

fect; delay may be dangerous, yet unavoidable, particularly in the night; to disclose the nature of the remedy by sending for it by name, or hazarding its interpretation by the family from the prescription, may seriously interfere with anticipated results. The pharmacist dislikes to put up on a prescription more medicine than it is evident is needed, simply because it is cheap; it calls for explanations and creates objections, yet if the quantity be very small and of a very common and cheap drug, he hesitates to make a proper charge for his time, extra labor, etc., in the matter, lest the patient have read the prescription and severely criticize his action. In the night, such calls upon the pharmacist are all the more unsatisfactory.

A consultation of their patrons' and their own interests by the physician and the pharmacist clearly indicates the mutual advantage in a certain amount of dispensing by the physician; and the lessened number of prescriptions will create a more than equivalent satisfaction and readiness to purchase the necessary prescriptions.

Those prescriptions the physician should take pains to write legibly in the interest of the patient, the pharmacist, and himself.

It is to be hoped that by means of proper consideration and concessions, the physician and the pharmacist will be brought into closer touch with each other, more dependent upon each other, with a still higher regard each for the other; that the physician will more fully realize that he may look to the pharmacist for valued aid and assistance; that the latter is qualifying himself to relieve the physician of various chemical analyses, to make various microscopical examinations for him, and to prove his efficiency and interest as a co-worker in the cause of suffering humanity. The pharmacist should likewise realize that the physician is his natural and true friend, and approached in such spirit will enthusiastically co-operate with him in the advance-

ment of pharmacy and pharmaceutical interests.—*Brook'lyn Medical Journal.*

THE INFECTIOUS DURATION IN SCARLET-FEVER.

James T. Neech, in *British Medical Journal*, September 25, says. It is doubtful whether a minimum period of retention in hospital of less than eight weeks is sufficient, as he thinks it safer to increase and maintain the average, rather by extending the minimum than by prolonging the maximum period of isolation.

From returns received he finds that several authorities consider thirteen weeks of isolation sufficient, even in cases where complications supervene, and irrespective of the healing of discharging surfaces. He inclines to agree with this, and thinks that a minimum of eight and a maximum of thirteen weeks may be considered safe until the contrary be shown by the result of accurate records based upon careful observation, or they be proved to be incorrect or inadequate by exact bacteriological methods.

PECULIARITIES OF WOMEN.

Women pin from left to right, men from right to left. Women button from right to left, men from left to right. Women stir from left to right (their tea, for instance), men from right to left. Women seldom know the difference between a right and a left shoe, and if a housemaid brings up a man's boots, she will, nine times out of ten place them so that the points will diverge. *London Truth* inquires whether these peculiarities can be explained?

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