

CORRESPONDENCE.

The Case Against the Code.

SAN JOSE, CAL., April 3, 1895.

To the Editor:—I have just received a copy of a circular issued by the Philadelphia County Medical Society under date of March 11, 1895, desiring action by our county and State societies in relation to the character of advertisements that shall appear in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. This circular states among other things the following:

1. "The Code of Ethics—the moral and organic law of the AMERICAN MEDICAL ASSOCIATION—as is well known, not only prohibits physicians from employing secret nostrums, but declares that 'in any way to promote the use of such nostrums is reprehensible.'

2. "The advertising of such nostrums in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, which is taking place, is certainly an attempt to promote their use. The ASSOCIATION appears, therefore, at least tacitly to permit the Editor and Trustees of its official JOURNAL to transgress, in the conduct of the JOURNAL, the law laid down for our guidance as physicians."

It may be recollected that the present writer had something to say a year ago and more, in the JOURNAL, on the question of the revision of the Code of Ethics. I pointed out then some of the glaring inconsistencies as between some of the declarations of the Code and the practices of most members of the profession. I urged the importance of revising the Code that our professions and practice might be in harmony. But the majority at the San Francisco meeting thought that the old creeds had better stand, while we would go on belying them every day.

This Philadelphia County Medical Society assumes an air of immaculateness, innocence and virtue that is refreshing in these days of moral degeneracy and humbuggery. They say the JOURNAL OF THE ASSOCIATION must be immaculate like themselves, and stand on the very orthodox letter of the Code! There must not be the least shadow of a doubt about every medicine and thing advertised in the JOURNAL as being warranted by "The Patent Regulator," the Code. Their chief refrain seems to be in relation to proprietary medicines, forgetting at the same time that the Code also declares that no member of the ASSOCIATION shall patent a surgical instrument or appliance, and inferentially "that he must not use a patented instrument or encourage the use of the same." "Consistency, thou art a rare jewel!" What about the patent vibrometers, nebulizers, uterine supporters, artificial limbs, surgical chairs, and multitudinous other instruments advertised in the columns of the JOURNAL from time to time? Should the JOURNAL aid the use of patented instruments any more than proprietary medicines? Philadelphia County Society, stand up and answer!

The Philadelphia County Society may be composed entirely of members who are nothing but the true blue, Code of Ethics type of medical gentlemen; but if we can judge of that society by what we know of others, and at such long range, I would seriously question whether their practice corresponds with their preaching. In the first place, how many members of that society use proprietary medicines constantly in their practice? Yea, how many, even, have used antikamnia? How many members of that code-bound society use patented surgical instruments or appliances in their practice? Is it a sin to patent a surgical instrument, but not a sin to use one? Would the members of this society allow a patient to die before they would use a patented surgical instrument, and thus violate the Code? If not, why not?

This society says that a certain class of advertisements that are admitted to the columns of other supposedly respectable medical journals must not be published in the columns of our JOURNAL, as being inconsistent, and contradictory to the Code.

Let us put these gentlemen on the witness stand again: Do the members of the Philadelphia County Medical Society take any other journals than the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION? If so, do not all these journals contain in their advertising columns just the very class of advertisements that they declare shall not be published in our JOURNAL? Why do they take journals which aid and abet the use of secret nostrums or proprietary medicines? In doing so, are they not likewise aiding the use of said remedies?

As I said, in the first place: "Consistency is a rare jewel." If we are guided by an injunction which is much older than the Code of Ethics of our ASSOCIATION, and which reads, "Let him that is without guilt cast the first stone," I wonder how many stones will be thrown? I wonder if the members of the Philadelphia County Medical Society would make the air fairly black with missiles? Our own Augean stables must be cleaned before we insist on a general cleaning up all round. We must "get the beam out of our own eyes."

The only way to have consistency between the Code and the practice of the profession, in regard to patent things in general, is to remove the clause referring to the same from the Code. We know that we are professing one thing and practicing another now; why should the inconsistency continue?

Yours truly,

A. C. SIMONTON, M.D.

Of What Use is the Pharmacopœia?

FORT WAYNE, IND.

To the Editor:—I do not wish to disparage the United States Pharmacopœia in the least, nor to detract from the great merit of a work involving so much conscientious care and science and labor on the part of its authors, but I think I voice the feeling of the profession generally when I ask the question written above.

In England, the College of Physicians has a legal right to inspect apothecaries' shops, and therefore to determine to some extent the nature of their contents. In Germany, Italy, and some other European countries the civil authorities have control over pharmacies, and can fine the proprietors if a specified list of drugs of a specified quality be not kept in stock. But in the United States there is no legal control of pharmacy, except in regard to pharmacists' qualifications, and there is no pretense on the part of physicians to regulate the range of their remedies by the Pharmacopœia. A few druggists are still found who make their salts and tinctures as this authority prescribes; for most drugs and preparations are purchased from reputable wholesale dealers, and from manufacturers whose pharmaceutical laboratories are on a scale calculated to inspire confidence in the purchaser regarding the purity and standard strength of drugs sold. Hosts of small makers, too, compete for the patronage of the physicians, with a pill or tablet or elixir; and the German color makers supply most of the newer and rarer chemicals.

Under these circumstances, the Pharmacopœia seems to be out of gear with the times, and is to be looked on as a kind of survival from the past, like the great auk and the woolly rhinoceros. Yet it is quite possible that there is still a place for a United States Pharmacopœia, provided that the book can be made to suit the conditions of these days. Until then, it is only an expensive luxury, and an unnecessary imitation of works that—under the different laws of European countries—may have some good right of

existence. What number of American physicians use the Pharmacopœia in their practice, or have it in their libraries? What drugstore confines itself to the Pharmacopœia, or cares for it as an authority? What medical college uses the Pharmacopœia as a text-book for teaching materia medica? It was said once that the work "has got away from the medical profession;" but I think it is the profession—including pharmacy—that has emancipated itself from the Pharmacopœia.

