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ORIGINAL ARTICLES

FOREIGN BODIES IN THE AESOPHAGUS.

By Dr. Wilfred Good, Surgeon, Winnipeg General Hospital.

Some time since Dr. Countryman, of Drayton, North Dakota, brought to me a Polish woman, who had that morning swallowed a dental plate with two artificial teeth. At the sides of the plate were also two hooks by which the plate was fastened to the woman's own teeth. I endeavored to extract it through the mouth, and though I succeeded in grasping it, was quite unsuccessful in removing it, and the procedure ended by my forcing it further down. I then decided to operate, and did so the following day, assisted by Dr. Neilson. An incision of ample size was made, the carotid and internal jugular being pulled outwards, the plate was felt projecting to the left side. So much was the aesophagus stretched that the points of the teeth could be plainly seen projecting towards the wound. On these an incision was made longitudinally, and the plate extracted. The attached hooks caused considerable trouble in the final extraction. The wound in the aesophagus was closed with silk sutures, the wound in the skin partially closed, and a drain introduced at the lower angle, having its end in contact with the aesophagus.

In accordance with the usual instructions I had for the first day the tube washed out three or four times with carbolic solution, which was also used as a mouth wash. I soon saw what I thought was the absolute futility of this procedure. In a few moments after my washing out the tube saliva could be seen issuing from it. I therefore adopted the following plan. I gave the patient all the boiled water she wished to drink, some of which went into the stomach, the larger portion running out of the tube over the shoulder and chest. AfterwardsI gave her a couple of ounces of boric acid solution to drink, which thoroughly washed the wound and kept it in excellent condition. Enemata were administered for two days, and on the third day a tube was introduced into the stomach, and three eggs and a pint of milk, with some brandy, were administered, and on withdrawing the tube, boiled water was poured down it, the tube being finally pinched and withdrawn. She left the hospital on the 8th day quite well. I submit that the drinking of boiled water, freely followed by an ounce or two of boric solution, is more convenient and quite as effective as the process of washing out the wound frequently with vari-

ous solutions. If the feeding tube is carefully introduced and a sufficient quantity of boiled food introduced, being followed by water and boric solution, the wound is not likely to be contaminated by the process.

No. 2. This was a patient of Dr. Gray, aged five years, who had swallowed a large coat button five days before. Unsuccessful attempts had been made at extraction, and efforts were now made to remove it through the mouth, as well as to push it down into the stomach, which having signally failed, we decided to operate. Dr. Mackay administered the anesthetic, and, assisted by Dr. Gray, I proceeded with the operation as before. The button was found projecting to the left and was readily extracted, and a similar operation in every way to the other performed. We were unsuccessful in securing the retention of nutrient enemata in so young a child. Great struggling took place in introducing the stomach tube. The child would not swallow boric solution, and notwithstanding frequent washing of the wound, the tissues became infected, and the child died on the 4th day. What accounted for the different results? Some have been indicated clearly enough in the history of the cases, but in the first case so soon as the impossibility of removal by the mouth was demonstrated, an operation was promptly performed. With the child exhaustion was coming on from imperfect nutrition, owing to its inability to take an adequate amount of food. Too prolonged and vigorous attempts at extraction and manipulation of an intra-aesophoguel kind were made befora operation, which I have no doubt, contributed to the unsuccessful issue.

In such cases, when, by skilful, but not frequently repeated attempts, the impossibility of removal is demonstrated, every additional hour of delay materially decreases the chances of successful operative treatment.

CURE FOR HICCOUGH.

Capsicum in hot infusion is claimed as a specific for hiccough.—Med. World.

CARCINOMA OF THE STOMACH—PYLORECTOMY—RECOVERY

By W. S. England, M.D., Member of the Medical Staff of Winnipeg General Hospital.

Pylorectomy is the ideal operation for carcinoma of the pyloric end of the stomach, when the tumor is limited in extent, and there is no secondary involvement of the lymphatics or neighbouring organs.

Altogether, surgeons have somewhat hesitated in generally adopting this radical operation ,owing to its high mortality and the extent of the disease when the patient appeals to them for relief.

However, several cases are on record living from one to seven years after pylorectomy, and enjoying good health while pursuing their various vocations. Kocher Kocher reports one case in perfect health five and a half years after the operation. Jessop also reports one seven years after the operation. Wolfler reports one case well three and a half years after the operation.

Even in case of recurrence of the growth in situ or in neighbouring organs, it is a far more palliative operation than gastro-jejunostomy.

In the latter operation the patient knows soon after recovering from the anaesthetic that the growth remains, and his case is a hopeless one. In many cases he also is troubled with colicy pains and suffers from regurgitation of bile and the contents of the small intestine into the stomach, with eructations and vomiting of them. Again, the opening between the stomach and intestine is more apt to close, unless a piece of the stomach wall be excised, producing a stenosis, which would act similarly to the original one, with all its unpleasant symptoms and death from starvation, except a second anastomosis be established.

However, owing to these cases usually being seen so late, palliation of the symptoms gastro-enterostomy is eagerly sought for by the patient, when he realizes that no medical treatment is beneficial and that slow starvation, with all its horrors, is staring him in the face.

The symptoms of cancer of the stomach

are often remarkably few, even when the growth involves an extensive area, and until there is great emaciation and well-marked cachexia, these cases are frequently considered as suffering from dyspepsia, and hurriedly prescribed for, without even a physical examination having been made.

But when the physician, having in mind the possibility of carcinoma in all cases suffering from indigestion, and especially in those past middle life, has become better enabled to make an early diagnosis, and the laity are educated to no longer procrastinate when suffering from such symptoms, then will the surgeon be better able to do the radical operation of pylorectomy with some hope of success.

Cancer of the pylorus is often slow in progress, following an old ulcer which has remained chronic for many years, the growth showing a tendency to ulcerate and break down, much as a rodent ulcer, and apparently only taking on malignant action latterly.

Also the degree of malignancy is often small, as compared to many malignant tumors situated in other organs (e. g., the mamma), hence their chronicity.

If taken early, the pylorus can be easily isolated, and the incisions necessary for its removal can be made wide from the growth.

The mortality from the operation has been so high that many surgeons have hesitated to recommend this operation. Thus, Billroth, who had the first successful case of pylorectomy, had over 50 per cent. of a mortality. Winslow and Buntin give 76 per cent. mortality. The Berlin Congress reports over 48 per cent. mortality from the operation, etc.

But, with an earlier diagnosis of the case, then would the general condition of the patient be better; his impaired strength less marked; the local extension of the tumor, and the regional infection is not so great as to require so extensive an operation; his recuperative power better, and a less liability to have secondary involvement following.

The following case, though of a comparatively long duration for pylorectomy, adds one to the number of already successful operations reported.—

T. H., aged 59, was admitted to the Winnipeg General Hospital, Aug. 25th, 1897, complaining of a lump in his stomach, indigestion, weakness, loss of flesh and memory. The family history is vague, except for a sister, who died at the age of 66 years from some stomach trouble, with which, latterly, ascites was associated. A nephew also died from cancer of the stomach.

Patient is an Ontario farmer, who came to this country, thinking that a trip might improve his health. He has always lived a regular and temperate life, and never suffered from any previous illness.

Present Illness.—About four years ago patient occasionally felt a dull pain in the right side of the abdomen, which was increased in severity on stooping. He also noticed an enlargement in the right side of the abdomen, and consulted a physician, who recommended the application of a mustard plaster, when the pain was severe. This pain gradually improved, and since then he has only had occasional attacks, until one year ago, when he began to suffer from eructations of sour matter and a gnawing pain in the stomach, which was most severe about one hour after eating. He suffered from exacerbated attacks of this kind every three weeks. He also then noticed a decided lump, situated in the epigastric region, which he says felt about as large then as it feels to him at present.

