intrusions should take place into the profession of the law. The law was a profession in which no man could embark or work without a guarantee of qualifications obtained by hard labour and much expense, and it would never allow any trespassing, or any poaching, he might call it, upon that learned and most important profession. This was, as he thought, an unfortunate attempt to trespass upon the domains of the profession, and he should view any attempt of the kind with the greatest jealousy." He fined the defendant £5, including costs. Surely, if such remarks are applicable to the profession of the law, they are doubly applicable to that of medicine, where the lives of people are at stake.

I may here fitly speak of the Medical Act Amendment Bill, now before Parliament, so far as it relates to the matter I am now discussing. Whilst that Act makes it penal for any unqualified person to represent himself as a qualified and registered practitioner, and renders it impossible for any unqualified person to recover fees in a court of law, it did not appear, until quite lately, that it made the practice of our profession for gain by such persons, including chemists, illegal. I have had frequent correspondence with Dr. Waters, of Chester, Chairman of the Parliamentary Bills Committee of our Association, on this point. Mr. Upton, the Solicitor to the Association, distinctly states (JOURNAL, vol. i, 1884, p. 1109) that the Bill proposes to enact that prosecutions under the Act may and can be instituted in respect "of any person who, not being a registered practitioner, practises, or professes to practise, for gain, or receives payment for so doing, or represents himself to be a physician, surgeon, doctor, or apothecary."

It has been said that chemists have a fair grievance against us, in that we dispense our own medicines. Now, the dispensing of medicines to our own patients is a necessity—perhaps an irksome necessity—which cannot be got rid of until we have reformed some matters which, under the practice of prescribing, are a great hardship to the profession.

1. Chemists must charge a great deal less than they do at present for dispensing prescriptions. I sent a poor woman to a chemist with a prescription of half a drachm of tincture of aconite in four ounces of water. She took her own bottle, and he charged her 8d.

2. The prescription, which, in general practice, at all events, is the property of the prescriber, should be retained by the chemist, without being entered in his books, and returned to the prescriber, unless otherwise directed by him.

Or, 3, no prescription should be dispensed a second time without the signature of the prescriber, unless otherwise ordered by him.

When there is a clear and honest understanding on these points between our profession and chemists, or when defection from them is made illegal, and not till then, can the giving up of dispensing by us come within the range of practical professional politics.

If these points may fairly be granted, it may still be argued that, where a patient consults a physician or surgeon, and pays him a guinea, the prescription rightly belongs to the patient. I would say "No," except to this extent: the prescription is given to that particular patient suffering from a particular malady, and so far may be considered his property, but no further; it is not applicable to him at any other time, nor to his friends at any time. If the third point which I have mentioned were the rule, any abuse here would be remedied. I have recently read of a prescription given by a physician, for which he received one guinea, being dispensed as many as two hundred times without his ever being consulted again. The loose way in which our prescriptions are made use of by the public has done an incalculable amount of harm, and has even, in some cases, led to fatal results.

Here is another instance of abuse. "A patient subject to recurrent gout, who used to afford me an income of about £30 a year, has, since I gave him a prescription for a 10s. fee, not been near me for three years. I meet him occasionally, and he salutes heartily sometimes, with 'A famous prescription that of yours, doctor; it cost me only 10s.; and I always have it made up when I feel the gout coming on, and it always cures me.' What is worse is, that he has given the same prescription to all his gouty friends, whom he would otherwise have recommended to me; and even the chemist makes it up now, and sells it as his 'famous gout pills and mixture.' Thus, for 10s., I have sold an income of, say, £50 a year; and I am not consoled with the reflection that the patient and his friends are really better off; for, though they are saving money, they are all, in all probability, abusing my alkaline colchicum mixture, and injuring their constitutions. But this warning they disregard, and consequently we are both probably worse off than we should have been if I had steadfastly refused to depart from the old ways." (BRITISH MEDICAL JOURNAL, vol. ii, 1875, p. 485.)

In America, it is a general rule that the prescription is the property of the prescriber, and it is not again made up without being signed by him.

There is, doubtless, a good deal to be said on both sides of this question. A correspondent in the BRITISH MEDICAL JOURNAL, vol. i, 1883, p. 89, wrote in defence of our dispensing our own medicines, and his observations are worthy of notice. He says: 1. "I believe that, in dispensing my own medicines, I benefit my patients in several ways: Their ailments are not made public property; they consult their medical adviser, and with him it is only right their confidence should terminate. To relieve ourselves of a burthen by an arrangement detrimental in any way to our patients' interests, is not consistent with the honour and integrity of our noble profession."

"2. There are many advantages to be derived from personal supervision."

"3. It is difficult to see why it should be more derogatory to a physician to dispense his own prescriptions than for a surgeon to carry out his own operative treatment. Besides, to talk about its being *infra dig.* to dispense our medicines, when it can be shown to be for the direct benefit of our patients, but tamely submit, at an accouchement, to outrages upon every sense, because our patients would suffer from our neglect, is a palpable inconsistency. I believe it would be a great loss to the public, and but small gain to the profession, were dispensing practice to exist no longer. At present, there is great danger of the physician degenerating into a cross between a cook and a sanitary reformer."

