the intestines. Without entering upon the details of the cases which have come under observation, I would advocate that under any circumstances it is advisable to restrict the term "enteric fever" to that disease which owes its origin to some sewage metamorphosis, and that all those cases which arise, so to speak, *de novo* should be differentiated by some other name. The adoption of this plan would ensure greater uniformity, if not accuracy, of diagnosis, and would settle the question whether the increased prevalence of enteric fever is due to fact or fancy.

I am, Sirs, yours obediently,

G. SHERMAN BIGG, F.R.C.S. ED.,
Late Staff Surgeon, Allahabad, India.

Victoria-street, S.W., Oct. 18th, 1890.