During the first three months of 1897 he had a series of these attacks, which were very severe, and prevented him from working. Sometimes he vomited large amounts of a sour, sticky fluid, but never any blood nor a coffee grounds substance. He lost flesh rapidly and became very weak. After this he lived principally on milk and lime water, which he found to agree with him best, and somewhat improved in general health, until a few days ago, when he ate some hard-boiled eggs, after which he suffered from all his former symptoms in an aggravated form.

at present being unable to lie down, owing to the sour fluid constantly rising in his mouth and choking him.

General Condition.—Patient is a tall, grey-haired man, looking care-worn, with pinched features and an anxious expressions. He is anemic and chacectic in appearance and very emaciated. His tongue is moist and covered by a brownish fur; his appetite is good, although he is unable to eat but little, owing to the discomfort which follows the ingestion of food; his bowels are constipated. He suffers from pain in the stomach after taking food, flatulance and sour eructations of fluid and gas; he also has a bearing-down pain in the lower interscapular region. His intelligence is good, but memory very short. The respiratory system is normal; the cardiac sounds and area of dullness normal, but the arteries are extremely atheromatous. Pulse 68, respirations 18, and temperature 97½° F. The urinary system is normal, but the urine is of very low specific gravity—1,00. A movable tumor, about the size of a fist, can be felt in the epigastrium, which is tender on pressure, and a splashing sound is heard on succussion. There were no lymphatic changes to be felt from external examination.

Operation.—From August 24th to the 28th the stomach was washed out twice a day by large quantities of salicylic acid and water, or common salt and water. These washings gave the patient great relief, and he rested well subsequently. His diet consisted of peptonized milk or milk and lime water. The bowels were well cleansed by a purgative and enema.

August 28th.—Chloroform being given and the patient's abdomen having been antiseptically prepared, with the able assistance of Dr. Blanchard, I made a medium incision about four inches long, from below the ensiform cartilage nearly to the umbilicus, through the abdominal parieties. The stomach at once was seized and the tumor drawn through the wound. No secondary involvement of any lymphatics or neighbouring organs could be made out, so I decided to do pylorectomy. Having placed several antiseptic pads around the tumor, I proceeded to ligate the omentum in sections along the lower and upper curvatures of the stomach, with strong braided silk for about one-third its length, and to free the growth by cutting with curved scissors. About one inch of the duodenum was also isolated and freed by scissors, and all bleeding points secured by ligatures. A few good sized pads were now inserted underneath the freed stomach and duodenum to catch any discharge that might escape when the organs were incised. The duodenum, being compressed in two places by the thumbs and fingers of my assistant, the intestine was cut across, between them, about one inch from the pylorus; the protruding mucous membrane being shorn close. The cut distal end of the duodenum was carefully wiped and then lightly clamped by a pair of long-bladed forceps, guarded by a piece of soft rubber tubing being slipped over each blade. A very little mucous escaped from the stomach, which was rapidly wiped up. The stomach, being similarly clasped between the fingers and thumbs, was cut across beyond the growth. A second slice of the stomach wall was removed, as I did not consider the first incision made past infiltrated tissue. All bleeding points being ligated, the mucous membrane of the anterior and posterior surfaces of the stomach were brought together by a continuous suture of fine silk. Two more layers of Lembert's sutures were inserted, which completely closed the divided end of the stomach.

An incision about two inches long was made through the lower and under surface of the stomach, and the clamp being removed from the duodenum, its cut end was brought into close apposition to this opening and sutured by a continuous suture of fine silk running through all the coats of the stomach and intestine, the posterior parts being first united. Two courses of a Lembert suture around the opening, established, completed the anastomosis and rendered it secure from leakage. The omentum was also wound

around the sutured wounds and the parts being carefully sponged, were replaced in good position. About one-third of the stomach and an inch of the duodenum was excised. The opening through the pylorus would only admit about a No. 12 catheter.

The time required for the suturing was long, largely owing to dull cambric needles, to draw which through the coats of the stomach it was necessary to use a pair of forceps each time the needles were inserted.

The patient, by this time, being under the anesthetic about two hours, was doing badly, so the anesthetist deemed it wise to cease its administration. His abdominal walls soon became rigid, which made it difficult to bring the edges of the wound together, and especially so, as the silk-worm gut sutures supplied for that purpose were so short that a second lot of a proper length were sent for. Finally these were inserted, and tied, and an antiseptic dressing applied, and the patient removed to his ward.

He soon rallied from the chloroform and shock following the prolonged operation, and felt comparatively comfortable, suffering very little from pain, and no vomiting. He was given nutritive enemata of peptonized milk, beef tea and stimulants every four hours; also cracked ice and teaspoonful of water by the mouth to allay thirst.

The evening of the operation the patient's pulse was 99 and his temperature 99 3-5°F.

Notes. — August 29th. Patient rested fairly well during the night, passed flatus, no vomiting, and felt inclined to take food. Milk and lime water or peptonized milk and beef tea were given in small quantities and the diet gradually increased from day to day, until the patient was taking full diet.

On the 4th day after the operation the bowels moved naturally, and subsequently continued to operate daily without taking a purgative.

For the first eight days after the operation the patient continued to improve, suffered very little or no pain, and took his nourishment freely without vomiting or nausea.

His temperature ranged from 98° to 99° F., excepting on the 7th and 8th days, when it reached 100° F. Pulse ranged between 80 and 100 per minute.

The dressings were removed on the 8th day, when the wound was found completely united, but unfortunately inflamed, owing to four stitch abscesses, which necessitated the removal of the stitches and the application of hot boric dressings, changed often. Strips of rubber adhesive plaster were applied across the wound to give it support.

Patient got a piece of lemon caught in his throat in the afternoon, which set up violent coughing, and the unfortunately inflamed, and therefore unsound, wound gave way down to the peritoneum. This was again sutured, without giving an anesthetic, after which the patient made an uninterrupted recovery, while the wound healed by granulation, and the temperature and pulse remained normal. He rapidly gained strength, and in a couple of months had put on flesh to about his former weight, 160 lbs.

REMARKS.

1. It is important to note the long duration of the symptoms of pain and indigestion—nearly four years.

2. The readiness with which the stomach and bowels resumed their normal functions, without ever vomiting, or even a purgative being given.

3. The duration and size of the tumor, and, although from this cause a secondary deposit in some neighbouring organ may manifest itself in the future, he will be saved from the pain and horrors of rapidly dying from sheer starvation.

4. The fact that the scar tissue of an inflamed wound is very unsound and easily gives way.

5. The sheet-anchor that the peritoneum is to a surgeon in abdominal surgery.

6. Since pylorectomy, in itself, is so fatal an operation, it therefore behooves us, so as to save time, to see that all in-

struments, and especially needles, be sharp and in the best of repair; also that all sutures and ligatures be of the proper lengths and reliably prepared, which, I regret to say, was not the case in this, my first pylorectomy.

PATHOLOGICAL REPORT OF THE TUMOR.

Carcinoma of Pylorus, removed by Dr. England, August 28, 1897, examined by Dr. Gordon Bell, Bacteriologist to the Provincial Government.

Specimen shows pyloric end of stomach uniformly infiltrated to the thickness of an inch, for a distance of about 3½ inches along the lesser curvature and about 5½ inches along the greater curvature.

