

Optical Department.

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Correspondents should note that for an intelligent answer to be given to their inquiries, it is necessary in every case to give the following information relative to their patient: (1) Sex, (2) age, (3) occupation, (4) near point of distinct vision for small type with each eye alone, (5) how their eyes trouble them, *i.e.*, their asthenopic symptoms, (6) vision of each eye at twenty feet alone without glasses, (7) best vision obtainable with glasses, naming correction.

Example.—J. S., male; age 18; book-keeper; can read small type to within five inches of each eye; complains of much headache through the day and evening; eyes feel sore and water a good deal, look red and inflamed, etc., etc.

R.E.V. $\frac{20}{20}$ with + 1.50 = $\frac{20}{20}$
L.E.V. $\frac{20}{20}$ with + 1.50 = $\frac{20}{20}$

The above example is taken to illustrate about how we desire inquiries to be made.

H.H.W.: In case of cataract which has been removed in one eye where $\frac{20}{10}$ and No. 4 Jaeger can be secured by proper correction, what can be done while the other eye is not ripe enough to operate on and yet sees too much to allow the other eye to work with it?

Answer.—In these cases where the unoperated eye is too far advanced to be of use, and good results as above can be obtained in the operated eye, it is best to fit the operated eye and close off the vision of the unoperated eye by means of a translucent glass.

A.D.M.: Aged 19, young lady.

R.V. $\frac{20}{20}$ with - 2.00 sph. = $\frac{20}{20}$
L.V. $\frac{20}{20}$ with - 2.00 sph. = $\frac{20}{20}$

Astigmatic test indicates ast., but cyls. improve very little. She has never worn glasses. What line will I pursue?

Answer.—I would advise giving the weakest concave glass with which she sees best at the distant test, and let her wear them for six months and test again, adding the proper cylinders if they improve vision. The retina in the meantime will have become more acute and able to interpret images better.

F.E.T.: A little girl, aged 14, has convergent squint, but a plus glass blurs in the best eye, while a minus glass improves by one line at Snellen's distant test type—but as I was taught that convergent squint was nearly always due to hypermetropia, I hesitate to give the concave glasses indicated.

Answer.—I would also hesitate before thoroughly paralyzing the Acc. with atropine so as to make sure that there was no spasm of Acc. In those cases when so young the case is better placed in the

hands of an oculist, because the muscle may either require rhythmic exercises or tenotomy.

Prescriber v. Dispenser.

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ment will bear no more qualification than my previous assertion that the physician is the proper person to prescribe. And yet there are circumstances in which physicians may dispense medicine with advantage to themselves and their patients. Common sense again puts in a plea and prevents a too rigid application of the rule. We cannot raise any valid objection to a physician having in his office or in his residence a few remedies for emergencies. Other cases will suggest themselves to the minds of those present where physicians may advantageously dispense remedies for temporary use. But these exceptions to the general rule do not constitute an argument for the abrogation of the rule itself.

The drift of the times in all professions and businesses is towards specialism. Particularly is this the case in the practice of medicine, in which we have almost every organ of the body a subject of special study, and every class of diseases treated by specialists. If the study of medicine is so large, so vast, so difficult, so comprehensive, that no man can accomplish it at all, why should the physician seek to add to his already overburdened curriculum a knowledge of pharmacy?

The sciences upon which pharmacy is dependent are advancing with strides no less marked than those of medicine. Pharmaceutical manipulations and processes are continually being improved, and these improvements are largely dependent on a better knowledge of organic chemistry and of the constitution of drugs. Busy pharmacists even find it difficult to keep pace with the times both in these branches of knowledge and in improved methods of administration; how, then, shall a physician, already overburdened with his practice, keep himself up in these studies?

Strictly speaking, then, physicians are the only ones who should prescribe. Any deviation from this rule, such as I have hinted at, would only apply to trivial, common, every day experiences, and the pharmacist should always use his influence as far as he can, not only to avoid prescribing himself, but to dissuade his customers from doing the same. He should seek to check the pernicious habit many persons have of repeating their own prescriptions ad infinitum, and particularly of allowing these same prescriptions to be repeated for the benefit of other people, "friends of the family," and so on. A great injury is often done to physicians by this practice, and it must be admitted that where the medicine is not of a dangerous character, such as preparations of cocaine, morphine, chloral, etc., druggists are not so careful to prevent repetition as they ought to be in justice to the doctors. Only by a more friendly relation between them can this habit be checked.

Formulary.

CORYZA.

The Practitioner recommends the following in the treatment of coryza; it is to be sprayed into the nose:

	Parts.
Ichthyol	1
Ether	1
Alcohol	1
Distilled water	97

POWDER FOR CORYZA.

R. Subnitrate of bismuth ..	1 drachm.
Powdered camphor	6 grains.
Finely powdered boric acid ..	3 "
Hydrochlorate of morphine ..	$\frac{1}{2}$ "
Hydrochlorate of cocaine ..	$\frac{1}{4}$ "
Powdered benzoin	15 "

This to be snuffed up the nose.—*Journal des Praticiens.*

HEADACHE POWDERS.

Sparteine sulphate ..	0.02 gm. ($\frac{1}{2}$ gr.)
Caffeine	0.1 " ($\frac{1}{2}$ ")
Antipyrin	0.5 " ($7\frac{1}{2}$ ")

Taken at intervals of two hours until four have been taken, even though the pain has disappeared.—*Aritzman, Presse Medicale.*

SALICYLIC ACID COLLODIUM.

Salicylic acid	16 grains.
Spirit of ether, U.S.P.	$\frac{1}{2}$ drachm.
Collodion, a sufficient quantity to make	1 fl. ounce.

Dissolve the salicylic acid in the spirit, and add the solution to the collodion.

BUTTER OF PHOSPHORUS.

This is suggested as a substitute for cod liver oil in hot weather:

Fresh butter	17 $\frac{1}{2}$ ounces.
Pot. iodide	4 grs.
Pot. bromid.	15 "
Sodium chloride	2 drachms.
Phosphorus	$\frac{1}{2}$ "

About one-third of an ounce is advised as the dose, spread on bread.—*Mag. Pharmacy.*

CONDURANGO WINE.

The following formula makes a palatable and efficient wine, according to a foreign authority:

	Parts.
Sherry	2,500
Condurango bark	750
Peel of young oranges	25
Cinnamon	25
Gentian root	15
Hydrochloric acid	15

Mix and macerate for eight days; strain, press off, and add 600 parts of simple syrup, after which filter.

NON-GRITTY SOLUBLE TOOTH PASTE.

Thymol	0.25.
Extracti Ratanhiæ, solve in	1.0
Glycerini fervidi adde.	6.0
Magnesie ustæ	0.5
Natrii baboracici	4.0
Saponis medicati, aa.	30.0
Olei menthæ piperitæ	1.0

M. To be used after dinner and at night.

—*Pharm. Centralh.*