considerably reduced. Through the courtesy of Dr. Stoker we were enabled to see a patient under treatment; the subject certainly was not a favorable one. The ulceration, which was probably specific, half encircled the right leg of a middle-aged woman, rather stout, and suffering in addition from chronic eczema and heart disease; the ulceration had been treated for a considerable period in the ordinary manner, but without success. Under the new treatment the ulcerating surface looked clean, the granulations were healthy, and Dr. Stoker hopes soon to see it entirely healed.—*Med. Press.*

PHYSIOLOGICAL REST IN THE TREATMENT OF PROLAPSE OF THE RECTUM. — Bryant, *Mathew's Medical Quarterly*, reports the case of a man operated on seven times for the relief of extensive prolapse of the anus, with its attendant distressing symptoms. Until the last operation, surgical intervention had been of little benefit. Bryant, to whom he finally came, made an artificial anus in the left groin, putting the patient to bed for two weeks, meaning to proceed to further treatment. But this operation was followed by so much relief and by such a marked diminution in the pressure that he was content to adopt no further procedure. He submits the following proposition as a conclusion to his paper:

That the proper performance of the physiological functions of the rectum contributes greatly to the advancement of rectal disease and to the afflicted.

That the complete vicarious discharge of the fæces through an artificial anus located in the sigmoid flexure reduces the physiological demands on each structure of the rectum to a minimum.

That the lessening of the physiological requirements is commonly in direct proportion to the diminution of the fæcal flow through the rectum.

That the cessation or lessening of the fæcal discharge per rectum exercises a palliative and curative influence on diseases of the rectum.

That in certain cases of obstinate rectal prolapse the formation of a vicarious channel for fæcal discharge is justifiable, both as a palliative and curative measure.

That the preliminary establishment of such a channel for the purposes of cleanliness and the prevention of infection is justifiable in many grave operations for prolapse of the rectum.

That the dangers attendant on the formation of an inguinal anus are much less than those invited by the contact of fæcal discharges with large operative surfaces of the rectum.

That the case just presented has been, without special risk, greatly benefited, and may be finally cured, through the agency of an artificial anus.

That when cure takes place, great care must be exercised thereafter, otherwise the prolapse will return.—*Therap. Gaz.*

THE PHYSICIAN AS TRADESMAN.—Formerly, there were three "learned professions"; then other pursuits made claims to stand on a parity with these, both as professions and as learned; more lately all pursuits have been styled in the vernacular professions, and all their followers professors; and, last of all, comes the period when no pursuits are professions and no men are learned. All occupations become trades and all men tradesmen. A contributor of a paper entitled "The Commercialization of Medicine, or, The Physician as Tradesman," evidently thinks that this last period has been entered upon, at least in this country.

Although we cannot accept his position in its entirety as applied at any rate to the Eastern States, there is evidently a considerable measure of truth in his forecast of a hard and unpicturesque reality. The times have changed, and are changing; we have changed, and changing with them. It is inevitable, and the newer the country the greater the change. Whether human existence is gaining or losing remains to be seen; but life presents less individualism, less repose of thought or action, less of the picturesque and the mellow. Every one has all kinds of fruit at all seasons, picked before it is ripe, that it may be rushed to the best market by rail or steamship, and cold storage does the rest.

The profession of medicine and the physician have undergone the change along with all else, and must continue to march with the music. We think that commercialization has affected the physician as little in Boston and New England as anywhere in the United States, but it must be granted that our doctor of to-day is no more like his predecessor of fifty years ago than is our modern "merchant" like his predecessor in the palmy days of the old China trade.

Even in the laboratory "business methods" are very desirable, and in the field of practice the doctor without them is heavily handicapped. The practising physician must know how to handle his cotemporary men and women, as they are accustomed to being handled in other relations of life, in order to get patients; and how to "turn off" his clients in a thoroughly business-like fashion, in order to get more than he can properly attend to.

Trade and collectivism have made and will make their mark upon the medical profession; but its days as a profession based upon learning are not quite yet numbered, and the personal equation will still continue to be a large factor in its practice.—*Boston Medical and Surgical Journal.*

THE MENTAL CONDITION IN CHOREA.—Dr. A. Breton, after an investigation of a large number of cases of chorea, has arrived at the following conclusions in reference to the condition the of