Pyloric orifice was stenosed, admitting with difficulty an ordinary lead pencil.

Microscopical examination revealed a carcinoma of the scirrhous type, which had evidently arisen from an old ulcus rotundum, some two inches from the pyloric opening.

SCROFULA AMONGST THE INDIANS

By G. T. Orton, M.D., Winnipeg.

That consumption and various tubercular diseases are very widely prevalent among our Indian population is a well-known fact, and on account of king's evil or scrofulous sores on the neck, it has been popularly believed that the first origin was syphilitic, as the result of contamination with white people, but which, from my observations of nine years as Medical Superintendent of Indian Affairs in this country, I believe to be entirely erroneous. In all the reserves on Lake Winnipeg, on the Nelson River, or the Saskatchewan, I have never come across but one instance of secondary or tertiary syphilis, though scrofulous sores and consumption were universally prevalent. As a young man I well remember Peter Jones, the chief of the Brant Indians, a well-educated Wesleyan minister amongst his tribe and a frequent visitor at our house, saying he had adopted a number of young Indian children, who had invariably fallen into decline after the age of proberty and some before, and that they could not bear the confinement of living in houses and attending school, and my father, an English physician, remarking, Well, it is for the same reason, even the wild burrowing rabbit as well as tame rabbits, if confined in dark, damp, ill-ventilated and ill-drained enclosures, invariably contract consumption, and so the Indian, in his native nomadic condition, with constant change of scene, with no possible accumulation of filth in his tepee dwelling, is entirely free from scrofula and consumption, but taken from this mode of life to dwell in houses on reserves or around Hudson's Bay posts, as occurred in this country, before being educated in the simplest ideas of sanitary science, or cleanliness, the Indians were in the same surroundings of filth, ill-ventilation, bad drainage, as well as also, often poorly fed, and without generations of habitual training to this mode of living, like the rabbits, soon contracted scrofula and consumption, which in its turn reproduced itself by contagion.

The interesting question arises: Can the bacilli of Koch, or tubercular bacill, be generated de nova outside of the animal in the surroundings and conditions favorable to its life, and be inhaled or taken in food so as to infect the animal body, or must they first be generated within the animal organization?

That vegetable life can be created in favorable circumstances and surroundings without the presence of the seed or germ of the species, is, in my mind, absolutely certain, as evidenced in the burning down of forests and the different vegetable life which succeeds for which it is impossible to account either by the theory that birds have brought the seed or that they may have remained dormant in the soil, as the soil is burned too deep not to destroy any lying dormant, and the absence of the species of birds to carry the peculiar seed, as well as the long distance which so often intervenes between a fire in the midst of a vast forest and where the succeeding variety of trees and shrubs are found. Also the profuseness with which

the new growth springs to life cannot be accounted for in any other way than that there is a correlation of vital forces, both vegetable and animal, by which new species may be generated under surroundings, congenial to their existence, and especially the lower forms of both vegetable and animal life, just as heat, motion, electricity and other energies are converted one into the other. That the entire change of circumstances into which the inroad of the more enlightened and civilized white man has driven the poor Indian is the cause of the prevalence of scrotula and consumption amongst them and the reason of their gradual extermination, and not syphilitic contagion, is, I think, beyond doubt. What, then, is the moral and Christian duty of the Government of Canada Surely to teach them not only to read and write and grow crops, but also all the up to date sanitary knowledge, of how to guard against and lessen the ravages of this terrific ennmy of their race, so that at least a remnant of a really clever and most interesting people may be preserved. And to this end, while I occupied the position I held in the Indian Department, I endeavored, by the issue of printed sanitary rules and precepts to agents, school teachers and missionaries, with the request to inculcate them continuously, in season and out of season, as well as by occasional addresses by myself, pointing out the contagious character of these affections and the necessity of thorough cleanliness and disinfection. I may say that nearly all the missionaries of every denomination made these printed rules the subject of sermons and addresses, so that with the cordial assistance which I also usually received from both the various agents and teachers, a very marked change for the better has taken place, and now, instead of going into an Indian house where a consumptive lived, and finding the floor and walls as well as bed, often bespattered with the filthy expectoration from a breaking-down lung, and other surroundings dirty beyond description, I find, as a rule, great care taken to destroy the sputu, and a vastly more cleanly appearance in all the Indian houses. Whitewashing and thorough cleaning was done every spring and autumn, and when a consumptive dies in a house it is often burned down and a new log house built, or else it is well disinfected, the walls and floors washed with bichloride solution and whitewashed inside and outside, so thoroughly alive have the great majority become to the infectious character of consumption. And though still a great deal prevails, I notice a very marked difference from what it was nine years ago, when I first undertook the duties.

With regard to the treatment, etc., and the amount of success therein, I may in a future correspondence give some account thereof.

COMMUNICATED

RECENT THERAPEUTICS IN OPHTHALMOLOGY

By R. C. Pattilli, M.D., C.M., Instructor in Ophthalmology in the Chicago Post-Graduate School.

During the past twelve months I have been trying to find some drugs that would take the place of iodoform and nitrate of silver in the treatment of eye diseases. Iodoform having a very disagreeable odor and nitrate of silver being irritating are objectionable.

In reading translations from German literature I was fortunate to find an article by Dr. Karl Hoor, Professor of the Royal Hungarian University in Klausenburg, entitled "Nosophen and Antinosine in Ophthalmology." Nosophen as given in Dr. Hood's paper is a tetraiodophenol phtalein, a combination of iodine and phenolphtalein, the amount of iodine present being 61.7 per cent. It is a light brown yellowish powder insoluble in water and acids. Nosophen has been used by me in the clinic of Professor W. Franklin Coleman at the Post-Graduate Medical School, Chicago, in over twenty-five consecutive cases in which there were indications for the use of iodoform, with most excellent results. In no case could be

seen the least objectionable symptom from its use. So firmly am I convinced of its antiseptic and non-irritating effects that in both clinical and private practice I have given up the use of iodoform entirely.

A few cases taken from our record books illustrate the utility and value of the drugs.

NOSOPHEN.

J. M., age 5 years. July 2, 1897, right eye injured by sharp stick two days ago: since then he has not been able to open the eye and complains of much pain, and is very restless. Upon examination a deep corneal wound, two lines in length, is seen at the lower margin. Iris engaged in the wound. Treatment: Iris excised: atropin 1 per cent. Nosophen dusted in the eye, bandage applied. July 6th eye quiet, atropin and nosophen treatment continued. July 9th, eye quiet, wound completely healed.

R. I., age 69 years. July 14, 1897, left eye injured three years ago. Vision not equal to light perception. Complains of pain in the right eye. Left eye enucleated and nosouhen dusted into the socket and eye bandaged. July 30th, wound quiet and healing nicely.

J. S., aged 14 years. Aug. 2nd, 1897, fell from a staging on to a piece of timber, causing a ragged and bruised and dirty wound over the right eye. Treatment: Wound washed with bi-chloride solution and stitched, nosophen dusted on the wound. Aug. 7th, stitches removed and wound healed nicely without removal of the first dressing.

ANTINOSINE.

The sodium salt of nosophen. It is a dark blue amorphous powder which is readily soluble in water. It is odorless, non-toxic and non-irritant. In conjunctivitis phlyctenulae, blepharitis, and ulcer of the cornea I have taken fifty consecutive cases which were treated with antinosine and in which I had a rapid and beneficial result in all but a few cases. On account of its non-irritating effects it can be used as strong as a three per cent. solution, enabling the patient to continue treatment at home. Especially in young children is its use gratifying.

