

Canada we have to depend upon other, generally local, means, for this purpose.

From the actual battlefield to the extreme rear, or base, there is what is termed three lines of assistance.

The first line is the carrying off the wounded man by a non-com. officer and stretcher bearers to the collecting station. This collecting station is placed in the rear in as protected a spot as possible. From here the wounded are conveyed to the dressing station, which is placed about 1,200 to 2,000 yards from the fighting line. Here are one or two surgeons, and men of the Medical Staff Corps. This concludes the first line of assistance. From here they are conveyed by road or rail to the field hospital, which is located beyond the range of fire, perhaps a mile or two miles from the fighting line. Here are stationed several surgeons and men of the Medical Staff Corps; cooks and every appliance necessary for the wounded. This is the second line of assistance. From here those who, after short treatment, are able, are returned to the front, and the more serious cases are sent to the general or base hospital, where they are taken in charge by medical officers and others of the staff, and ultimately disposed of by returning some to the front and others transported home to other hospitals or otherwise, as circumstances justify. I have endeavored in this lecture to give you briefly a fairly correct history of the organization of hospitals and ambulance corps, and also how to handle the wounded on the field, and their disposal afterwards, which I trust may be of some advantage to you and instructive to the inexperienced who may have to enter upon actual field service and have the responsibility of the care of the sick and wounded.

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**PRESCRIBER VS. DISPENSER, BY JOHN F. HOWARD.**

Medicine and pharmacy are so dependent upon each other that they should go hand in hand, and should not allow minor differences to alienate them from each other. Recently a prominent medical

journal has thrown out a hint that doctors might stock their offices with ready-made prescriptions as a kind of retaliation upon druggists for prescribing. As an offset to this graduates in pharmacy, finding that they cannot obtain their share of prescription business, are taking degrees in medicine in order to practice both professions, still further crowding medicine without relieving pharmacy. It seems to me that this tendency from two opposite directions to unite the practice of medicine and pharmacy in the same individual is a retrogressive movement, and I venture to suggest that a more dispassionate view of our respective grievances is necessary if we would check the evils of which we complain.

Let us consider, then, in the first place, who should prescribe medicine? Upon this point there can be no two opinions. The physician, by his knowledge of anatomy, physiology, pathology and other branches of medical science in which he has been educated, is the only competent person to diagnose disease and to prescribe treatment. But is he the only one who does prescribe? By no means. Many people prescribe for themselves, and if they are told the same truth concerning medicine that has become proverbial as applied to law, namely, that he who is his own doctor has a fool for his patient, they are apt to become indignant and reply that they know what they are about. There is another large class of persons who take pleasure in prescribing for their friends, and these persons again cannot be made to believe that, so far as the case in hand is concerned, they do not know more than all the doctors. The evils of such prescribing as this cannot be reached by codes of ethics or by any measure of reform instituted by physicians and pharmacists.

But there is a certain amount of prescribing done in drug stores by men who lay no claim to medical instruction, and whose practice in this regard cannot be defended. Reputable pharmacists, as well as physicians, are anxious to see this irregular practice abated, as it is an infringement upon the province of physi-