

attempts at fraud on the part dispensing chemists. The honest dispenser also should take every opportunity of exposing the tricks of those known to practise this deceit, and they will gain the confidence of physicians to whom they are known, as well as confer a material benefit on the public at large. The practice of counter prescribing is one also which calls for concerted action on the part of the profession, for it has grown to gigantic proportions. The number of cases of gonorrhœa, for instance, which are treated by regular practitioners must be small, compared with the number treated by druggists, and so with many minor complaints such as coughs, scabies, ringworm, etc. We owe it to ourselves to bring such druggists to a due sense of their legitimate function, by sending our patients to shops where such practices are not allowed.

#### BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

We are glad to notice that a branch of the British Medical Association is about to be formed at Halifax. The profession in Canada has been slow to avail itself of the advantages offered by such organization. Australia has three branches, Jamaica one, Madras one, British Guiana one, while there is an immediate prospect of branches being formed at Ceylon, Cape Town, and St. John's. Of course the membership of the Association can always be obtained direct, on application, suitably endorsed, to the Council of the Association, London, by any properly qualified medical man. This qualification consists in being legally entitled to practise in the colony where the applicant may reside, irrespective of diplomas from licensing bodies in the United Kingdom. But such isolated membership can not be of great value to practitioners, and it is with the view to offering to the profession an opportunity to participate more fully in the benefits which the mother Association confers upon its members that these branches have been instituted. This plan of uniting the medical forces of all English speaking countries is a grand one, and must, we think, result in the advancement of the science of medicine and surgery, as well as the lower interests of the medical world. As the journal of the Association puts it:—"It creates in every district an ethical tribunal, a

scientific society and a medico-political organization of which the advantages are at least as great in the colonies as they are in the heart of England." These advantages are many, but among the most important we may mention the influence of the parent association in the decision of all questions, social and ethical not only as affecting individuals, but "in appeals, addressed to Municipalities, Governments and States," this influence being "always at the command of any of the branches in response to every legitimate appeal." It is to be desired, now that our Eastern brethren have taken the initiative, that branches shall be established in the Westerly portions of the Dominion.

THE CLINICAL SIGNIFICANCE OF ENDOCARDIAL MURMURS.—In a report of the proceedings of the Medical Society of the State of New York, the *Medical Record* gives the following propositions and conclusions, from a paper on the above subject, by Dr. Wesley M. Carpenter :

*Propositions* : 1. The only definite relation between endocardial murmurs and valvular diseases of the heart is that of determining exactly where the lesion exists. Even this has limitations. 2. Clinical studies and pathological observations have determined that no definite ratio exists between endocardial murmurs and the amount and gravity of valvular disease. A very loud murmur may accompany a very small amount of disease, and, *per contra*, extensive valvular and organic disease of the heart may exist unaccompanied by any cardiac murmur. 3. Endocardial murmurs, when present, enable us, as a rule, to ascertain definitely which auriculo-ventricular opening is involved. They may indicate the amount of damage which the valves have sustained.

*Conclusions* : 1. That endocardial murmurs and chronic valvular disease of the heart are not synonymous terms.

2. That the existence of a persistent endocardial murmur is not inconsistent with long life and the enjoyment of a fair degree of health.

3. That the knowledge, on the part of the patient, of the presence of an endocardial murmur should guard him against exposure to all influences that may give rise to any of the diseases which are liable to have cardiac disease as a sequel, or that will cause increased cardiac action.