

this to you? Every physician of experience has patients of this character. They will come with some complaint of a simple nature. The physician, after a careful examination, finds nothing requiring active medication, tells them go to bed, or something of that nature, and sends them away. Nine times out of ten such patients are dissatisfied and they go to some less honest physician who doses them thoroughly and bleeds their pocket books as well.

A few years ago I rode eight miles to see a young man who had cut his foot with an axe. He had bled profusely, even to fainting. When I arrived, the wound was nicely bandaged and the bleeding arrested. I could see no use of removing the dressings. I told the friends to "let well enough alone," and what to do if necessary. The boy made a good recovery without any further attention; but to this day they blame me for not "doing something" for the cut foot. I related this circumstance to one of your physicians. "Ah, yes," said he, "you made a big mistake, that is if the patient was able to pay. You should have torn off the bandages, let the blood spirt again, cut down and tied the artery, made a great splurge and a fuss, charged them fifty or seventy-five dollars, and then they would have looked upon you with veneration, and said you was a great surgeon and understood your business."

In our dealings with disease we must be eclectic in the fullest sense. The domain of therapeutics is not confined to any system or pathy. While we denounce exclusive systems we must admit that there is some truth in all so-called schools of practice. It is our duty

to select the truth and adopt it wherever and whenever we find it.

The regular physician is not confined to any exclusive system. He can use what little truth there is in homeopathy, hydropathy, thermobathy, mesmerism, electricity, or employ imagination alone, and yet consistently hold his position as an intelligent, educated regular physician. We have the example of Sir Astley Cooper, of whom it is related that he cured a patient by simply putting the bulb of a thermometer under his tongue once or twice a week.—*Exchange.*

ANTI-SEPTICS AND DISINFECTANTS.

We are till now without any reliable disinfectant, in the sense of being at the same time an anti-septic. The public generally confounds disinfectants, that is to say, compounds capable of destroying bad smells, with substances efficacious to destroy morbid germs. In contagious maladies how frequently has chloride of lime been employed; it destroys, a little, some odors, but more especially marks them by its own—still its action on the germs of contagion is nil. Carbolic acid should be employed in preference, but even this is not efficacious as an anti-putrescent unless diffused in such quantities in an atmosphere as to render respiration impossible, being dangerous. And following Sternbery's experiments, it is not certain if carbolic acid can kill all species of disease germs. Ozone and other oxidants are excellent, but their value depends on their being employed in high doses; and if so employed, they grip the throat and irritate the tissues. Mr. Peyrusson claims to have discovered a product, certain at once as a disinfectant and an anti-septic, while