

Lady Pharmacists in Russia.

After Hungary, Russia. The present Tsarina is a strong partisan of higher education for women, and it is said that in consequence of her expressed wish the question of the admission of woman students to the examinations of pharmacy at the University of Jurjev (Dorpat) has been brought before the council of that organization. This is not the first time that the question has been discussed by that body, for some years ago a proposal in favor of throwing the profession of pharmacy open to women was rejected by the council, mainly at the instance of the professor of pharmacy, Dragendorff, who declared that his faculty was over-filled already. The present professor of pharmacy, Kondakov, is strongly against the admission of women, but several members of the council spoke in the opposite sense. It is now stated that Professor Kondakov is about to vacate his post, whether in consequence of the woman question, or because he had had rather the worst of it in a bitter scientific war which he has waged with Professor Tichomirov, of Moscow, is not known.

Commercial Travellers in Russia.

The London Chamber of Commerce has called the attention of this department to the following telegram which appeared in the English press: "In future, foreign commercial travellers will only be permitted to engage in trade in Russia when provided with an authorization by their respective firms, in order that the latter may come under the provisions of the Russian civil law. Commercial travellers are also to pay a special tax." Her Majesty's Minister at St. Petersburg, having been requested to make inquiries on the subject, now reports that new regulations on commercial travellers are contemplated in Russia, and that they will probably be such as were described in the press telegram above mentioned; but they will not come into operation before May or June next. Certificates issued to commercial travellers by chambers of commerce in the United Kingdom will continue to be accepted, and endeavours will be made by the Russian authorities to assimilate the form of certificate to that now used by the London Chamber of Commerce.—*Board of Trade Journal*.

Brains in the Finger Ends.

The blind, as we all know, have the sense of touch most singularly sensitive. A writer in a medical contemporary now cites the case of a post-mortem examination of a blind man which revealed the fact that in the nerves at the ends of the fingers well-defined cells of gray matter had formed, identical in substance and in cell formation with the grey matter of the brain.—*Science Siftings*

Medico-Pharmaceutical Code of Ethics.

The value of a specific code of ethics, founded upon broad principles, is attested by the experience of all nations and professions. "To do right," it may be said, comprehends everything in ethical conduct, but in what does "doing right" specifically consist, as applied to the relations of the individual to his profession, or of one allied profession to another? The New Jersey Pharmaceutical Association has endeavored to answer this question by the formulation of certain propositions which are to be submitted to the state medical society as a basis for agreement. These rules are, for the most part, terse, moderate in tone, and just. Both because of their intrinsic interest, and that they may serve as suggestions for similar action in other states, we present them in full:

PROPOSITIONS.

- (1) Ethical principles or standards of right conduct exist irrespective of their formulation or codification.
- (2) Ethical rules are calculated to elevate standards of moral conduct and to foster a spirit of harmony between professional men.
- (3) A code of ethics is designated, not only for the restraint of those who are actuated by unworthy motives, but for the guidance of those, also, who seek to be governed in their actions by high and true principles.

THE DUTIES OF THE PHYSICIAN TO THE PHARMACIST.

- (1) The physician has no moral right to discriminate in favor of one pharmacist to the detriment of another, except for dishonesty, incompetency, or unscientific methods of work.
- (2) The physician is never justified in receiving from a pharmacist gratuities in return for patronage, in depositing secret formulas with an individual pharmacist, or in jeopardizing, by word or deed, his professional reputation.
- (3) The physician may sometimes find it an advantage to the patient to dispense the medicine, yet, in the main, it must be regarded as a subterfuge and a hindrance to all interests involved. The physician should, if practicable, avail himself of the superior technical skill of a trained pharmacist in the preparation and dispensing of medicines.

THE DUTIES OF THE PHARMACIST TO THE PHYSICIAN.

- (4) The pharmacist who recommends drugs or medicines, for specific remedial purposes, either directly or through the avenues of advertisement, thereby exceeds the limits of his profession, and commits an act unworthy of his calling.
- (5) The pharmacist who consents to diagnose disease or prescribe for patients, except where emergencies arise, without a proper medical training, assumes responsibilities for which he is not quali-

fied, and justly incurs the disapproval of physicians.

(6) The pharmacist transgresses his true province when, for commercial purposes, he issues to physicians printed matter setting forth the therapeutic indications for the use of drugs or medicinal preparations. The constituents of a drug or compound, together with its chemical and physical properties, should be a sufficient guarantee of its utility.

DUTIES OF THE PHYSICIAN AND THE PHARMACIST TO THE PUBLIC.

(7) The combined efforts of the physician and the pharmacist are required to protect the public from the nostrum maker, the pseudo-scientific pharmacist, the sectarian physician, and the drug vendor; and the two should be in continual alliance to demand the extermination of these commercial and mercenary institutions.

(8) The physician and the pharmacist should, as far as possible, limit the multiplication of manufactured proprietary compounds. It must be regarded as reprehensible to encourage the use of these remedies to the exclusion of those which are official in the pharmacopœias. It is also their plain duty to discourage the use and sale of all medicines which lead to baneful drug habits.

(9) The best interests of the patient are undoubtedly conserved by the custom of physicians to practice rational therapeutics, to the exclusion of those methods which tend to the use of many remedies, or those of unknown composition, and the supreme effort of the dispensing pharmacist should be to complete the circle of therapeutics by supplying the demands of experimental and clinical teaching with eligible and trustworthy preparations.

The above rules cover pretty nearly all questions affecting the welfare of the pharmacist and druggist.—*Western Druggist*.

Peppermint Oil as an Antiseptic.

A native doctor, in the *Indian Medical Reporter*, recommends peppermint oil as an antiseptic. He says its utility is beyond question. He has tried it in every kind of open ulcer, and it has proved most efficacious. He has a liking for oil of cinnamon for the same purpose. Either that or peppermint oil has many advantages, he avers, which should ensure them a trial, and help to dispose of the presence of carbolic acid and iodoform, both of them somewhat evil-smelling articles. As far as odor is concerned, there can be no question as to the pleasant nature of the change.

The new gas, argon, appears from the latest researches to be present in atmospheric air to the extent of 0.935 on 100 volumes of air, or nearly 1 per cent. Its properties are exceedingly similar to those of nitrogen.