

essional idea seem somewhat of a sentimental one? Let the Pharmacists of the present take such measures that the Pharmacist of the future must necessarily be an intelligent, well-educated man, and, though he may not see the calling recognized as a profession, the first essential step will have been taken towards it. Meanwhile, by all and every means let Pharmacists encourage that friendly feeling and mutual respect between themselves and the Practitioners of Medicine their interests are closely connected. Let them enact such by-laws as will give their executives control over the habitually prescribing Chemist, who, under the guise of a Pharmacist, performs both medical and surgical work, and thus remove one important, though we must, in justice, add, comparatively rare cause of friction. But the world of to-day is apt to judge the ninety-and-nine just men by the sins of the hundredth, who casts his unclean shadow on his deserving brethren.

MISCELLANEOUS

ADENOIDS AS THE CAUSE OF DEAF-MUTISM.

Sendziak, of Warsaw (*Journal of Laryngology*), has an interesting article upon this subject. He quotes from many authors, besides giving his own experience. The number of deaf mutes affected by adenoids, reported by these observers, runs from fifty-eight to seventy-four per cent. of the total number affected. Wilhelm Meyer, the discoverer of nasopharyngeal adenoids, gives the rate at 74.8 per cent.

In striking contrast to this condition is the comparative immunity of healthy children from adenoid enlargement. Meyer himself says that only one per cent. of otherwise perfectly healthy children have adenoids, while other reliable authorities gradually ascend the scale, the highest being only thirteen per cent. The immense difference between the two conditions cannot be merely a coincidence.

The cause of the deafness in most cases is the closure of the eustachian tube, produced by the pressure of the adenoid growth, the result being absorption of the air within the middle ear, and the consequent collapse of the drum membrane upon the ossicles. In other instances, the results of the obstruction are directly inflammatory, commencing in the eustachian tube and extending to the middle ear.

In regard to treatment, as many cases have been recorded where ablation of the adenoids has cured the deafness, and been followed by the acquirement of speech, the importance of radical treatment in all cases is insisted upon. The method of operation must be decided by the operator himself. Sendziak uses Jurasz forceps; Gottstein cures, and the finger nail, singly or combined as required, disinfection being considered an essential factor. As a preventive measure, whenever adenoids exist to an extent sufficient to interfere with normal nasal respiration, they should be removed. Early age and delicate health are neither of them contraindications.

Goure (These de Paris, No. 175) in an article upon adenoid vegetations and their bacilli, makes the statement that "Operations for their removal should be complete, as remnants left do not atrophy."—Canadian Practitioner.

PHYSIOLOGICAL ALBUMINURIA AND THE BICYCLE.

It seems from certain observations made by Muller (*Munchener medicinische Wochenschrift*, 1896, No. 48; *Centralblatt für innere Medicin*, July 3, 1897), that in many instances the exercise of bicycling gives rise to an albuminuria that cannot be distinguished with the microscope from that of genuine kidney disease, but one that must be looked upon as physiological, since it disappears within a few days after the cessation of the exertion, leaving absolutely no signs of disease. Muller's observations were made on twelve bicyclists, eight of whom he calls trained and four untrained. Among the eight