

tion against such unjust accusations, and the best means of preventing such accidents consist in the publication of carefully detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-sixth street, New York City, who has been appointed by the Committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is

important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention to the character of observations desired.

TORALD SOLLMAN,

Chairman.

R. A. HATCHER,

Special Referee,

### BOOK NOTICES.

**ANATOMICAL NAMES**, Especially the *Basle Nomina Anatomica (BNA)*—**Albert Chauncey Eycleshymer, B. S., Ph. D., M. D.**, assisted by **Daniel Martin Schoemaker, B. S., M. D.**, with Biographical Sketches, by **Roy Lee Moodie, A. B., Ph. D.**, Octavo 764 pages, illustrated by numerous wood engravings and by two full-page plates in red and black. New York City. William Wood and Company. \$4.50 net.

This is almost entirely a book of reference for editors, authors, teachers, and for those physicians who aspire to purity of technical language. The author has followed the exhaustive six years' compilation of the *Basle Nomina Anatomica*, completed in 1894; and later published in book form in an arrangement rather difficult of orientation, as the terms were only given according to systems. So in order to facilitate the work, all the terms are arranged alphabetically with cross references to each, citing the page and serial number of the terms in their systematic positions, supplemented by 20,000 synonyms. This is the *pièce*

*de résistance* of the work, occupying a little over one-half of its 744 pages; the examination and following of which by medical writers is a consummation devoutly to be wished.

About 177 pages are given to 800 biographic sketches of anatomists by Roy L. Moodie of use for references. The preface of 9 pages is historic, and is interesting reading, showing the derivation of our medical terms from the Latin and Greek. The scholar may say "Dog-Latin or Bastard-Greek," for even as now accepted, Greek endings are appended to Latin roots and vice versa.

The multiplication of anatomic terms, even in this form of medical language, has grown to over 30,000, of which but one-fifth are appropriate and really needed. Each language, too, has its colloquial terms, ranging from that jaw breaker "*Brustschlüsselzitzenfortsatzmuskell*" of the Boche, to the Anglo-Saxon "Eye," either of which is nearly unpronounceable to a foreigner of another language. The former is better expressed in Latin by "*Sternocleido-mastoideus*" and the latter by "*Oculus*"; both of which may be sounded the same by all tongues.

Yet for short and pithy speech, we should adhere in ordinary conversation to the English word "Eye," as will the French to their almost unpronounceable "*Oeil*," or the German to "*Kopfniker*" for the neck muscle.

The anatomic association finally decided upon the principle that each part should have but a single name as simple and as characteristic as possible—and succeeded so well that the French proverb "*Qui trop embrasse, mal tient*," was well controverted, in that the great amount of work embraced was well done. The 30,000 odd Latin names are reduced to 4,500, more understandable, more simple and more applicable for the purpose, condensing and clearing up the numerous names to which different text books give different meanings.

Of the terms accepted for the B. N. A., possibly but a hundred have not gone or will not go into regular use; for a few long accepted, as the *Zonula*

*Zinnii*, *Tuba Eustachii* and others, though they mean nothing except *memoria* to antique authors, will persist. Then, too, common usage has compelled the acceptance of *thalamus opticus* (sleeping room) *acqueductus cerebri* (which contains no water) *acetabulum* (vinegar cup) and other names nowadays ludicrous when translated. These are so well engrafted into all languages that they or their equivalents are parts of daily medical speech.

The work is needed by medical editors, writers and teachers and should be in all medical libraries.

H. V. W.

## CORRESPONDENCE.

### Records of Visual Acuity.

*To the Editor:* In your editorial, page 71 of January number of the JOURNAL, you quote from a communication from W. A. Abbott, Deputy Commissioner of New York Department of Labor, regarding percentage vision determination, etc. He writes that vision of 20/20 represents 100% vision and no loss. That vision of 20/30 represents 66⅔ per cent vision and 33⅓ per cent loss. That vision of 20/40 represents 50 per cent vision and 50 per cent loss. "And so on down to 20/200, which would give 90 per cent loss of vision."

I cannot understand this position as commonly accepted regarding percentage vision and percentage vision loss. The fraction 20/20 simply means that the eye sees at 20 feet what a normal eye should see at 20 feet. The fraction 20/30 simply means that the eye sees at 20 feet what it should see at 30 feet. The fraction 20/40 means that the eye sees at 20 feet what it should see at 40 feet. These fractions mean just that much and no more. Percentage means a certain portion of the whole and every like portion of the whole must mean the same amount in percentage, and if taken from the whole must reduce the whole by the same definite amount, no matter from what portion of the whole it is taken. Whether we shovel from either end of the little coal