scientific medicine, and that the exposé of the Council on Pharmacy and Chemistry would have a most decided effect in educating the profession not to use nostrums.

READY-MADE REMEDIES.*

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To add anything of value to what has already been said on the subject of patent and proprietary medicines before nearly every gathering of medical men in the United States during the last year seems somewhat hopeless, but an earnest conviction that the medical profession is in some degree responsible for the present deplorable condition of affairs, and has a certain duty to perform in the warfare against the evil, together with the very kind and flattering invitation of your president, accounts for my presence here.

At the risk of repeating what may have been said many times, I propose to call your attention to recognized definitions of patent and proprietary medicines, to comment briefly on the harm wrought by them, to consider the extent to which the profession have aided in bringing about the present state of affairs, and, finally, to suggest our duty to the public in the future.

"A proprietary medicine is one, the manufacture or sale of which is restricted through patent of the drug, or combination of drugs, of the label, or of the name, or otherwise, or a medicine concerning which the person making it claims a private formula."

"A patent medicine is a drug which is patented, or the name of which is patented; but usually any drug, the manufacture and sale of which is restricted in any way, whether by patent of substance, name, label, or the like, or by secrecy as to the nature and method of preparation."

A careful consideration of these definitions makes it clear that for medical purposes patented and proprietary medicines are alike. I think it will also be granted that the object in either case is pecuniary gain. I know that it is claimed by the proprietors that the object is to secure to the public reliable preparations, but with the wholesale exposures of fraud in this connection staring them in the face, this claim can hardly be maintained. If it be true that any one working in the interests of scientific medicine has discovered some new remedy of value, or some new method of combining old remedies that is an improvement, what is his duty? As well might the surgeon who had hit upon some new device in operative surgery proceed to protect his device by letters patent and perform his operation behind closed doors for a special fee. To say that anything that has to do with the treatment of the sick should be restricted in this way is to say that the practice of medicine is commercialism, pure and simple.

It is a matter of common knowledge that the

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consumption of this class of products is enormous. That the public is injured physically, morally and financially by these alleged remedies is, I think, not open to question. If it be true, and I am not disposed to dispute it, that a few of these medicines are intrinsically valuable, they make up a very small percentage of the whole, and are in no single instance indispensable to the successful practice of the healing art. Indeed, in my judgment, the prescribing of these few intrinsically valuable remedies by the profession is, on the whole, a monumental blunder and works an endless amount of harm. Probably no one of us would think of prescribing *Peruna* instead of the official *spiritus frumenti*, if we wanted to tickle our patient's palate with a cocktail, but possibly some might order *Listerine* instead of a simple solution of boracic acid, and what is the result? Financially, we have robbed our patient, for it has been demonstrated that as much antiseptic value can be obtained from a solution of any of the common antiseptics for one cent, as \$4.95 worth of *Listerine* carries. But the financial aspect, though serious, is not the worst side of it. When a prominent member of the profession writes a prescription for a protected article, he not only puts the seal of his approval on that particular article, but he, unwittingly, of course, throws the weight of his influence in favor of the whole class of remedies. The public are quick to jump at conclusions, and they will say if *Listerine*, a ready-made medicine, is recognized by the doctor, it is fair to suppose that *Peruna* must also be good. Not logical, you say? Granted; but the public is not skilled in logic, and I know from personal observation that exactly that conclusion is reached by them.

That most of us have at sundry times, and in sundry ways, aided and abetted in the use of these remedies, few of us will, I think, have the hardihood to deny. Do any of us do it for our own profit? "Does the jingle of the guinea help the hurt that honor feels?" I am not willing to believe that this is commonly true. Why, then, do we prescribe ready-made medicines? Probably most of us would say because better results are obtained. In some cases I presume this is true. But why is it true? Simply because the average physician of to-day does not know enough about the science and art of prescription writing. If some second Wendell Phillips should talk to this generation about the lost arts, he might well include prescription writing in the list. This ignorance is one of the results of a movement which dates back to Bigelow's "Essay on the Self-Limitation of Disease," a movement which has led us to the brink of therapeutic nihilism, if, indeed, it has not carried some of us to the bottom of the pit. The emphasis that has been placed upon the importance of hygienic surroundings, proper diet, etc., has led us to look upon drug treatment as something of very little moment. Not many years ago I heard a prominent member of the profession say publicly, here in Boston, that a medical curriculum need give very little time to the subject;

