

many lives and millions of dollars. If the axiom were burned into the brain of all sanitary officials, that "one cannot get cholera unless he drinks it," a pure water supply would be the quickest means of stamping out the disease.

THE CAUSE OF JAUNDICE.

In Quain's Dictionary of Medicine there is an article by Dr. Murchison on "Jaundice independent of Mechanical Obstruction of the Bile Ducts," which, according to the editor of the *American Association Journal* is already obsolete. Recent experiments have shown conclusively that apart from mechanical obstruction of the bile ducts, bile never appears in the blood; and that when the bile cannot flow through its normal channels into the intestine, it enters the lymphatics of the liver, and is conveyed by the lymph channels into the thoracic duct and thence into the blood. Experiments have been made, which show that when the bile ducts are ligatured, bile promptly appears in the urine; but when the bile-making liver is completely removed, no bile is made and none is to be found in the blood or excretions. The question is an important one because of the great advances which have been made in the surgery of the gall bladder and bile duct, and cases of jaundice, which would, not long ago have rapidly proved fatal, are being cured every day now by prompt resort to surgical measures for the removal of the obstruction.

SHALL THE CLERGY PAY?

This is a question which is being pretty generally discussed in the Medical journals, and has therefore excited a good deal of interest. At one time when clergymen took a vow of poverty, and charged nothing for their ministrations but gave their sacred message freely, without money and without price, it was becoming that in return they should have all their wants supplied in the same generous way. But now all this has changed; the minister of the gospel makes his business contract with a congregation for such remuneration as the law of supply and demand dictates; and the doctor who attends his church, or who is married by him, or is buried by him, or has his children christened by him, receives his bill for it, or if

he does not receive a bill is expected to send the money all the same. In fact, no one does anything for the doctor for nothing, and indeed he is generally charged the outside figure for every service rendered to him, and no one does anything for nothing for him except another doctor, and even then the quality of the service is not always first class. Many clergymen receive very large nett salaries, and are quite able, and it must be said quite willing, to pay for services rendered them and their family. The doctor has perhaps enough to tax his benevolence to the utmost in attending the widow and the orphan and the hundreds of others who have been left destitute, without attending for nothing those who are comparatively well off.

NOTES FROM OUR EXCHANGES.

We see by the *Medical Press and Circular*, 31st Jan., 1894, that a well-known general practitioner in Dublin is furnishing the financial backing to an establishment of lady barbers which has been recently opened in that city. At one time, of course, all physicians were barbers, and we suppose that this is a case of "reversion."

The family doctor sometimes feels it his duty to advise his patients to leave a house on account of its unsanitary condition. For doing this, an action for libel and damages was recently taken against a Dr. Feunlhet, of Herne Bay, England, by the owner of the house. A verdict was given with costs in the Doctor's favor.

OPHTHALMIA.

In a recent article on an epidemic of granular lids in some of the English schools, Mr. Jonathan Hutchison concludes by saying: "I do not wish to be considered as an alarmist, but as a cause of blindness on the continent the ophthalmia of granular lids stands second only to the ophthalmia of infants. Our duty is, first, to be well informed ourselves and then to inform the public. The profession generally, and not only ophthalmologists, must learn to appreciate the importance of the problem before us." We are happy to say, that owing to the greater purity of the air of our cities, and also to the better feeding and less crowding of our school children, this disease is almost unknown in Canada. Ophthalmia neonatorum is occasionally seen, but this will soon be stamped out when the custom of giving a bichloride vaginal douche before delivery, as practised at the Preston Retreat, shall have become more general.