dying suddenly whilst under treatment, what evi dence has the medical man to show that the death was due to such treatment. If, for example, by carelessness on the part of the druggist's copying clerk one *drachm* of liq. strychniæ as prescribed appears in his book as one *ounce* as dispensed, and the original prescription has been lost or mislaid, a physicians reputation may be ruined, and his practice destroyed, simply for lack of that evi dence which should never have left the custody of the druggist.

Our readers will readily see how in many other ways such a law is a constant danger to our profession and the public generally, and we trust that the Pharmacists' Council will lose no time in arranging to have this clause repealed at the next meeting of our Legislature.

Dr. McGuigan having returned to Vancouver, all communications, papers, etc., should after this issue be directed to him.

It is most gratifying to have our New Year open with such a generous response to the request for original communications in our last issue. We trust that the example set by Doctors Hasell, Richardson and Watson, will be followed by all the medical practitioners in this province, and that from this time forward our columns will be filled with papers as interesting as the present ones

We are especially glad that the initial papers are from practitioners who have many demands upon their time outside their regular practice. The author of the first paper, besides his coronership duties, has a vast amount of clerical work in attending to the transactions of the Branch of the British Medical Society, the founding of which is largely due to his efforts.

The duties of house surgeon of the Victoria Jubilee Hospital are multifarious and almost incessant, which makes us more fully appreciate the *esprit de corps*, the result of which appears in Dr. Richardson's report of an unusual cause of death. The promise of further papers from the same pen is a cause of congratulation, and distant readers will possibly be surprised at learning that we have as good hospitals and as good hospital work in this province as in any other part of Canada.

Dr. Watson's communication proves what we implied in our last issue, that even a busy country practitioner in British Columbia finds time to keep notes of interesting cases, and is ready to have them criticised by his brethren.

To all our readers we wish a "Happy New Year," and to our confreres especially we say with all our heart, "Let brotherly love continue."

PHLEBITIS FOLLOWING APPENDICITIS AND PLEURO-PNEUMONIA.

To the Associate Editor for British Columbia.

SIR, The following case of phlebitis following appendicitis and pleuro-pneumonia, may possibly prove of interest to some of your readers:

C. D., aged 19, a pale, anæmic lad, was taken ill suddenly one evening with acute pain in the inguinal region. He vomited, and had a rigour. I found him in bed, with a temperature of 100° F., and pulse of 108, wiry and incompressible; he was in great pain, and was lying on his back with his knees drawn up. The abdomen was rigid and tender, the most tender spot being over a point midway between the anterior superior spine and the umbilicus on the right side. I gave him ¼ gr. of morphine by the mouth, and ordered hot stupes to be applied over the lower part of the belly. The next morning the pain was gone, but there was still tenderness over the same spot. He had had another ¼ gr. of morphine during the night, but had not vomited again, and the temperature was 99° F. In the afternoon of the same day the temperature had fallen to normal, there was still tenderness on deep pressure; there had never been any dulness in the flank. I elicited from the mother that the boy had had a very full dinner the night of the seizure, and had been troubled with constipation for a couple of days previously, for which he had taken a dose of Gregory powder. There was a history of a similar attack three years previously.

The symptoms gradually subsided, and the tenderness disappeared entirely, and the bowels were opened naturally two days after the first attack of pain. The boy was kept in bed for ten days, at the end of which time he was allowed up, and the next day was allowed out for about half an