There is this to be further said in favour of our dispensing our own medicines: mistakes are not so likely to occur. By making up our own medicines, or by employing an assistant to do so under our direction, there is a security against error which does not exist when we give a prescription to be made up at any chemist.

Apart from the mere ethical question of dispensing our own medicines, there is no doubt that, to the hard worked practitioner who keeps no assistant or dispenser, such mechanical work is a great drudgery, and a burthen not serenely put up with. The only remedy, under the present state of the law, seems to me to be to arrange with some chemist to do one's dispensing, pay him for the same; the prescriptions being retained as our property.

ON LANCING THE GUMS.

Read before the Medical Society of London, November 3rd.

By EDMUND OWEN, F.R.C.S.,

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THERE are two reasons which, to myself, at least, seem good, for my venturing to bring this short communication before you this evening. The first is, that I have but a slight practical acquaintance with the subject; the second is, that if the question have the real importance which it was formerly considered to have, the sooner one puts oneself in the proper course the better. With a due regard to these two objects, I will prefer to throw out suggestions for any discussion that may ensue, rather than attempt to draw conclusions, or advance any theory of my own.

Not many years ago, almost every practitioner carried a silver lancet-case, where now he would carry a thermometer. The lancet then seemed to be used for severing every clinical knot in the maladies of infancy and early childhood, which he was not able to untie.

Steadily has the thin-bladed instrument fallen into desuetude. Its place has been filled, I regret to say, by various blades, which, whether used for lancing the gums, for venesection, or for the opening of abscess, are far less suited for the purpose. But to sigh over the sepulchre of the lancet and the leech (for they lie together in the same dark tomb), is not to answer the question as to why the gums are now so rarely lanced. Has an improved condition of gum been evolved as the result of countless years of scarification? Has the process of dentition changed, or have our capabilities in clinical work improved? This last speculation is, I think, worthy of attention; but I am loth to admit it in its entirety, lest one should seem thereby to depreciate the scientific acumen of those many clear-headed and outspoken practitioners who have gone before, and with whom, in their writings, it is often both a pleasure and a profit to dwell.

Dr. Combe, in *The Management of Infancy*, remarks that, in the second stage of dentition, the gums are very painful, and marked with a pale or bright red elevation. He continues, that the infant "snatches at everything, and retains nothing. Nothing pleases

him." He then speculates on the shape of the teeth as influencing their eruption, and appears to regard the process of dentition as being, for the most part, a mechanical one. Probably this theory was rather generally held a short time ago: the tooth was on the wrong side of a tough gum, through which the surgeon must help it with his lancet. Even at the present day, the public mind associates dentition with a certain amount of clumsiness or cruelty. How often does one hear such an expression as this: "My children always cut their teeth with diarrhoea, or a large head." Was not the real explanation of all this usually to be found in the fact of the child being improperly fed? The obscure troubles often come on just as the infant is being weaned; and, from what I know on the matter of dieting at about this period, I should be inclined to think that the source of irritation is much more likely to be in the alimentary canal than in the gums. That a slight loss of blood from scarification of the gums might even in that case give relief, I am willing to admit; but I think that the saddle must often have been put on the wrong horse. How have the public become possessed of the questionable pathology; and how much truth is there in the theory?

To compare the practice of lancing the infant's gum with that of cutting through a fibrous band or roll of mucous membrane which is preventing the complete emergence of the wisdom-tooth of the adult, is not, I think, quite fair. It has been remarked to me that it is strange that the molar teeth of the child do not demand help from the lancet; and that the sharp edged teeth, the incisors, are those which are supposed to stand most in need of help. This fact is suggestive.

Dr. Billard remarked that, if all that authors had written on the aberration of the process of dentition should be recorded, an extended chapter of absurdities would be the result. And, quoting Guersant, he says, "most of the diseases of infancy have been attributed to teething. The difficulty of an accurate observation of diseases at this early age, and the little positive knowledge we possess in this department of pathology, have contributed greatly to the establishment of this opinion" (*Diseases of Infants*, 1839, p. 201).

There is one special trouble which is apt to be associated with dentition, though not dependent upon it, and which is very apt to be overlooked by the practitioner who is inclined to regard the eruption of the teeth as a morbid process; that is, the early stage of infantile paralysis. I would not pretend that one should be able to foretell the on-coming of the paralysis, when summoned to attend a young child with obscure feverish symptoms; but what I would venture strongly to urge is, that one should not content oneself with the suggestion that probably all the symptoms are due to the teething. On several occasions when I have been consulted with regard to the later stages of that disease—the wasted or deformed limbs—I have heard the mother remark reproachfully, if not bitterly, that the doctor assured her that that illness, of many months ago, was but the effect of the teething. I would repeat that dentition is almost invariably a simple physiological process. I would submit that, of the many ills to which tender flesh is heir, few arise from teething, though naturally they accompany it. I would offer a caution, that a careful look-out be kept for one of the most insidious of these ills—essential paralysis.