A few cases are taken from the number treated.

Thos. C., age 26 years. Right eye has been much inflamed and very sensitive to light for the past two weeks. He has been treated with hot applications and atropin by his family physician but with little improvement. Diagnosis: Interstitial keratitis. Antinosine, two per cent., was prescribed to be put in the eye every two hours and hot applications continued. Patient was sent back to his physician, who reported in two weeks that the patient's eyes were completely well.

Mrs. E. L., age 74 years. April 26th, eyes have been much inflamed and very sensitive to light for past three months. Diagnosis: Acute conjunctivitis of both eyes and trichiasis of the lower lids. Treatment: Ciliae removed and antinosine, two per cent., prescribed. May 17th, 1897, reports that she can read or sew for half an hour in the evening. Eyes much improved and conjunctiva normal.

F. F., age 1 month. May 12th, 1897, three days after birth the eyes began to discharge freely and the lids stuck together. Diagnosis: Ophthalmia neonatorum. Treatment: Antinosine, gr. vii. aqua ss, was given to drop in the eye every two hours. May 15th, eyes much better. May 28th, no discharge, cornea clear.

Edna H., age 5 years. June 2nd, 1897, eyes have been very red and inflamed for the past two weeks. Intense photophobia. Diagnosis: Phlyctenular conjunctivitis; antinosine, 2 per cent. three times a day, was prescribed and diet regulated. June 14th, 1897, reports to clinic eyes much improved. June 21st, eyes quite well.

A. G., age 11 years. July 26th, left eye has been very sore and inflamed for the past week. A great deal of photophobia and lachrymation. Diagnosis: Phlyctenular conjunctivitis. Phlyctenale at the lower margin of the cornea. Treatment: Antinosine, two per cent., three times a

day, was prescribed. Aug. 2nd, eye much better. Treatment continued. Aug. 5th, phlyctenula completely disappeared. Aug. 10ht, eye normal.

J. W., age 14 years. July 19th. 1897, both eyes, trachoma acute with suppuration. Pannus crassus. Chronic conjunctivitis. Discharge very profuse, forming crusts on the cheeks. To check the discharge antinosine three per cent. was used three times a day. July 23rd, 1897, discharge more watery in character. Antinosine continued. July 28th, 1897, discharge completely ceased, so that the surgical treatment of the lids was commenced.

SELECTED ARTICLES

EXPERIENCE OF TWO HUNDRED AND FORTY-EIGHT CASES OF ABDOMINAL SURGERY

By A. Lapthorn Smith, B.A., M.D., Montreal.

From January, 1890, to November, 1897, he had opened the abdomen 248 times, with seventeen deaths, or a mortality of 6⅞ per cent. for the whole eight years. In 1892 he had lost two out of twelve operations, or nearly 17 per cent.: but in 1895 he had lost two out of fifty-seven, or a mortality of only 3½ per cent. In 1896 his death rate had been low, losing only two out of sixty, or a little over 3 per cent. Ninety-three of these operations were performed at his private hospital, seventy-nine at the Samaritan, sixty-six at the Western, and the remainder at private houses and other hospitals. The death rate at the Samaritan for laparotomies was 5 per cent., and for the same at the Western 6½ per cent. Many of the operations were of the most serious nature, such as two of removal of large tumors of the kidney, without a death: eleven large ovarian tumors with two deaths: fourteen abdominal hysterectomies with four deaths: nine ventral and umbilical hernias without a death: sixty-two for double pus tubes with five deaths and ninety-nine ventrofixations with one death, which, however, had nothing to do with the ventrofixation as it occurred in a bad pus tube case. He referred to the charge sometimes brought against gynaecologists that they often operated unnecessarily. This certainly could not be said in his case, as he had complete notes of 4,300 cases, besides many others which he had seen in consultation with other doctors, and out of these he had only opened the abdomen 248 times. He felt sure that there were at least as many more who would have been greatly benefited by an operation, and who were, on the contrary, dragging out a miserable existence while under palilative treatment. He had, at least, a hundred women under local treatment for diseased tubes who were having recurring attacks of pelvic peritonitis at intervals of from three months to two years, and most of these women would, he believed, eventually decide to have the cause of their sufferings removed. He found that this delay greatly increased the difficulties of the operation. If these tubo-ovarian abscesses were allowed to break into the rectum, bladder, or vagina, they became very dangerous to life. He had been called in consultation to a lady at Halifax in which this had occurred and the patient died from hectic fever, being too far gone for operation. He had also a great many cases of cirrhotic ovaries under his care, and these women, he believed, suffered much more than was generally supposed. Many of them begged him to remove their ovaries, but it was his custom to decline to do so until they had first been treated for one year by other means. He thought that he had been too conservative, as many of these sufferers had reproached him for keeping them in misery so long when the operation was followed by immediate relief. In some of the greatest sufferers from chronic ovaritis, the ovaries were so small that they could hardly be felt, and yet the day after their removal the patients claimed that they were entirely free from the pain from which they had suffered for years. In eight years he had only opened the abdomen thirty-six times

for diseased ovaries and had lost only one of them. In about two dozen cases he had left the ovaries in after cutting out cysts and removing tubes. His experience, however, of conservative surgery of diseased ovaries was, on the whole, unsatisfactory; all the women, with two or three exceptions, reproached him for not having removed both ovaries completely. He thought that he would be more radical in future for the patient's and his own sake. It was a mistake to believe that women were never really well after ovaries had been removed; in the majority of cases the operation has completely restored them to health. Among the most interesting cases was one of obstruction of the bowels ten days after removal of very adherent tubes and ovaries. The abdomen was opened nine hours after fecal vomiting had begun, and the intestine was found kinked and adherent; it was detached and straightened out, and the patient recovered. He considered the management of tubal pregnancy was one of the most brilliant advances in abdominal surgery. He reported a group of seven cases, all of whom recovered. They had all been sufferers for years from tubal disease, and two of them had been urged to have their tubes removed several years previously. In four of the cases the diagnosis had been correctly made and the other three were mistaken for pus tubes. In two or three cases a live child was floating about in the intestines, and in the third it was lying in the ruptured tube. In these three cases there were from one to three quarts of blood in the abdomen. The symptoms in these seven cases were not exactly the same as those described in the text-books. Most of these women had had their periods regularly, but in all the breasts were enlarged. He thought that when we have these three symptoms —enlarged breasts, irergular flow, and a painful rapidly enlarging mass in one side of the pelvis—we might suspect tubal pregnancy. If this is followed by an attack of syncope we might almost be sure of it, and should lose no time in operating, thereby saving the case. He thought that it was a disastrous policy to let them alone. Some of the nine cases of ventral and umbilical hernia were exceedingly difficult, it being necessary in several cases to leave at least one layer of the abdominal wall on the bowels which were adherent to the sac. They were nearly all closed with buried silk-worm gut sutures, which were left in. Although he had had a few cases of hernia following his early operations, during the past three or four years he had not had a case; this was owing, he thought, to leaving in the sutures for one month, a plan which he was the first to advocate. Since he has had the Trendelenburg posture he did not use drainage, either glass, rubber or gause, because they were unnecessary. He took great care to have the bowels well prepared, so that they were rarely seen during the operation, and never handled. He was a firm believer in the value of flushing or washing every coil of intestine with salt solution; and he usually left from one quart to two gallons of it in the abdominal cavity to prevent adhesions and to satisfy thirst as well as to wash out the kidneys, as it was rapidly absorbed, strengthening the pulse and preventing the distressing aching all over the body. In emptying very large tumors he always left about two gallons of salt solution to support the abdominal veins. He never used *iodoform*, because of its smell, its cost and danger of poisoning — several cass of fatal poisoning having been reported here and elsewhere. He used nothing for disinfecting except permanganate, oxalic and bi-chloride, consequently there was no hospital odor. In eight cases the vermiform appendix was firmly adherent to the right tube. He laid great stress on the method of removing the appendix even with the cecum, and then closing the hole in the bowel as you would a bullet hole, with two rows of Lembert suture, instead of leaving a stump. He knew of several cases in the practice of other surgeons in which the leaving of a stump had caused a troublesome fistula. He hoped that this suggestion would be generally adopted by

those who were doing this life-saving operation more often than he, and he offered it as a small contribution towards the improvement of the technique of the operation. — Taken from Canadian Practitioner.

