pointed medical teachers of the public,—the proprietary manufacturers.

THE "ORIGINAL PACKAGE."

When the physician has prescribed an "original package," the patient greedily swallows it all—remedy, name, label and "literature"—the last with rather more zest than the first. If any physician does not know just what this means, let him take the trouble to examine a package of almost any product which has not been approved by the Council. Many things will become clear to him; among others, the real reason why advertisers ask us to specify the "original package," under the pretext: "To avoid substitution." The chances are that the package will contain a compact but comprehensive description of all possible ailments, and how to cure them at relatively small expense, by this unique medicine. The family physician has prescribed it, endorsed its efficiency, and placed the pamphlet in his patient's hand—and the patient does the rest.

Should anyone wish to study a specific instance of this means of disseminating medical knowledge let him read the description of phenol sodique that appeared in *THE JOURNAL*² last year.

There is also a better class of manufacturers—or a wiser—who would scorn these coarse methods. Some conscientious druggist might have the good sense to remove the wrapper! So the manufacturer leaves out the objectionable pamphlet and relies solely on the label, and "the name blown in the bottle for our protection only!" Now it is really astonishing how much solid advertising can be condensed into the space of a small label. One can not use as many words, but one can say as much, and suggest more. Besides, the bottle with its label or the name blown in the bottle, stays about the house even longer than the circular in which it was wrapped.

A respectable manufacturer will scorn to resort to such tactics. Of course he would! Just write to the eminent and long established firm of Pecksniff, Ditto & Co., about this little incident of their labels, and they will tell you so. "The therapeutic information is not placed on the label for the benefit of the patient—by no means; Pecksniff, Ditto & Co. are creditably informed that all patients are blind; and those who are not blind have not learned to read; and those who can read don't read; and those who do read do not know what 'cough' means. So you see, my dear Doctor, we could not possibly have intended the label for the patient. On the contrary, the information is all for your benefit. You may have forgotten some of the conditions in which Curallina-Pecksniff is indicated, and so, now all you have to do is to look at the bottle either at the drug store or at your patient's house."

THE "CATCHY" TRADE NAME.

There is another class which shows a distinct advance in craftsmanship. The label is quite free from advertisements. In a dignified and attractive form it presents the names of the preparation and of its manufacturer, perhaps its composition and dose—and nothing else. Can there be an Ethiopian in this woodpile? There may be. Notice the names: Migrainin, diabetin, liquor sedans, probilin, nephritin, etc. Does these suggest anything? Again a storm of righteous indignation. "We have adopted these names for the convenience of physicians; they have no meaning to patients, etc." No, the poor dispensary patient, who can not afford to buy them, does not know what they mean. He must confine himself to the free dispensary or to Kohler's headache powders. But there are some private patients who have the advantages of average intelligence and a high-school education. It is somewhat difficult to see how the term "diabetin" is any more convenient than "levulose," if it is more "catchy."

And this brings me to the last exhibit of the gallery, the "catchy" name, the "coined" name—convenient, easily remembered—by whom, if you please? Are physicians so ignorant or so lazy that they can not understand, remember or use a name indicating the origin or composition or other properties of a drug, but only those which imply its uses, or which imply nothing? Do they not know that antipyrin is used in migraine, bile salts in obstructive jaundice, or that chloral is a hypnotic, unless these are dubbed migrainin, chologestin and somnos? I concede that names should be reasonably convenient, and that sulphonethylmethanum is not a very useful synonym for trional, but there is a golden mean in all things.

Finally, I ask the reader to turn back to the sub-title of this paper, do some thinking, and then act on his conclusions.

(To be continued.)

Correspondence

Parallelism in Anatomic Description.

CINCINNATI, May 23, 1908.

To the Editor:—In *THE JOURNAL*, May 16, page 1651, I note that you have called attention to the item in the *St. Louis Medical Review* of March last, which accuses me of plagiarizing the section on anatomy in my recent article on the hymen. The *Review* says that the entire section devoted to the anatomy is cribbed from a certain article which is mentioned. This is not true, as any one can see by comparing the articles. The *Review* proceeds to publish from the two articles a number of parallel sentences of more or less similarity. Some of these sentences are of the simplest anatomic facts which are found in any anatomy, especially the old German ones, as, for instance, Hyrtl, as to the position of the hymen, its minute anatomy, and the enumeration of the animals in which the hymen is found; matter which is copyrighted by no one, but is the general common property of the profession. The article which I am accused of pilfering was published in 1904 and mine in 1908. But this was my last article on the hymen. My first was published in 1884. My last was a revised edition of the former, both read before the Cincinnati Academy of Medicine. I have published a dozen articles on the hymen and, from my first to my last, I have not been able to change the anatomy very much. This is rather a fixed science and pretty generally known. Some of the selections paralleled in my paper occupy but half the space they do in the other. When I wrote my last paper I prepared a bibliography mentioning all the articles that I had consulted and intended publishing it. The paper became so long it was necessary to cut it out. If I quoted the other man without giving him credit it was entirely unintentional and was caused by the omission of my bibliography.

E. S. MCKEE.

A Liquid Splint Formula—A Warning.

BENTON HARBOR, MICH., May 20, 1908.

To the Editor:—A suave individual has been calling on physicians in this vicinity trying to sell a "formula" for a liquid splint material to take the place of plaster-of-Paris. He claims that the "formula" cost \$28,000 to perfect, and that he has paid \$7,000 for it himself and is selling it to physicians for \$10, on the understanding that the physicians will keep it a secret! From the size of his "roll" and the diamonds he wears he evidently finds many "suckers." Dr. Charles H. Gallagher of Slaterville Springs, New York, exposed this man long ago and published the "formula" he used at that time. The formula was as follows: Powdered starch, one ounce; isinglass or gelatin, one ounce; solution of potassium silicate, one quart; pulverized boric acid, one-half ounce. Mix the starch with the solution of silicate of potash by shaking from a pepper box and stirring constantly; reduce the gelatin to the consistency of mucilage with boiling water and mix with the first two (better soften the gelatin with cold water first). Then put in jug of double

² Nov. 9, 1907, 1617.