

The desirability and practical value of such instruction to the future druggist is appreciated, even though such may not be considered as properly coming within the limits of examination by Boards of Pharmacy.

A section is devoted to sterilization and the methods of accomplishing the same; a timely introduction. Compounding of prescriptions is outlined at length with rules and methods in considerable detail.

The course in commercial pharmacy has likewise been outlined by Professors Remington and Cook and is one of the features of the proposed Revised Syllabus and presents many subjects relating to the business side of the pharmacist, some of which druggists too frequently find have been sadly neglected in their early training. The student who intends to follow the drug business for a livelihood needs just such practical training for his future career. This feature of the book might well replace the isolated pages on this subject in the present book.

Space does not permit an extended review of this contribution to the revision of the Pharmaceutical Syllabus, but the above references to a number of the salient features will serve to show its value to the Committee of Revision and the consideration it merits. Whether or not we agree with the conclusions of the several authors, the suggestions obtained by a careful perusal will well repay the teacher and the pharmaceutical examiner.

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INHALED DUST AND THE RESPIRATORY TRACT.

Naturally enough the respiratory tract is taken to be the chief path of invasion for the dust we breathe in. The pathology of the inhalation diseases—anthracosis, siderosis, chalicosis—bears testimony to the burdens which may thus be put on the lungs. In considering palliative measures and preventive devices to be applied in industrial work it has become necessary to learn something more exact regarding the travels of inhaled dust in the organism as well as the actual quantities which represent dangerous or insanitary limits. Investigations which the Würzburg hygienist, Professor K. B. Lehmann, has conducted along these lines with his pupils have furnished some unexpected facts. They have demonstrated that the great bulk of the inspired dust finds its way into the stomach, not into the lungs, as has been confidently assumed. Obviously the dust is regularly caught by the nasal and pharyngeal mucosa and the dust-laden secretion then swallowed. All of the inhaled dust was retained by the oral or nasal passage, yet less than a quarter of it entered the lungs at the best.

In case of insoluble particles the gastro-intestinal path may furnish a most satisfactory channel for the subsequent elimination of the dust from the body; but soluble dust finds a peculiarly favorable chance for absorption along the same route, and the opportunity for chronic intoxications is thus easily established. In any event, the lungs escape the major part of the initial irritation.—*Journal A. M. A.*