SANITATION OF PUBLIC SCHOOLS

By Frederic S. Thomas, M.D., Council Bluff.

My reason for presenting a paper upon a special subject connected with State medicine, rather than a report upon the advance made in sanitary science during the past year, is that each of you has doubtless watched the current thoughts as presented by our medical journals upon this most interesting subject.

Sanitation in our public schools is a subject, however, that is not discussed with the enthusiasm, it seems to m, that it merits. A little investigation along this line in his immediate neighborhood, would satisfy the most unobservant that the subject is not a hackneyed one.

So much of the early life of children is spent at school and beyond the immediate control of their legal guardians, that it is not unnatural that we should concern ourselves regarding their environment.

A well-ordered system of public education cannot be instituted without taking into account the proper sanitation.

The State, through the various boards, has taken upon itself the responsibility of the educational supervision of our children. May we not then, as medical men and women, as parents or as friends of the free school system, demand of the State such methods as will promote physical vigor as an accompaniment of intellectual training?

Much thought has been given by educational associations to the course of study best suited to the wants of their pupils. A great deal has been said by medical men, both before this society and elsewhere, about the evil effects of over-crowding the youthful brain; less, however, regarding proper sanitation in our school room.

Many of our leading medical colleges have wisely established a chair of State medicine. Our efficient State Board of Health, as well as those of other progressive states, has done much to bring this matter before the proper authorities. The normal schools of our State should likewise make sanitary science a part of their college curriculum.

The establishment of free education for the masses was undoubtedly intended to prepare them for the responsible duties of citizenship. The knowledge thus gained along the well-established course of study in our public schools, with no perfected system of physical training, is not enough to make them useful members of society.

Permit me, then, to present a few thoughts upon this important subject, more to bring it to your attention, than to formulate an elaborate system of sanitary procedure.

SCHOOL HYGIENE.

Since children are more susceptible to morbid influences than adults, the school house should be hygienically located. The beauty of architectural design should in every case be subordinate to the demand for abundant sunlight, and the building so constructed as to make dampness either in cellar or walls unknown; the locality should be far from swamps, ponds or excessive tree growth.

VENTILATION AND HEATING.

Upon no subject connected with the construction of school houses are we so ignorant as upon that of heating and ventilation. Our location as a State, geographically, is such, that during most of the school year, fires must be maintained for the comfort of pupils. This prevents the possibility of window ventilation, as in summer. The importance of good ventilation cannot be over-estimated.

Since each person vitiates more than two thousand cubic feet each hour, much ingenuity is required to furnish them that amount of pure air at a temperature of not less than 65° Fahr.

The condition of the air in the ordinary school room, should we stop to think of it, is simply staggering. Contained in

it are the odors and vapors arising from repeated respiration ; minute particles cast off by the activity of the skin, as well as exhalations proceeding from unclean bodies, ill-ordered mouths and dirty clothing. These latter evils too frequently accompany the cleanly pupil in his daily dask in the city school.

To properly ventilate rooms, and at the same time to preserve a uniform and wholesome temperature in them, is a problem that demands our most earnest attention.

THE EYES OF SCHOOL CHILDREN.

The use of text books in our schools make the question of eyesight an important one. The alarming increase of near-sightedness found, ranging, as it does, from less than two per cent. in the primary grades to over twenty per cent. in the high school, points strongly to over-work during the years of most active bodily development.

The amount of light, the arrangement of desks, the color of the walls, the number of hours of close visual toil, and the size and form of the letters in our text-books, are factors in the developmnt of myopia.

Cannot medical men, and especially ophthalmologists, do something along this line of preventive medicine, so that the beautiful face of childhood may not need the disfigurement of eyeglasses ?

DRAINAGE.

It will not alone insure health to the pupil to prepare for the proper heating and ventilation of the school room, nor for the care of their eyes, if we neglect so important an accessory as drainage.

A system of sewerage, therefore, presupposes the existence of decomposing and decomposible materials, or sanitary filth. If we use the term in its broadest sense, it should include, beside the contents of the sewers and drains, those of pig-sties, manure heaps, privies, cesspools, etc.

We know it is through the agency of specific germs that such a disease as diphtheria is caused, but it is filth that furnishes a favorable soil for their development.

Scarlet fever cannot be said to be a purely "filth disease," yet it does co-exist often mid unsanitary surroundngs. These two diseases, more than any others, are the black flags that hang so often over our school houses, showing no mercy when their innocent victims are stricken. Should we not demand of those in authority that our school houses be kept in an aseptic condition ?

DISORDERS OF THE NERVOUS SYSTEM.

Those who have observed the effect of liberal education upon the masses for several generations, see presented many perplexing questions.

While it is certain that nervous diseases are on the increase, it is not so certain that our present methods of education are alone responsible therefor. How far these methods add to or detract from the nervous debility of an individual, is a question easily asked, but much less readily answered. The problem must be studied with reference to the class-room, the street ; the home and places of entertainment.

That vague something called nervousness is more common among pupils than it should be in children of their age. Especially do we find this the case among girls in the high school, or after their graduation : weakened rather than strengthened during their school years.

If there be defects in our school system which produce these results, they must be discerned and remedied.

A certain number of children in every school have inherited a well marked neurapathic constitution, and are incapable of the high pressure common to the age. It is impossible for some of them to go through the full routine of school work. Many of them drop out early, before they even reach the high school. Others with feeble bodies and precocious minds, continue in school, and not infrequently are stimulated to overwork until the goal is reached, then finally sink into a condition of chronic invalidism. Such a condi-

tion must not be charged to the school work alone; the ambitious and unwise parents should bear their share of the blame. How often these unfortunately brilliant pupils are driven by the flattery of friends and the applause of the public, to make efforts outside of the school-room.

We see in our schools many such children, and they should be provided for in the very best manner possible. In fact, they require better training than others, and any system of training that ignores this fact, cannot result otherwise than disastrously.

"To the nervous temperament belong social and intellectual gifts and graces, originality, intensity, poetry, art, philanthropy, without which we should be great losers. Within reasonable limits, the nervous temperament, if fairly trained, is a great benefit to the society of the world."

It is not necessary for me to argue before this society the value of physical health. To many in the school, nature—through a good parentage—has vouchsafed a goodly share. It is for those not so fortunate I would make my appeal.

The system adopted by most of the schools of our State pre-supposes that each pupil has inherited a good constitution and a normal mental organization, and all are required to accomplish the same routine work. No plan has been adopted to ascertain the capability of the child. Often, if he be mentally dull, he becomes an object of dislike rather than solicitude to his instructor.

Many children have unfavorable home influences, living in crowded, dirty rooms, eating unwholesome food, and are deprived of the moral element of education.

