offers a prospect of amelioration, or even cure, to the victim of this complaint, such as will favourably compare with other ways of dealing with it.

Lastly, the application of the method is easy, attended with no danger, and cheap, half a gallon of creasote costing only 4d.

THE ETHICAL ASPECTS OF THE PHARMACY OF TO-DAY.¹

By WILLIAM STEPHENSON, M.D.,

Professor of Midwifery, University of Aberdeen.

UNDER the prospect of a new edition of the *British Pharmacopœia*, the professional mind is at present being directed to pharmacy. There are some aspects of the subject which, although connected only indirectly with the *Pharmacopœia*, are yet well worthy of consideration. Recent developments are tending not only to modify the methods of prescribing, but also to affect the ethical relations of medical men to the pharmaceutical world.

Pharmacy, though now regulated by a distinct Corporation, with its own organisation, protected by Acts of Parliament, is still a branch of the healing art. Home Rule has been granted, but not independence. Between prescriber and dispenser there is a mutual dependence and mutual obligations over which an ethical, if not legislative, power should preside.

Though now distinct from medicine as a profession, pharmacy has developed a professional status for itself, safeguarded by examinations that demand considerable scientific education and practical training. This position, however, requires strengthening and purification. As a profession pharmacy has, in its business relations, to contend with gross influences, which, for the sake of gain, are engendering practices inconsistent with all professional character. A keen commercial and speculative spirit is becoming rampant; it threatens to degrade pharmacy, and is affecting seriously the interests of those who are devoting themselves to the work in a proper professional spirit.

The enterprise shown of late by pharmaceutical chemists is to be commended so long as its aim is the improvement of pharmacy by scientific and professional means. When, however, it becomes associated with the craving for gain, and endeavours to satisfy it by the introduction of novelties that are turned into proprietary interests, when it is promoted by self-laudation and misleading statements in persistent and obtrusive advertisements, then the professional spirit is crushed. Under such circumstances it behoves medical men to be on guard, lest they are enticed into abetting actions that are opposed to the treasured principles and traditions of their profession.

One marked feature of the present day is the invasion by wholesale houses of the province of the dispensing chemists. Machinery is displacing hand labour, wholesale manufacture the home-made article. From the wholesale manufacturer the druggist must obtain much of his stock materials, and on his knowledge, experience, and character we must rely for the selection as to quality; but in dispensing, the preference should always be given to the freshly home-made article over the factory compounds turned out in hundreds of gross, and that may be months and years old before they are used. In the movement the spirit of personal aggrandisement can be readily detected. By a mere coating of varnish, or the use of a registered name, it is turning even the formulæ of the *Pharmacopœia* into proprietary preparations. If we prescribe for a patient any of the pills of the *British Pharmacopœia*, or of a well-known formula, have we any right, is it becoming, that we should require that they be those of one particular maker? Yet this is what the wholesale houses ask us to do, and is done by many practitioners. Would it not be more reasonable to require that the ingredients be those of certain makers than that the desired peculiarity should consist solely in the excipient or the coating of the pill? Chemists are now often compelled to keep in stock some half-dozen makes of an article which they themselves could freshly and as skilfully compound—all to suit varying

whims and bring grist to particular mills. There are many remedies where it may be desirable to name the maker preferred, but then only as a recommendation. These are the proper factory or laboratory preparations demanding special skill and facilities; but when the prescription is of the nature of a pill, a syrup, or a mixture that, the formula being known, can be compounded by any qualified druggist, it is unbecoming to restrict the dispensing in any way.

In the present day the art of combining remedies and of prescription writing is imperfectly acquired and little studied. Ignorance is the fruitful soil of gullibility; hence the large crop of non-official compounds of remedies, combined in unrevealed proportions and by secret processes.

The objectionable character of proprietary articles is not removed by a professed publication of the formula. Any value they possess must either be a secret, or if the claim be skill and facilities in compounding, in most cases it is unsupported by such intrinsic value as to merit "exclusive dealing."

The Pharmacopœia Committee will have some difficulty in preparing the new edition. Can it be expected to keep pace with the "new pharmacy" with its tablets, tabloids, tabellæ, cachets, capsules, jelloids, hypoderms, perles, parvules, palatinoids, bipalatinoids, and soloids? There is good in the "new pharmacy," but this fresh development is showing a redundancy of action, and is invaded by and proving to be a favourable medium for the cultivation of the germs of pure personal aggrandisement. There are many instances where the capsule or the tabloid is a well adapted form for the administration of a remedy, but there is a danger, under the continuous pressure of puff and samples, of the system being carried too far. The disciples of the "new pharmacy are shouting "Eureka!" and are discarding draught and mixture.