In America, our chief use of such a work would be to fix or standardize the nomenclature of drugs. A second use would be to offer a list of drugs that are therapeutically efficient, distinguished from drugs that are valueless or inert, and from new remedies that have not been sufficiently tested. A third use would be to reinforce the decimal system of weights and measures in medical usage; and, to accomplish this, a new weight, the decimilligramme, should be added, and the system must be made to conform better to the *teaspoonful*, until the domestic and convenient measure can be eliminated.

More regard must be paid to the convenience of prescribers; the confusion between waters, liquors, and solutions, syrups, elixirs and glyceroles, tinctures, wines and spirits, and so on, should be abolished. A more extensive list of remedies, with posologic and therapeutic tables might be added. The list of preparations should be as brief as possible—especially of compound mixtures and syrups, and powdered extracts, tablets and troches should be recognized. We should regret to give up the Pharmacopœia; we should be glad to see it radically recast; but, in its present form, we are justified in asking, Of what use is the U. S. Pharmacopœia? W. P. WHERY, M.D.

Leprosy Case—Where it should be Reported.

NEW YORK, March 31, 1895.

To the Editor:—I beg to state, with reference to one of your remarks in the Public Health columns, of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, March 30, as to my not reporting a certain case of leprosy directly to the local Board of Health that I take, in such affairs, a higher ground. According to my opinion, such cases should be reported to a United States Health Officer, and the State or City Board of Health should have nothing to do with them. The State Board of Health would think only of the protection of its own citizens, and would most probably do everything possible to shift the responsibility, that is the expense of the maintenance of the leprosy family on some relations or friends of the leper, living perhaps in another State. If the danger was averted from their own vicinity, their particularistic conscience would be perfectly satisfied.

A city board would rather shut its eyes and ears to the proclamation or avowal of existing leper cases, than to undergo all the evils resulting from the reception of such a communication. Think of the New York Chinese lepers who had to be shipped back and forth, to and from Vancouver, in box cars (like cattle), and then to be exposed miserably on the extremity of North Brothers Island, until death separated them still more from human charity, as they had been separated from it before. These things must be trying for any human being whose power and authority decrees them, and we have no reason to believe that the members of our Board of Health have harder hearts than the rest of us.

If these cases were reported to the United States Public Service, the Federal Government would have to protect every State equally, and the United States ships could return the lepers to the place where they came from, without those vain and expensive endeavors to get rid of them by way of Van-

couver, whence, as the British steamers declined to receive them, they had to be brought back.

I may add here, that I mentioned this beginning of a leprous condition after the puncture of a fish-bone, to Professor Putnam. He said that while he was helping Agassiz in his investigations on fish, the assistants very often received poisonous wounds, but that these poisonous wounds were always painful. It must be remembered that the wounded place in our leper was anesthetic. Professor Putnam is of opinion that the poisonous element in fish resides in the mucus; for when the bones had been washed with alcohol, or simply dried, no puncture had any poisonous effect.

I must say that it seems to me quite probable that the leper whom I have seen here, had already when he came in contact with that fish, at least the beginning of leprous anesthesia.

Dr. Bristow, of Brooklyn, asked me how I could explain the fact that in my case the tuberculation appeared first on the face, while the inoculation had begun in the finger. I answered that the tuberculation occurring in the face and outer sides of the forearms, and on the back of fingers is supposed by Unna to be due to selection by the bacilli; they established themselves in those regions where the least motion is felt. The occurrence of tuberculation in the exposed parts of the body is the strongest argument for the theory of host-inoculation. Yours truly,

ALBERT S. ASHMEAD, M.D.

The Warren Formula.

ROSLINDALE, MASS., March 29, 1895.

To the Editor:—Will you kindly give me the name of the writer of the answer to "Injections in Hernia," printed on page 418, March 16 issue of the JOURNAL? I want to learn the page in Heaton on the "Cure of Rupture" where that formula occurs. As a fact the formula is copied from page 65 of "A Plea for the Cure of Rupture," by Jos. H. Warren, A.M., M.D., LL.D. You will find other formulæ on page 57. Heaton used only oak bark, pure and simple. The formula that you print was first used by my father, Dr. Warren, and was an improvement on Heaton's crude method. Heaton's book was published in 1877. My father's books were dated 1880 and 1884, and were considered authoritative.

I fail to see how such a flagrant mis-statement as crediting the formula to Heaton could possibly have occurred, and I trust a correction will be made at an early date.

Yours respectfully, CHAS. EVERETT WARREN, M.D.

ANSWER.—The prescription mentioned was quoted from Marcy ("The Anatomy and Surgical Treatment of Hernia," New York, 1892, p. 275). He says: "Dr. Warren began operating upon hernia by the Heaton method soon after the author's death. He stated in a note to his second edition, that he is 'convinced the credit of the origination of the method belongs to Dr. Pancoast; that to Dr. Heaton is due the discovery of the exceptional value of the thick extract of the oak bark.' . . . He greatly modified and improved the instruments to be used, both needles and syringe, and changed somewhat the medicamenta employed. Among the recipes commended the following is preferred"—Then follows the prescription given in our issue of March 16, 1895. It is due to Warren to say that Heaton used the fluid extract of white oak bark alone. The alcohol, ether, morphia and tincture veratri viridis were added by Warren. In our answer to our Alabama correspondent we gave the formula without the slightest intention to detract from whatever of merit was contained in the additions mentioned, or the twisted needle of the Warren syringe. Only a part of the editor's library is in Chicago, and in the transfer of a working collection, both Heaton's book by Davenport, and Warren's book were left in his Washington library.