Then, as regards the gum itself: what is the exact condition which demands scarification? When the alveolus is expanding, the tooth growing, and the enamel advancing, the gum must needs be fibrous and tough; but that it is not really inflamed is evident to the sight, as it is also from the fact that the infant delights in having it pressed and rubbed. Does one often find it red and swollen from inflammation? For years, I have carried a lancet in my card-case, but I find no work for it upon the gums. Doubtless there are gums in need of scarification. Who sees them? Who lances them? Do the physicians? What have the family medical attendants to say upon the subject? Is lancing the gums much employed at the present day; is it little employed; is it "a good remedy out of fashion;" or do the rising generation suffer as little from its rather general disregard as they do from the increasing neglect of James's powder?

At the end of the chapter on "Teething," Combe advises that, when there is much local or constitutional disturbance, the gum should be scarified with a lancet, and allowed to bleed freely, though not in the expectation of the tooth immediately following; and that in the second stage, when the tooth is about to appear, the lancing may be demanded for putting an end to suffering and averting danger. I would ask, in conclusion, if this local and constitutional disturbance, resulting from dentition, is often met with now-a-days; and what are the "dangers" that are to be so averted? Last of all, I would like to hear from the dental surgeon as to what might probably have been the effect upon the development of the permanent teeth of the once widely spread practice of lancing the gums.

REMARKS ON PARACENTESIS AND ASPIRATION: A NEW ASPIRATOR, AND A KNIFE ESPECIALLY ADAPTED FOR THE OPERATION OF INCISION OF THE CHEST.

*Read in the Section of Surgery at the Fifty-Second Annual Meeting of
the British Medical Association.*

By JOHN WARD COUSINS, M.D. Lond., F.R.C.S.,
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THE danger of admitting air into a cavity or wound has long been recognised, and the history of the art proves that a very general conviction on the matter has existed during the past two hundred years: The surgeons of by-gone times discovered that putrefaction of the contents of a cavity often followed the entrance of air; and, moreover, that the exclusion of air was really the exclusion of a great element of danger. But the necessity of preventing its introduction was scarcely fully admitted, until modern research had proved that unpurified air was the constant vehicle of septic particles, and that, in this way, they often obtained an easy entrance into the fluids and tissues of the body. The first principle of antiseptic treatment, then, is the complete exclusion of air in all surgical proceedings, whenever it can be accomplished; and, in all other cases, in which this attainment is impossible, the danger of septic change must be overcome by the purification of the air and surrounding objects, with the aid of subtle chemical substances, and the application of strict antiseptic precautions.

It is an obvious fact that the risk of surgical interference has always a direct relation to the size of the wound, the vitality of the region exposed, and the duration of the operation. Still, it is equally manifest that the particles of infection and putrefaction may find their way into the body through the smallest wounds, and during the performance of the simplest proceedings. Under some conditions, the entrance of a little air, at the time of an operation, is really a dangerous accident; and there is every reason to believe that a few bubbles of unpurified air may actually turn the scale in the direction of septic change. At the present day, there are few surgeons who doubt the practical value of Listerian precautions; and it is a fortunate circumstance that a belief in the germ-theory of disease, and an acceptance of modern speculations respecting the essential relation of micro-organisms to the fluids and tissues of the living body, are by no means necessary to the successful application of antiseptic treatment.

The practice of antiseptic surgery demands both time and labour. Often, in country practice, the surgeon is called upon to perform operations unexpectedly, and many miles away from his residence—out of reach of friendly assistance, and under circumstances in which the strict application of antiseptic precautions is a matter of impossibility. It is, however, the duty of all who undertake the responsibility of surgical proceedings to employ, as far as possible, every protective detail; and it may be confidently affirmed that this practice must be followed by a great reduction of risk, and, in the long run, a great saving of life.

It is now my intention to submit to you a few new contrivances for the antiseptic performance of some of the most common and most simple of all surgical operations. Hundreds of cases of tapping, aspiration, and incision are done daily in this country; and this fact alone must render any new and ready methods worthy of consideration, if only they are really found in practice to be easy, protective, and efficient.

The "improved antiseptic trocar" is made for me by Messrs. Arnold and Sons, of West Smithfield, in several convenient sizes, suitable for the various kinds of tapping and exploring operations. The admission of air is not merely prevented by the siphon-action maintaining a continuous flow, but the whole instrument, with the exception of the penetrating tube, is enclosed in an air-tight India-rubber case, within which it can be opened and shut by a simple joint-movement. The simple construction of the trocar will be readily understood by a reference to the engraving. It is composed of two tubes, which accurately fit one within the other. The outer carries a pen-shaped lance (Fig. B), and the cutting edge extends around only half the circumference of