

paper, and a right to the personal use of the formula, for once, as the doctor would not be responsible for the use of it a second time without his authority *de novo*. A second use would be at the patient's risk and responsibility entirely, unless the druggist might come in for a share of the blame. No prescription, when dated, implies illimitability of time, and the physician's liability terminates with the occasion for which he originated it. The apothecary, or druggist, on the other hand, receives the prescription as a letter of advice or private instructions for compounding certain drugs under specific conditions relating to *time* and *persons*. As the patient cannot acquire a right of property in the literary production, it is clear that the druggist cannot acquire any property right in the prescription either at least no better right in the premises that belonged to the patient, and although he may run the risk on his own responsibility of recompounding it for the original patient, yet it is a good law that he cannot legally recompound it for a third party without obtaining the permission of the author. If a prescription, however, has no name or signature to it, it is regarded as an anonymous composition which anyone might appropriate, as there is no evidence of ownership. Physicians everywhere are interested in coming to a general understanding upon this matter, and to understand they then dare to maintain their rights. The jurisprudence taught in the colleges does not put this matter plain enough, and the greater bulk leave the college halls with very crude notions upon this and other questions affecting the legal status of physicians in the matter of fees, etc. Judges and advocates often take undue advantage of the fraternity because they are not at home in jurisprudence of medicine.

In passing pharmacy laws in the various provinces the medical men should be on the lookout for their own rights and not be found *napping*. Medical laws also might define the character and rights of the author of a prescription, and that the unauthorized use or publication of the same would be punished by fine and imprisonment. Druggists, I fancy, are the greatest offenders, and I will say the greatest promoters of quackery in the country—there are honourable exceptions, but the prescribing druggist is a quack from the word "go."

Original Communications.

CASE OF GUNSHOT WOUND.*

BY HADLEY WILLIAMS, M.D.,

Demonstrator of Anatomy, Western University.

Detective Harry Phair was shot on the 13th day of October, 1892, in the city of London, Ont., from the effects of which he died six days later. This case is somewhat remarkable for the length of time life lasted with such severe injuries to internal organs. There was considerable shock at the time, but the patient rallied a few hours after and his mind remained clear up to the evening previous to death. He was sixty-three years of age, and had been strictly temperate for the last seven years, but addicted to stimulants before that time.

Almost immediately after the injury I found Mr. Phair reclining on a sofa, feeling very faint, but able to talk a little. On examination of chest wall an aperture was visible at the anterior margin of the left-front axillary line, slightly above the seventh rib. There was some little hæmorrhage and a few bubbles of air.

He was removed to his residence, on a stretcher, two blocks away, and put to bed. Hot bottles were ordered to extremities and half an ounce of brandy given.

On passing a blunt pointed probe down to the eighth rib about two hours later, spiculæ of bone were felt, and in consultation with Drs. Waugh, Wishart and Mitchell, it was decided to cut down and remove portions of the rib, and, at the same time, to give free drainage and clear all source of infection, as shreds of cloth, etc., that were probably carried into the tissues. Chloroform was administered, and an incision made three inches in length through the thick muscles down to the eighth rib, which was found to be completely fractured and comminuted. The spiculæ piercing the pleura were carefully removed. In the visceral layer an aperture the size of an ordinary lead pencil was visible. No bullet being felt, the upper part of the wound was closed and dressed under antiseptic precautions.

At 10 o'clock the same evening vomiting came on. The temperature rose to 99.5, the pulse to 96.

* Read before London Medical Association.