An important question, however, has been raised, whether many drugs will act as efficiently when given in the dry and concentrated as in the fluid form, especially when freshly prepared. It may be difficult to prove the point as regards many medicines, but the special form in which a remedy is administered is not unimportant. It is known that the infusion of digitalis is at times more serviceable than the tincture; caffeine does not give the same results as freshly prepared coffee; and no one surely would prefer a tea tabloid to a cup of that beverage. For convenience sake, or to make the dose more palatable, we are to discard as of no importance the corrective and the adjuvant in our prescriptions.

Another marked feature of the pharmaceutical world of to-day is the extensive use of advertisements. In business this custom is legitimate and beneficial to the public, so long as it is conducted in a fair, truthful, and businesslike manner. But it is reprehensible and unbecoming when it assumes the aggressive form against rivals, and makes use of unwarranted statements dressed up in quasi-scientific garb, the truth that is half untruth—all calculated, if not intended, to deceive the public. It is to be regretted that pharmaceutical chemists are degenerating in the style of their advertisements.

The evil effect of the keen commercial speculation can be readily traced in the changes which the advertising mania is producing in infant and invalid feeding. Articles such as condensed milk, infants' food, essences and extracts of meat, all useful in their proper place, have been seized upon and made to serve the purposes of the insatiable greed of gain. Their proper use does not create sufficient demand to meet the excessive production arising out of the large sums invested in their manufacture. Hence that demand must be artificially increased. The speculative spirit conjures with the latest scientific terms and ideas, it seeks favour by fallacious quotations of chemical analysis and physiological experiment, and makes unwarranted assertions as to medical experience and opinions. Malt has "come as a boon and a blessing," not to babes alone, but to speculators too. Of the making of meat extracts there is no end. The fresh milk of the cow is discredited in every way. It must be sterilised, peptonised, "humanised," before it is fit for use. Freshly-prepared home-made articles are useless; invalids should be fed on factory-prepared meats and peptones, months and years old; and are not medical men all the country over aiding in the production of the artificial demand necessary to earn dividends to the joint stock companies limited, ac-

¹ Abstract of a paper read before the Aberdeen, Banff and Kincardine Branch of the British Medical Association.

cepting chemical analysis as a test of digestibility, and thoroughly trusting in the permanency of the artificially-peptonised state of foods and the nutritive quality of desiccated and pulverised albumen and fibrin?

It is evident that there is much in the ethical aspects of the pharmacy of to-day that concerns medical men and has important bearings on the practice of medicine. Pharmacy is undergoing considerable change, but in the midst of the healthy development there is a growth which, in excessive production and the tendency to invade all surrounding interests, is verily of the nature of a cancer. It is destroying the professional spirit in pharmacy. By means savouring of chicanery and advertisements emulating in a refined manner the example of quacks, it is deceiving the public, and it has the effrontery to solicit the aid of medical men by asking them to be the touting agents for its goods.

A CASE OF LYMPHATIC FISTULA FOLLOWING EXCISION OF TUBERCULOUS LYMPHATIC GLANDS: CURE.

By H. MARTYN JORDAN, F.R.C.S. ENG.,
Hyderabad, Deccan.

W. G., aged 32, an officer in the P. and O. Company, a strongly-built, ruddy-faced, healthy man, had a slight family history of phthisis. He had no cough nor sweating at night, but was of a very nervous temperament. He had contracted syphilis six years earlier, but had had no venereal disease for many months before he came under treatment. There were numerous varicose veins on both legs, chiefly the left, and some œdema of the ankles, which had been present, on and off, for the last six years. Heart, lungs, and kidneys sound. The cause of varicose veins and œdema I believed to be obstinate constipation, from which he had been suffering for years, aided on the left side by the pressure of enlarged glands on the long saphena.

He first noticed a swelling in the left groin on November 3rd, 1893, about four weeks previously to coming to me; he attributed this to a strain he received while on duty in his ship during a heavy gale. About a fortnight after the commencement of the swelling he was seen by three doctors in consultation; they administered chloroform and incised the tumour but found no pus; the capsules of three enlarged glands were opened, but no pus being found the patient was sent back to bed.

From November 3rd till his admission his temperature had varied from normal to 100° in the morning, and from 100° to 102.4° in the evening. After the incision on November 17th his temperature was higher than at any other period of his illness.

