DEATHS AND OBITUARIES.

To the Editor:—At the last convention for the revision of the U. S. pharmacopeia an instruction was given to the revision committee to insert the average dose of each article. This was stated by one of the leaders to be merely a concession to the demands by physicians that the forthcoming revision should result in a more practical manual for their use. In this spirit it was adopted without debate or alteration.

Conversation since that time with many of the delegates to that convention, as well as with professional gentlemen from all sections of the country, convinces us that average doses are not wanted in this work by either physicians or pharmacists, as in many instances they must be a wholly indeterminate quantity, owing to the wide range in the number of cases, and under no circumstances could they be more than a treacherous guide to inexperience.

What is wanted both by physicians and pharmacists and what they have for more than twenty years been demanding is the insertion in this work of maximum safe doses, the intentional exceeding of which by the prescriber shall be indicated by proclamation mark, or otherwise.

This step would bring the work into accord with other standards, assure the prescriber of the usual limit of safe dosage in producing the specific effect of the drug and guide the pharmacist in discriminating between an error and an intentionally large dose. Few situations are more responsible and perplexing to a prescription clerk than to receive a prescription containing unusual doses, yet having no authoritative standard which will justify him in declining to procure it until he can consult the prescriber. This vital point will be in no way improved by the proposed insertion of the average dose.

The "average" dose of any drug is almost wholly a matter of individual experience and method of treatment. Scarcely two of our American authorities will agree within wide limits on the best dose of a given remedy, even for the same complaint. How absurd, then, to specify or even to name all ailments and all conditions of environment. The average dose of quinin in the Mississippi Valley would mean certain delirium in our mountain climates. Therefore the one demand for the protection of physician, pharmacist and patient is that this authoritative standard shall simply indicate the maximum safe dose of its preparations which may be exceeded by the prescriber, if necessary, by his indicating that he recognizes its unusual size, and from which he may descend towards infinity just as far as his judgment may guide, that is immaterial: the "maximum" dose is the important and serious one which every one who in any way handles drugs must know. The "average" dose is of service to few. Can not this error, as we consider it, be rectified before the labor of revision goes too far? There will probably be two years yet before its publication.

J. TRACY MULVIN, PH.G., M.D.
Member Convention for Revising U. S. Pharmacopeia, 1900.

Deaths and Obituaries.

ROSS RICHARDSON BUNTING, M.D., Jefferson Medical College, Philadelphia, 1856, died at his home in Exborough, Philadelphia, Oct. 9, aged 66. He was the only child of Dr. Thomas Chalkley Bunting. After receiving his degree he studied five years in France and was one of the first Americans to receive the diploma of the Ecole de Medicine of the University of Paris. On his return to America he took charge of the practice of his uncle, Dr. Ross Richardson. He was a member of the principal medical societies and a frequent contributor to medical literature.

HOLT FAIRFIELD BUTT, M.D., University of Pennsylvania, Philadelphia, 1856, died at his home, Portsmouth, Va., Oct. 9, aged 66. Dr. Butt was one of the oldest practicing physicians in Tidewater, Va., served as a surgeon in the Confederate Army, was health officer and quarantine officer of Portsmouth, where he had practiced for more than forty years. The

Average Doses in the Next Pharmacopeia.—A Protest.

SAGUACHE, Colo., Oct. 20, 1900.

To the Editor:—I note with surprise the discussion on Professor Bevan's paper in issue of September 22. Is it possible the majority of those taking part in the discussion represent the highest and most influential of the neurologists of the present day? If so, there is small wonder that corporations do not generally employ them. I have too much respect for the eminent men, universally known and esteemed throughout the world, who have espoused that field to believe any such thing. Professor Bevan's experience is that of most experienced surgeons, be they railway surgeons or others. While I can not concur in all he says, in the main my experience for thirty years corroborates his views. But I wish briefly to refer to such authorities as Broudel, Paget, Charcot and many others of equally world-wide fame, who state the proportion of simulated cases of traumatic neuroses as high as 80 per cent. One such authority claims that they often nurse themselves into a condition of pathologic entity resulting in serious lesions, sometimes resulting even in death. While I do not believe so large a percentage are consciously fraudulent, I do believe a very large percentage, a large majority even, are unconsciously so. Through psychic influences such conditions are engendered and engraved on the nervous system, and much tact on the part of the surgeon or neurologist is necessary to overcome them. We should consider a very large percentage pure simulation, but not declare them as such to the patient. We should be careful not to overlook the genuine cases and to call to our aid the experienced neurologist if necessary.

R. SAYRE HANNES.

Medical Practice in Australia.

SYDNEY, New South Wales, Sept. 14, 1900.

To the Editor:—You have asked me to give you an occasional short letter. In the Australian colonies lodge practice has become a subject of much interest to the medical profession. Nearly one-fourth of the total population participates in cheap medical attendance through the means of these medical "friendly societies." There are 2650 medical men in the colonies, and of these 170 hold government positions, which prevents them from having private practice. One-third of the remainder have lodges, nearly 1200 souls to every lodge physician.

The medical profession is attempting to change existing conditions, but finds some difficulty in doing so. The lodge practice offers a ready means to the young practitioner to start in life; £150 to £200 per annum gives him some assistance while gaining a private practice. A change in the present system would be an advantage to the profession and public. In 1901 all the colonies come under a federation, and very probably after such a change more harmonious regulations will be established in regard to medical practice.

Years ago men holding American diplomas established some rather poor records in Australia. The medical men here are rather astounded so that all Americans must suffer. A medical man here is somewhat at a disadvantage unless he has an English degree.

P. M. K.

reported on the monthly reports of troops serving in the Pacific islands, and 32 of these, or 33.3 per cent., were sent to the Government Hospital for the Insane. Seventeen cases, or 53.1 per cent., of those committed recovered in an average period of 3.6 months, 2 were improved, 2 died and 11 remained not improved.

It is not deemed necessary to do more than present these official data since the sensational newspaper publicity which have been published during the past year relative to the unusual number of cases of insanity which have been returned to the United States from our troops operating in the Philippine Islands. Respectfully,

CHARLES SMART,