that if the student was taught not to give anything till he had read up the subject, or consulted with some one of experience, he would get along all right in most cases. If this theory were applied to every branch of medical science, we could very materially shorten the required course in our medical schools. Our medical students must be impressed with the fact that there are certain definite results that can be obtained by the use of drugs, and that a thorough knowledge of prescription writing is a *sine qua non* to a degree. If the student is taught that definite results can be obtained by scientific medication, and is made familiar with all the agents that are considered official, he will be in no need of these ready-made medicines. Most of us prefer a suit of clothes made especially for us, though some of us may be compelled, for financial reasons, to wear the suit made for the average man of our size. But certainly our patients who call us for professional advice have the right to expect from us a prescription adapted to the individual needs of the case, rather than one ready made that has to recommend it the dictum of a financially interested manufacturer. The point I wish to make is that it is sheer ignorance, and an ignorance fostered by our medical schools, that leads the practitioner to say that the ready-made article is superior to the individual prescription, and it is incumbent upon those who have to do with medical education to graduate those who can beat the ready-made article with one made to order. That this tendency to therapeutic nihilism is not confined to Boston, nor to America, is proven by the fact that not long since at a meeting of the leading physicians of Paris an association was formed for the post-graduate study of drugs, the reason given for this movement being that the average graduate of to-day knows little or nothing of the subject. The newly published pharmacopeia contains the names of all the agents that are needed to successfully compete with the ready-made, protected article, and even if a single or several agents of the ready-made class were equal or superior to any that could be obtained in any other way (a condition that in my opinion does not exist), we would still be doing more harm than good in ordering the ready-made article.

A second excuse for prescribing the ready-made article would, perhaps, be that it was an easier thing to do. This is undoubtedly true, but it would be still easier and in most cases better for the patient, to prescribe nothing. That the leaders in the profession do it would, perhaps, be another excuse. But by so doing they lessen the validity of their claim to leadership, and give proof of lack of education, laziness, or an ape-like imitateness. That commercialism is back of the whole matter there is no doubt. Take away the money-making feature, and the whole fabric would fall with the classic "dull, sickening thud." The financial side of the question involves not only the manufacturers, but the communities in which their business is carried on, and almost the entire press of the

country. If one doubts the tremendous opposition that any legislation that interferes with the business is sure to encounter, let him attend a hearing before a legislative committee. The fellow-townsmen of Lydia Pinkham, or her descendants, J. C. Ayer & Co., and denizens of other municipalities where the business is carried on, advertising agencies, the drug trade, with some honorable exceptions, join forces with the manufacturers to prevent legislative interference. The question is often asked, What is an ethical proprietary preparation? I know of none. In my judgment, the time has come when, in the interests of the public, we are called upon to ignore the whole list. The last national Pharmacopeia has just been issued, and the Dispensatory which accompanies it treats of all the agents we need to use. If we will confine our prescribing to articles recognized by this national authority, we shall confer one of the greatest boons upon the public, and, incidentally, upon ourselves, that the annals of medicine record.

PHOTOPHOBIA: A NASAL REFLEX.

BY EDMUND D. SPEAR, M.D., BOSTON.

² Ἦν δὲ τοῖς μὲν ὀφθαλμοῖς ἐπικούρημα τῆς χιόνος ἐλ τις μέλαν τι ἔχων πρὸ τῶν ὀφθαλμῶν πορεύοιτο. — Xenophon, *Expedition Cyri*.

Nor all the Greek soldiers suffered from snow blindness, and in our day the majority of people can gaze with impunity upon "the blinding snow"; which facts give evidence that the eyes are automatically protected from injury from exposure to bright light.

Omitting cases of refractive error, or including those in which the error has been corrected by suitable lenses, it is plain that it is not the eye alone which produces the symptom-reflex known as photophobia.

Neglecting the modern theories regarding effects upon vision from certain rays at the upper end of the spectrum and considering those of light as we know it, it may be inferred that the normal functions of the percipient apparatus are interfered with in some way by conditions within neighboring structures. That there is a relationship existing between the so-called erectile tissues within the nose and not unlikely, in a direct way, with similar tissues about the ciliary regions of the eye has already been shown by many authors, notably among these Ziem, of Dantzie. His first experiments upon growing animals (1879) showing so clearly a direct influence upon development of the orbit and position of the same with relation to the face that it is now easy to predict the course of an obstructive disease of the nasal chambers throughout the life of the individual.

One of the normal reflexes, that of sneezing, will here suffice for an illustration of my contention that photophobia is a nasal reflex.

It is a common experience to have a bright light induce sneezing. No one can suppose that the eye itself is the real source of the irritation which produces the sneeze. The eye serves