He came under my care on December 1st, 1893. There was an oval tumour occupying the left groin—5 inches long, 3½ inches broad; its greatest diameter was parallel with Poupart's ligament. The skin over it was of normal colour and freely movable, except at the margins of the incision, which was open and discharging a little thin watery pus. The tumour itself was only slightly movable over the deeper structures. The surface of the tumour was nodulated. No true fluctuation was obtainable. There was no sore on the buttocks, anus, perineum, scrotum, penis, thighs, or hypogastric region. The tumour had increased in size since the incision.

Dr. McLeod, of Shanghai, administered chloroform and assisted me during the operation on December 2nd. An incision about 4 inches long was made, parallel with Poupart's ligament and including in its centre the former incision (the edges of which were pared). The tumour, when exposed, was found to consist chiefly of a mass of granulation tissue, which was scraped away with a Volkmann's spoon. A number of enlarged glands then came into view, and were dissected out, many small vessels supplying these glands were ligatured and divided. There was a chain of enlarged lymphatics leading down to and through the saphenous opening. All the diseased tissue was dissected away until the fascia lata was laid bare. In dissecting away the last of the disease a small anterior saphenous vein was, unfortunately, divided

close to its entry into the long saphena. Very free hæmorrhage resulted, and after several attempts to ligature the proximal end—which was almost flush with the wall of the long saphena—had failed, the ligature slipping every time the wall of the saphena was picked up and tied, I ligatured the long saphena above and below. On removing the forceps profuse bleeding again ensued. The long saphena was dissected out and a large posterior saphena was found entering exactly opposite the divided anterior branch, and therefore between the two ligatures on the long saphena. This branch was ligatured, and the hæmorrhage at once ceased. The long saphenous vein was then divided between the two ligatures. The cavity was washed out with 1 in 20 carbolic lotion, then filled with iodoform and glycerine. Nine sutures brought the edges nicely together. A small drainage tube was inserted in the outer angle. The wound was dressed with a plentiful supply of iodoform gauze. The diseased tissue removed would have filled two ordinary-sized tumblers. On section the glands showed numerous yellow tubercles, and in several places points of caseation and suppuration.

The patient passed a very bad night owing to severe chloroform sickness. In the evening of December 3rd the dressings were changed as the discharge had come through.

On December 4th, 5th, 6th, and 7th, the dressings, which consisted of several layers of iodoform gauze covered by nearly a pound of absorbent salicylate wool, had to be changed daily owing to the discharge of a thin, clear, albuminous fluid, two to three pints of which were in the dressings daily.

On December 8th all the stitches were removed, the wound had healed by primary union except ½ inch at the outer angle, where the drainage tube had been; but there was a large cavity under the skin from which could be pressed a quantity of the clear albuminous fluid which coagulated on standing.

The patient then passed out of my hands for a week, during which the dressings were very loosely applied and had to be changed two or three times a day; roughly, four to five pints of lymph flowed into the dressings during the twenty-four hours.

On December 15th I was able to resume charge of the case. The wound was firmly united, but the cavity still existed and the discharge "poured" out of the opening at the outer angle of the incision. At no time during the course of the case was even a drop of pus seen. Two doctors saw him in consultation with me, and advised opening up the whole wound. I feared, however, that it would be impossible to pick up the weeping lymphatics. As by this time the wound was firmly enough united to stand pressure, tight bandaging over a large pad of lint was employed in the hope of getting union by apposition. The pad was the size of an ordinary man's fist, it was placed over the incision, and over this about half a pound of absorbent cotton wool: the bandage was applied as tightly as the patient could bear.

Next evening, December 16th, the discharge had come through, and the case was dressed; there was about one pint and a half of discharge in the dressings. A pad of lint was reapplied, and bandaged as tightly as possible. The dressings were renewed on December 18th (when they contained about two pints of discharge); and on December 21st and 25th, when there was much less discharge (about one pint and a half in the four days). At the next dressing, December 28th, there was approximately half a pint of lymph in the dressings. On January 2nd about 2 ounces; on January 5th about 1 ounce; and on January 8th the wound was perfectly healed, and there was no discharge in the dressings.

The patient was kept under observation until January 27th. On first attempting to walk, on January 14th, there was some pain in the groin, and much œdema of the left leg in the evening. This excessive œdema persisted for some time, but was benefited by an elastic bandage applied from the toes to the thigh when walking. A year after the operation he was walking about quite freely, feeling no pain. Œdema of the ankles, equal on both sides, was present after a long day's standing. The varicose veins on the left side were smaller.

REMARKS.—An instance of "lymphatic fistula" following the excision of lymphatic glands¹ not having hitherto come

¹ Fistula following a wound of the thoracic duct is, of course, quite different.