Some are sent to school at too early an age, to relieve the home of their noisy presence, when they should have remained there laying the foundation for a healthy body by well directed physical exercise.

Undoubtedly children under the age of twelve years, are confined too many hours in the school-room without the much coveted exercise. Pupils so young cannot bear much, if any, more than an hour's continuous study without harm.

To adjust the school work according to the age of the pupil, or to different degrees of health and strength, especially to the different manifestations of nervous constitution, is a problem for medical men to solve.

"In the city of Brussels each school is visited weekly by a trained medical inspector, who examines the school-rooms for suggestions regarding improvement in construction, ventilation, heating, etc. He looks after the condition of the air, drains, and all matter affecting the health of the pupils. He sees that the temperature of the rooms has been recorded four times a day, and he compares for himself the temperature at different places — near the floor, on a level with the pupils' heads, and towards the ceiling. He prescribes the various means and methods of exercise, including the out-door gymnastics: directs the walks, excursions, and instruction in swimming, carefully looking over each child to see whether he or she is strong enough for the full routine in these exercises as well as the matter of studies. If in summer the temperature exceeds 82.4 Fahr., he dismisses the school, and may order pleasant walks in place of regular school duties. He is to superintend the physical development of the pupils, and to advise against too fatiguing methods or courses of study. He keeps records, taken at regular intervals, of the height, weight, general condition, etc., of each pupil, which constitute a sort of life history, to be carried home and kept by each one upon leaving school.

"He instructs the teacher how to recognize infectious diseases in their early stages, and sees that the regulations regarding them are enforced. He devotes especial care to weak and sickly children, to see that they get the best possible result from the school training, supplying to them medicines, chiefly tonics, free of cost. Children under fourteen years of age, after each three-quarters of an hour's study, have fifteen minutes' recreation,

which must be in the open air, when the weather permits, and this the medical inspector regulates. The physical examinations of the pupils include particularly the eyes, any defects in which are corrected as far as possible."

MISCELLANEOUS

KEELEY CURE.

W. F. Johnson, of Topeka, sued Dr. Leslie E. Keeley in the United States District Court, in session in Leavenworth, Kan., for $100,000 damages—having been made a physical wreck because of the "gold cure." Judge Myers, in granting the petition, rules that Keeley must make known the ingredients of his bichloride of gold compound, which is not a property right or trade secret. It is unprotected by patent, and has been in use more than two years. There is nothing to prevent Dr. Keeley from testifying as to its composition, and the court orders him to do so.—Chicago Herald.

CHRISTIAN SCIENCE.

Dr. W. S. Robbins, of this city, writes us that he has had under his professional care three cases that had been treated by Christian Scientists. The first case was one of phthisis, a young lady eighteen years of age, both of whose parents died of phthisis. After one year's treatment at a dispensary she went to New York, where, in two weeks, she was "cured" by Christian Science. In six months she died.

The second case was one of valvular disease following articular rheumatism. This patient was also "cured" by Christian Science, but died one year afterward from the same cardiac affection. The third case was of phthisis, pronounced "cured," but a fatal result supervened in about one year.

Dr. Robbins was personally acquainted with all these patients and thoroughly familiar with all the facts. He informs us that he has heard of several other cases with similar results.—Brooklyn Medical Journal.

CITY OF WINNIPEG

Comparative summary, showing number of cases of infectious diseases reported for the years 1896-1897:

Month	Scarlet Fever	Diphtheria	Typhoid Fever	Measles	Chicken-Pox	Leprosy	Mumps	Tubercu-losis	Small Pox	Erysipelas	Whooping Cough	Rubella	Totals
January	1	1	1	21	1	.	.	.	.	.	.	.	30
February	2	6	1	5	3	.	.	.	.	.	.	.	18
March	6	3	.	8	6	3	1	.	.	.	.	.	18
April	4	5	.	7	6	.	.	.	.	.	.	.	23
May	1	18	1	8	7	.	.	.	.	.	.	.	27
June	7	13	.	10	7	.	.	1	.	.	.	.	42
July	6	12	3	9	.	.	.	.	.	1	.	.	27
August	11	3	3	1	1	.	.	.	.	1	.	.	20
September	16	10	15	1	1	.	.	.	.	.	.	.	45
October	18	20	27	1	3	.	.	1	.	.	.	.	70
November	16	31	13	3	7	.	.	.	.	1	.	.	70
December	18	35	4	2	7	.	.	.	.	.	.	.	67
Totals, 1897	112	157	65	69	38	3	1	2	3	4	.	.	452
Totals, 1896	134	119	76	1169	20	.	6	4	8	7	8	4	1495

The above statistics in regard to the health of the city during the year just closed must prove very gratifying to the inhabitants, there being a decrease of 1,013 cases of infectious diseases reported in 1897 less than in 1896, the total in 1897 being only 482. This is a good showing in a population of nearly 40,000, with a constant stream of migrating people from all parts of the world percolating through the city. No better evidence could be adduced as to the efficiency of the city health officer and the hygienic measures adopted.

THE LANCET

If there is any truth in the announcement in the daily press as to the action of the board of health of New York City with regard to the unfortunates suffering from leprosy. Thoughtful minds within and outside of our profession will regard the movement as fraught with danger for the general public. We do not for a moment contend that a custom though it may be immemorial in action may not be proven under the light of modern science to have been unnecessary. But, in the face of a decision arrived at after patient investigation by the International Leprosy Commission in conference at Berlin, who unanimously agreed that leprosy is undoubtedly contagious, and, that any one affected with the disease constituted a danger to those around him. This danger increasing with time and in ratio with cleanliness or its want, and concluding that isolation is the quickest, and, in fact, only method of suppressing leprosy, the action of the New York board of health is difficult to understand. It appears that Dr. Fowler, adviser to the board of health in New York, has protested continually against isolation of lepers, and his protest is upheld by eminent dermatologists of that city. This divergent opinion, followed by the action of freeing lepers from all restraint and isolation, at this particular time, must strike everyone, to use a mild term, as precipitate. If these gntlemen hold opinions so diametrically opposed to those of the members composing the late International Commission, why did they not take measures to represent their views before the Commission, where no doubt they would have been respectfully received and considered? When, on the one hand, they might have been convinced that their opinions were erroneous; on the other they might possibly have converted the members to their side. As the matter now stands, both the profession and the public are equally at sea on this question. The deliberate and unanimous opinion of the International Conference must far outweigh the opinions of the medical health officer and the New York specialists on this subject, and the continuance of the isolation of lepers, as it was in the earliest ages, will still prevail; and it hardly requires the occult attribute of the Seer to predict that the public of the State of New York will again compel the authorities to revert to the old system of isolation of lepers. The Commission came to the conclusion that leprosy is not hereditary. This is borne out by the history of the disease, especially in Brittany, where at one time it was a scourge and a terror to the whole community. The leper settlements were known as Madelines, so called after Ste. Madeline and her brother, St. Lazarus, who, according to tradition, founded a number of leper refuges, and these settlements may be traced in Brittany by their names to-day. The Madeline St. Servan, Madeline at Dinan, the Madeline at Redon, and several others. The usual industry was rope-making, and, though hundreds of years have elapsed, the same industry of rope-making is still carried on, and, though now like other villages, inhabitated by a people no longer infected or isolated, a vague feeling of aversion still lingers against the inhabitants of those once Madeline leper settlements, especially those who still follow rope-making as an occupation. The action of the New York board of health, if they have acted as stated, is to be regretted, but there can be little doubt that the consensus of opinion arrived at by the members of the Berlin Commission, a body of professional men chosen for their special eminence, will be accepted by the profession at large, and therefore by the general public. Meanwhile, the New York experiment will be watched with interest.

