

studying up spinal sclerosis and giant-celled sarcomas, and clinical teachers have no room in their wards for such common every day diseases as dyspepsia. Many a young doctor could handle a case of endocarditis without hesitation who would be completely non-plussed by the appearance of a bad case of dyspepsia. What wonder then that in his dilemma he turns to the manufacturing pharmacist. Of course from the latter's point of view it might seem very hard that any one should do any digesting for himself when beautiful shiny scales or powder of pepsin can be procured for five dollars an ounce, and it is his business to sell his products by any fair means in his power. No better ally could he have than the young doctor who does not understand dyspepsia. And at first sight what more reasonable method of making *dyspepsia easy* pepsia than by ordering pepsin?

But unfortunately for the chronic dyspeptic there are certain physiological laws to be observed, and one of them is that whenever a natural function is performed artificially nature will cease to do it herself. Thus the wearing of spinal supports will increase lateral curvature, because the already weak muscles will become still weaker when their work is done for them. Riding in a carriage all day will cause atrophy of the muscles of the legs; eating food which does not require mastication will lead to atrophy of the teeth; and providing pepsin for the digestion of each meal will surely lead to atrophy of the stomach. Nevertheless there are times when pepsin is useful, and they are very clearly shown in a paper by Dr. Gustavus Elliott in the *N. Y. Medical Record*, the conclusions of which are as follows:—

1. Patients suffering temporarily from the ingestion of an excessive amount of nitrogenized food may obtain relief by taking pepsin, but it is very much more important that they should be warned of the evil consequences which will result from the repetition of such over-indulgence.

2. When annoying symptoms are the result of imperfect digestion of nitrogenized food, which has been taken in moderate amount, and when this is due to a deficiency in the quantity or quality of the gastric juice, it is more important to endeavor to increase the secretion of the gastric juice, than to try to supplement the deficiency by the administration of an artificial pepsin.

3. In acute or chronic indigestion, or dyspepsia, pepsin is sometimes of great value for the immediate and transient relief of distressing or debilitating symptoms, while other measures are being employed to restore the digestion to its normal activity.

4. During the course of, and during convalescence from, certain acute diseases, as well as in some chronic diseases, characterized by transient weakness of the digestion and defective assimilation, pepsin is of considerable value in assisting to increase the assimilation of food.

5. When used for the cure of chronic indigestion and dyspepsia, pepsin is a snare and a delusion, giving a transient feeling of comfort, without increasing the digestive power of the stomach.

We commend these remarks to the thoughtful consideration of our readers.

EDUCATION OF THE SENSE OF SMELL.

In these days when so much progress is being made all along the line in the art of making certain diagnoses, one cannot afford to despise any of the senses which may detect something that will increase our exact knowledge of the condition present.

A correspondent, signing himself "Schneider," in the *New York Medical Record*, October 18, very properly calls attention to the value of the sense of smell to the practising physician, and he thinks that more attention should be paid to the cultivation of this sense. Visual objects, he remarks, can be accurately described and recorded so as to be again recognized, but smells can only be vaguely described or compared with some other universally known odor. He