

aloes is purgative, that of ipecac nauseant. It is only begging the question to say that because at one stage of its sedative action alcohol excites, therefore its general action is that of a stimulant. The same is true of any other narcotic. We might as fairly say that because alcohol sometimes causes vomiting therefore one of its actions is emetic. I believe that the action of alcohol is sedative because (1) even in very small doses it frequently relieves pain. (2) It is very generally prescribed to alleviate pain or (3) to procure sleep for which purpose the word night-cap has passed into a very commonly used expression.

The discussion of the relation between sedatives and stimulants might do many of us good apart altogether from the alcohol question. But we need not call names or attribute motives to those who differ from us.

H. ARNOTT.

London, Ont.

PRESCRIBING AND VISITING DRUGGISTS IN JAMAICA.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—With infinite pleasure have I read in our local journals that steps are being taken to bring those persons in Jamaica, practising veterinary surgery without a license, within the pale of the law. This is perfectly commendable. Why, then, should not medical practitioners be protected from the onslaught of druggists, many of whom practise, aye, visit as medical practitioners in this island, because of the non-enforcement of the statute bearing upon this subject.

I have known instances where a druggist has driven a distance of miles in order to see a sick person and been compensated in the sum of one guinea.

A couple of months ago I was called some miles from my house, the case being that of a boy who had fallen from a cocoa-

nut tree. On my arrival I found that I had been preceded by a druggist from a village not far away who had actually passed a catheter into my patient in his endeavour to draw off his urine, the patient having suffered from anuria caused by paralysis of the spine in his fall.

There is a clergyman who practises a few miles from here, and again in this very town are two druggists who thus encroach upon the prerogative of the profession.

Would it be possible to bring about intercolonial legislation in order to meet this state of things and thus afford protection to a graduate of Canada.

I am, Sir,

Yours, very truly,

GERALD J. STUART TAIT,

L.R.C.P. & S., Kingston, Ont., Licentiate of Jamaica
Medical Council.

THE DISCUSSION ON DR. FER- GUSON'S PAPER AT MEETING OF CANADIAN MEDICAL ASSOCIATION.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—Kindly permit me to make more clear my remarks in discussion on Dr. Ferguson's paper, "A Recent Successful Case of Cholecystotomy," which was read at meeting of Canadian Medical Association in London—a report of which was given in the November number of your journal.

In second operation on Dr. Ferguson's patient, I operated for Dr. Ferguson. Gall-bladder was found to contain a large quantity of jelly-like, inspissated bile or mucus, besides mucous cast of duct described in the paper, found in the neck of gall-bladder near orifice of duct. No gall-stones were found either in gall-bladder or ducts.

I considered that the severe paroxysms of pain from which patient suffered, were caused by spasmodic efforts of gall-bladder trying to force thickened secretion through a duct partially obstructed by