Though we are careful to exclude from our advertising pages anything of a doubtful character, there are certain things which, from personal experience, we desire to call especial attention to. We are sometimes asked, when medical men recommend porter for their patients,

whether any other brand not so expensive as Guinesses' would be equally good, and we can say that the porter manufactured at the Redwood brewery by the Messrs. Drewry will be found to be as palatable, wholesome, and nutritious as any other, and very superior to most brands. Whether ale, lager, or porter is recommended, the invalid can do no better than purchase the Redwood brewery products, and what are known, as soft drinks, are now so much consumed, especially by children, we know those so extensively manufactured by Messrs. Drewry to be most palatable, as well as harmless, which cannot be said of many of these concoctions, composd, as they are, of acids and other irritant matter, injurious to the tender lining of a child's stomach. The Golden Key Brand is a surety of its genuineness and harmlessness.

HOWARD'S SOAP.

It may not be generally known that our enterprising fellow citizen, the well-known chemist, W. F. Howard, is now manufacturing soap on an extensive scale, and has made large sales of his product in the old country. This soap is a very elegant preparation, its use imparting a peculiarly soothing effect on the skin. It lathers freely in the hardest water, is delicately perfumed, and as a toilet requisite cannot be surpassed. It requires but to be used once, when appreciation of its excellent qualities is certain to follow.

ANTISEPTIC THROAT PASTILLES.

Prepared by Evans' Sons & Co., Liverpool.

These pastilles have a pleasant aromatic taste and are invaluable to all persons who desire a clear voice and healthy throat. No vocalist should be without a box, and clergymen, as well as public speakers, will find them of great assistance. The very moderate price, a large box costing only twenty-five cents, places this very valuable preparation within the reach of all. Evans' Sons & Co., Montreal and Toronto.

LITHIA TABLETS.

Of the many elegant and valuable preparations turned out by the firm of John Wyeth & Bros, their citrate of lithia tablets must take a prominent place. One dropped into a glass of water creates an immediate effervesence, and imparts a pleasant flavor to the fluid. But, to those suffering from a gouty and rheumatic taint, and unfortunately their name is legion, these compressed lithia tablets are invaluable. The writer of this, a chronic sufferer from rheumatic gout, can personally testify to their great merit in warding off a threatened attack, modifying an existing one, correcting a uric acid diathesis, and soothing an irritable bladder. Messrs. Davis, Lawrence & Co., Montreal, are the Canadian agents.

"NON-COMBATANTS."

Says the British Medical Journal: "The following incident is reported by the Pioneer as having occurred during the fighting at the Ublan Pass, Northwest Frontier: 'About half-way down Captain Baird Smith and Lieutenant North, both of the R. S. F., were severely wounded. Surgeon-Captains Beyts and Bamfield, A. M. S., rendered prompt and efficient aid to the wounded, the former, with the aid of a Sepoy, carrying a wounded officer for some distance down the hill under a heavy fire where the ground was too bad for doolies to be used.' This is only one of innumerable instances in this and other campaigns of heroism on the part of medical officers; yet 'our military advisers,' while bestowing definite military titles on pure civilians such as paymasters, who never go under fire, deny military recognition to medical officers who share all their dangers in the field, and on numerous occasions have saved the lives of the very men who do not hesitate to 'pill' them when proposed as members of the 'Rag' or Naval and Military clubs."—Indian Medical Record.

PHARMACEUTICAL

THE PHYSICIAN AND THE PHARMACIST

By Albert H. Brundage, M.D., Phar. D., Brooklyn.

It is passing strange that any inharmonious relationship or feeling should exist between the physician and the pharmacist.

They are naturally as identical in their interests and as closely related in their purposes as the knight and his armor-bearer, as the general and his aides. Both the physician and the pharmacist are engaged in a war upon disease and against death, and are truly "comrades in arms." In the common cause, the relief of human misery, the protection and salvation of human life, they are the community's resource, representatives, and defenders. They are thus mutually interested, bearing such responsibilities and associated in such dependencies as would seem to inseparably cement the fraternal relationship naturally existing between them.

But, unfortunately, a lack of harmony exists, and the fact is a matter of chagrin to those members of each profession who have the true interests of their profession at heart.

Unfavorable comments and scathing criticisms by members of the one profession concerning the methods of those of the other, serve but to widen the breach, instead of bridging it; to create the impression that there is no fraternal feeling; that they are enemies, instead of vocational kinsmen; that one profession is trying to prey on the other and prosper at his expense.

This is all wrong and altogether unworthy members of such professions, and such attitude or seeming condition must have originated in certain mutual misunderstandings; in a failure to fully and properly recognize the rights, privileges, duties, responsibilities, and conditions inherent in each profession.

Members of each profession appear so jealous of their rights and so impressed with their own importance that any fancied encroachment upon the province of one by the other is considered ample ground for assuming the aggrieved defensive, if not aggressive.

Much, if not all, of this inharmonious spirit might be prevented if the members of each profession would be more considerate and make more liberal and fair-minded concessions.

The physician complains about the pharmacist's counter prescribing, substituting, pushing of specialties, favoritisms, comments on the physician's therapeutics, etc.

The pharmacist is loud in his denunciation of dispensing by the physician, of the physician's new-remedy prescribing fads, of his making serious inroads into the pharmacist's business by dispensing methods, etc. He also accuses the physician of an unwarranted superciliousness.

If there could be a medico-pharmaceutical clearing house, doubtless many of these differences would be done away with, but until there is a better understanding through some such medium many of them will continue to exist.

The physician in complaining about the pharmacist's prescribing, very truly avers that as the pharmacist is not educated nor trained as a diagnostician, nor as a therapeutist, he is not capable of taking the physician's place.

The physician having expended much time, labor, and money in order to qualify himself for his profession, and recognizing the difficulties encountered in diagnosing diseased conditions and applying the proper remedies, naturally views with dissatisfaction any side methods designed to supplant him, or intercept his fee.

When the pharmacist sells some of his medicine by means of his advice for disease, he has been remunerated for his advice and has intercepted the physician's fee.

While the pharmacist should not attempt to treat disease, nor deal with any serious physical condition, the writer has always maintained that the pharmacist can very properly give advice and aid, to the public, in simple matters.

Most physician's fail to recognize the pharmacist's position in such matters. They do not seem to realize that a certain amount of advice to the public is naturally expected, and morally legitimate and proper. The public demands a certain amount of advice and council from neighbors and friends, including the pharmacist. His advice is properly sought as to a convenient cathartic, the use of sweet spirit of nitre for a slight cold, or arnica for a bruise, etc. ; also, as to the probable seriousness of certain symptoms, and necessity for securing medical attendance without delay ; likewise advice concerning the proper disinfectant for unsanitary household conditions, etc.

Such advice by the pharmacist is surely legitimate and for the general good. He does not lose his right as an individual by being a pharmacist, and an individual would do the same from any acquired knowledge or experience. If there were no pharmacists, the public would probably in such matters depend as a rule upon the advice of less educated persons, or take their chances with these household remedies ; not resort to the physican and pay a fee. As long as the pharmacist confines his advice to simple ailments or conditions, and sanitation, he can do much good, prevent much self-injury by the public, and do much toward educating the latter to have a higher regard for the services of a physician when such are required.

The pharmacist of to-day by means of the modern college of pharmacy curriculum, is also educated and qualified as to be capable of giving most advantageous first aid to the injured, pending the arrival of a physician, thus making the latter's efforts more fruitful in good results, and often saving life.

