

prevent the irritating dust from rising.

33. Remember that carbolic acid is combustible.

34. Remember that the National Formulary is the authority for non-official preparations.

35. Remember that iodine and iodides precipitate the alkaloids.

36. Remember that scaly iron salts dissolve more readily by adding the scales gradually to the menstruum than by triturating in a mortar.

37. Remember that it is never safe to manufacture a preparation from memory. Always have the formula before you.

38. Remember that acetate of lead loses some of its acetic acid when exposed to the air.

39. Remember that cocaine and borax form an insoluble borate of cocaine, while boric acid and cocaine do not.

40. Remember that black lead is not plumbum, but a form of carbon.

41. Remember that eulyptol is a proprietary preparation and differs from eucalyptol.

42. Remember that the metric system has been adopted for the seventh decennial revision of the U. S. P., and it is time to learn the principles of the system.

43. Remember that five parts of phenol with ninety-five parts of water or five parts of water with ninety-five parts of phenol, forms clear mixtures.

44. Remember that the American Pharmaceutical Association meets at Old Point Comfort, Virginia, September 8, 1891, and that every druggist here should attend.

45. Remember that learning the answers to a set of examination questions does not prepare you for an examination.

46. Remember that Bastin's New College Botany and the fourth edition of Maisch's Organic Materia Medica, are two books which should be possessed by every pharmacy student.

47. Remember there will be plenty left to learn, even if a clerk studies several text books before he enters a college of pharmacy.

48. Remember that your certificate of registration should be prominently displayed.

49. Remember that many cabinet specimens of drugs and chemicals are easily ruined by rough handling.

50. Remember and eat at regular hours and take the usual amount of time for meals that other business men enjoy. Few things make a person ill-natured quicker and renders him more unsuitable for business than irregular habits about eating. I think that much of the proverbial crabbedness of druggists is due to their habits of eating behind the prescription case where they are frequently interrupted by customers.—*Kansas Med. Jour.*

## LOCAL TREATMENT OF THE THROAT IN DIPHTHERIA.

The cruel and useless practice of swabbing out the throat with caustic applications in diphtheria of the fauces has, I think, died out; but this method of applying astringents, such as perchloride of iron, or antiseptics and solvents, still survives. The diphtheria wards in the Hospital for Sick Children afford exceptional opportunities for observing the effects of various methods of local treatment; and, from long observation, I have no hesitation in condemning as injurious to the system of brushing out. And this for several reasons. In the first place, on account of the distress it causes to the patient. In the case of a young child it involves a severe struggle; sometimes the help of two or three persons is required to overcome the fierce resistance, and to open the mouth and reach the fauces. It causes terror, excitement, heart strain and physical exhaustion—conditions most inimical in a disease tending to death by asthenia—and the distressing process has to be repeated frequently if it is to be effectual. Moreover, apart from this matter of the wear and tear involved, the rough treatment of the fauces probably does harm by causing abrasions of the surface, and thus favoring absorption of the local poison. We know how readily fresh raw surfaces of all kinds take up poisons which come in contact with them. Witness, for example, the communication of scarlet fever in surgical operations, the absorption of morphine from a blistered surface. If the diphtherial poison is rendered more available for circulation by the application of solvents, the infective absorption is liable to be still greater. The most rapidly fatal case of diphtheria from profound general systematic poisoning I ever have seen was one in which the throat was cleared of membrane by brushing out with papain.

I am sure that not only are the patients saved great distress, and doctors and nurses much trouble and anxiety, by the abandonment of the brushing-out process, but the results generally have been more satisfactory. Insufflation with iodoform or sulphur, or spraying with boric acid or corrosive sublimate solutions, are far more easy of application and more effectual in antiseptic action.

There are other errors in treatment of which I should like to say something, such as oppressive poulticing of the chest in pneumonia, obstructive to respiratory movement, and tending to increase the body heat; the administration of emetics in diphtheritic croup, which is utterly ineffectual except to depress and exhaust the patient; their frequent repetition in bronchitis and whooping cough when there is no extreme mucous obstruction of the air passage to justify it; the too free purging of rickety children suffering from laryngismus and convulsions, under