

entertained correct ideas respecting heat and the nature of disease. Long before these were known, the thermometer was perfect and ready for the making of correct observations. The story is interesting as illustrating the co-operation of astronomers and many other scientific men, including physicians, in the working out of the problem.

ICHTHYOL IN ERYSIPELAS.—Dr. Klein, (Berlin, Kln Wochensch, Sept. 20th, 1891,) records the results that have followed his treatment of erysipelas with ichthyol, a remedy to which he ascribes an almost specific action. Excluding very slight attacks and also cases where erysipelas was complicated by other organic disease, he finds that the average duration of an attack where ichthyol is used only amounts to six days; indeed the average is only three days after the actual application of ichthyol has been begun. A marked action in lowering the temperature was also several times observed, so much so that the treatment is apt to be discontinued in the belief that the case is cured. It is, however, desirable to persevere through the period of convalescence. The best mode of using ichthyol is to compound our ointment of vaseline and ichthyol in equal quantities, (the ammonium sulpho-ichthyolium is the best salt,) a somewhat weaker ointment, (ichthyol, lanolin and water, equal parts,) being used when a large cutaneous area is under treatment. The ointment should be rubbed into, and applied to, the skin until the latter assumes a uniform dark brown colour, the application being renewed two or three times a day. Ichthyol without doubt, in Klein's opinion, has a powerful action in retarding the growth of the streptococcus erysipelatosus and shortens the average length of an attack of erysipelas by one-half. —*From British Medical Journal.*

SCHMIEDEN has found durretin useless in the dropsy of cirrhosis of the liver, and in tubercular peritonitis. In valvular heart-disease and in arteriosclerosis it proved itself a very useful diuretic, increasing not only the water, but also the solids of the urine. It may possibly cause vomiting. In two cases of nephritis, haematuria occurred. In a not inconsiderable number of cases, there was observed increased frequency of the pulse, with a tendency to irregularity; this should cause a discontinuance of the drug.—*Centrbl. f. Med. Wissenschaft, 1891.*

THE GRATUITOUS ATTENDANCE OF THE POOR, says the *North American Practitioner*, is one of the pre-requisites of the medical profession. No parallel to this can be found in law or theology. When a medical man does a service to a poor patient, he receives a double compensation in the gratitude of the patient and in the benevolent impulse which inspires his own mind. This is not the case when large numbers of sufferers are collected in hospitals and dispensaries. The personal element is gone. The occasion and need for benevolence is unattended by the possibility of the same return. The patient and physician are strangers and their relations are momentary. The service, on the one hand, is secured without gratitude, and on the other hand is rendered without benevolence. The custom of rendering medical services in private and public hospitals without compensation, depends on the semi-ecclesiastical origin of the modern physician. Its equity depends on two conditions, which are frequently not formulative, and are not generally understood. The attending physician, in a free or private hospital, is a delegate from the medical profession, and he should hold his position as a trust. The medical service in these hospitals is rendered with the tacit understanding that the clinical material shall be used in the freest possible manner for the advancement of medical education. Whenever any deviation from this ideal condition prevails, and the hospitals deny the freest use of their wards for the purposes of teaching, or whenever the attending staff is not a representative staff and fails to utilize, through incapacity or other disability, the material of the hospital for the advancement of medical science, the patients are the first to suffer. In the former instances they are treated in a hasty, perfunctory manner, in the latter the attending staff soon becomes a nest of wily, selfish, quackish men.—*St. Louis Medical and Surgical Journal.*

THE following happened to a prominent doctor in the West End the other day. A somewhat ignorant, though wealthy, patient, who was behind in settling an account of some considerable outstanding, whilst paying a visit to the doctor, asked him what the letters M. D. meant after his name.

"Oh" replied the medical man, "they stand for 'Money Down!'"

The next morning he got a cheque in settlement of the account.—*Tit Bits, July, 1891.*