But the pharmacist who goes outside the lines of propriety and reasonable service to the public, and, without the physician's training or skill, attempts to supplant him by making physical examinations, or treating severe or serious conditions, is guilty of a crime against the patient and the physician, and, if for a remuneration, also before the law. Such a course is sure to ultimately result in disaster.

Educating the pharmacist as a physician, as proposed some two years ago by a prominent New York pharmacist, would gravely complicate the situation and surely tend to degrade both pharmacy and medicine. The pharmacist educated as a physician would be unnecessarly educated for pharmacy, and would soon cease to be a pharmacist. His pharmacy would soon become a dispensary ; true pharmacy would be more and more neglected by him and the true exponents of both medicine and of pharmacy forced to take issue against him. This is a day of specialties. Pharmacy and medicine have each of them so broadened and deepened, and become so comprehensive, as to require the unceasing energy, interest, and devotion of the practitioner of either of them, in order for him to be a true and proper representative of that profession. To attempt to ride two horses at once is invariably to court disaster, particularly if each requires one's whole attention.

Respecting these complaints regarding substitution, it is evident that substitution is a crime against the patient, the physician, and the pharmaceutical association, of which crime he who thoughtfully considers the matter cannot unconcernedly be guilty. Upon a strict conformity to the provisions of the prescriptions oftimes depend the successful career of the physician, and the pharmacist, and the salvation of the patient. Honor and self-interest demand that these considerations be not ignored.

The pharmacist who recommends a patent medicine or specialty, the constituents of which are unknown to him, assumes a great risk and is likely to some day most uncomfortably see the error in such procedure.

Medical favoritisms by pharmacists are usually unwise, and the criticizing of one physician's prescriptions and treatment in a case in the interest of a physician friend or favorite, is most reprehensible, and quite a serious matter in case of a rupture

of friendship with the then only contributing physician.

If the dose is not improper or the medication manifestly injurious, it is not the pharmacist's province to direct the treatment. If he attempts to do so, the physician has very good cause for complaint. If the dose or medication is manifestly improper or even doubtful, it is his duty to communicate with the author of the prescription. Even druggists have been known to make very serious mistakes, and, consequently, cannot afford to over severely censure the physician. There should be that cordial relationship existing between physicians and pharmacists that an error by one should be promptly and zealously met by the other. The anxieties, cares, responsibilities, and annoyances in each of these professions are sufficient to explain the occurrence of mistakes, and it is indeed, surprising there are not more of them. The pharmacist's position enables him to serve in the capacity of a check on the accuracy and safety of the physician's prescription. Naturally, his care and consideration are, as rule, reciprocated at every opportunity by his medical brethren, thus contributing to maintain certain bonds of friendship.

The pharmacist complains bitterly that the physician is unwarrantedly supplanting him by dispensing tablets, etc. There is reason in all things, and in this, as in the question of counter-prescribing by the pharmacist. Promiscuous dispensing by physicians is not only improper, but may even be unsafe. The ordinary physician is not trained nor skilled as a compounder of medicines. The writer has, while in the drug business, had occasion to note the lack of acquaintance, by some physicians, with the differences in physical appearances between such drugs as Dover's powder and morphine, kino and lycopodium, or regarding the use of excipients in making pills, the usual method of filling capsules, or methods in compounding mixtures. How safe and proper can compounding by physicians be?

But there s a certain amount of dispensing by physicians which is not only proper, but in some respects desirable. Homeopathic physicians, as a rule, write very few prescriptions, consequently the pharmacist is very little benefited by them as a class. Pharmacists depend for prescriptions upon physicans of the other school; consequently, the success or failure of members of that school very materially affects the pharmacist. As the medicines administered by the homeopathic physician usually have a much more agreeable taste than those prescribed by his fellow of the opposite school, and, inasmuch, as at the same fee for a visit the former usually contributes the necessary medicine, and the latter does not, the public are quite frequently influenced by these considerations in selecting a physician. The lesson this would teach is that the pharmacist and his physician should unite in an effort to produce more elegant preparations, present medicines in the most agreeable and convenient forms, and at the least possible expense. In the effort to produce the most satisfactory preparations the physician must depend mainly upon the skill and education of the pharmacist. That is a part of the latter's vocation, and with proper encouragement and co-operation past experiences and observation demonstrate he is capable of brilliant results. The matter of expense in medication is very largely in the physician's hands. If he will avoid prescribing expensive drugs where cheaper ones will do as well, refrain from needless experimentation with chemical curiosities of which he uses but one dose, the rest of the "original package" encumbering the druggist's shelf and depleting his pocketbook, the public will have less reason for complaint about drug bills, and the pharmacist be better off. An additional means, and a very important one, by which he can secure and retain the patronage of the public for himself and the pharmacist, is that of carrying with him and giving out when required some certain kinds of medicine in suitable form; such as a single dose of a cathartic, of an anodyne, or an emetic. Ofttimes it is very desirable to get an immediate ef-

fect; delay may be dangerous, yet unavoidable, particularly in the night; to disclose the nature of the remedy by sending for it by name, or hazarding its interpretation by the family from the prescription, may seriously interfere with anticipated results. The pharmacist dislikes to put up on a prescription more medicine than it is evident is needed, simply because it is cheap; it calls for explanations and creates objections, yet if the quantity be very small and of a very common and cheap drug, he hesitates to make a proper charge for his time, extra labor, etc., in the matter, lest the patient have read the prescription and severely criticize his action. In the night, such calls upon the pharmacist are all the more unsatisfactory.

A consultation of their patrons' and their own interests by the physician and the pharmacist clearly indicates the mutual advantage in a certain amount of dispensing by the physican; and the lessened number of prescriptions will create a more than equivalent satisfaction and readiness to purchase the necessary prescriptions.

Those prescriptions the physician should take pains to write legibly in the interest of the patient, the pharmacist, and himself.

It is to be hoped that by means of proper consideration and concessions, the physician and the pharmacist will be brought into closer touch with each other, more dependent upon each other, with a still higher regard each for the other; that the physician will more fully realize that he may look to the pharmacist for valued aid and assistance; that the latter is qualifying himself to relieve the physician of various chemical analyses, to make various microscopical examinations for him, and to prove his efficiency and interest as a co-worker in the cause of suffering humanity. The pharmacist should likewise realize that the physician is his natural and true friend, and approached in such spirit will enthusiastically co-operate with him in the advancement of pharmacy and pharmaceutical interests.—Brooklyn Medical Journal.

THE INFECTIOUS DURATION IN SCARLET FEVER.

James T. Neech, in British Medical Journal, September 25, says. It is doubtful whether a minimum period of retention in hospital of less than eight weeks is sufficient, as he thinks it safer to increase and maintain the average, rather by extending the minimum than by prolonging the maximum period of isolation.

From returns received he finds that several authorities consider thirteen weeks of isolation sufficient, even in cases where complications supervene, and irrespective of the healing of discharging surfaces. He inclines to agree with this, and thinks that a minimum of eight and a maximum of thirteen weeks may be considered safe until the contrary be shown by the result of accurate records based upon careful observation, or they be proved to be incorrect or inadequate by exact bacteriological methods.

PECULIARITIES OF WOMEN.

Women pin from left to right, men from right to left. Women button from right to left, men from left to right. Women stir from left to right (their tea, for instance), men from right to left. Women seldom know the difference between a right and a left shoe, and if a housemaid brings up a man's boots, she will, nine times out of ten place them so that the points will diverge. London Truth inquires whether these peculiarities can be explained?