will amply justify the efforts expended in so fascinating a field as this one.

DISCUSSION.

DR. JAMES B. HERRICK, of Chicago—I believe it is true that Congo-red has been proven to be a reliable test for free hydrochloric acid, and negative results may be assumed to exclude this acid as well as other mineral acids. I am glad to see that the author does not rely alone upon examination of the contents of the stomach for proof of the existence of carcinoma. He justly calls attention to the value of blood examination and the presence of leucocytosis as confirmatory of the diagnosis of carcinoma. The presence of cachexia and other signs must not be ignored. He calls attention to the fact that free hydrochloric acid is frequently absent in many other affections than carcinoma, and it is also true that some of the later writers have found lactic acid in the stomach contents where no carcinoma was present. For instance, in Professor Osler's clinic there was a case of non-malignant obstruction of the pylorus in which lactic acid was found. So we are forced to look upon examinations of the stomach contents, at least in so far as hydrochloric and lactic acid are concerned, chiefly as confirmatory tests.

DR. WAINWRIGHT, of Kansas City, Mo.—I have had some experience with analysis of the stomach contents the past four or five years in clinic work. Several times I have made an early diagnosis based on a chemic analysis of the contents of the stomach, but I have never yet been able to induce a patient to be operated upon with only such evidence of carcinoma of the stomach. Later when a tumor could be felt and there was cachexia, making the diagnosis very plain to all, the patients were willing to submit to an operation, but it was too late to derive any benefit. The most satisfaction which I have derived from this analysis has been in cases of obscure tumors of the abdomen. During the past winter my attention was called to two or three cases of tumor located in the left hypochondriac region which every physician who examined the patients pronounced tumor connected with the spleen or other organ beside the stomach, yet by analysis of the gastric contents, etc., I was able in each instance to positively locate the tumor in the walls of the stomach, and this diagnosis was afterward confirmed by autopsy. If we are able, as I believe we are, to make a diagnosis of carcinoma of the stomach in the early stage by careful analysis of its contents and functions, I think the time will soon come when surgeons will relieve these cases by operating early.

DR. PAUL PAQUIN, of St. Louis—Although we have many maladies of the stomach, we are yet hardly in a position to make a proper diagnosis. Perhaps the time has not yet arrived for making a positive diagnosis of the diseases of the stomach purely by chemic or bacteriologic analysis; yet in my judgment such analysis is of the greatest importance, especially as giving confirmatory evidence. Such analysis has been a part of my work for some years past, and I am delighted to know that we are progressing in that line. I am, however, of the opinion that we are inclined sometimes to neglect physical symptoms, and to consider too much and too strongly the results obtained by analysis. We must consider that in no other organ except the alimentary canal do we get such chemic changes as are produced by the ingestion of food, beverages, and so on, and we can not depend upon the findings of the chemist and microscopist as a basis for therapeutics. But before this analysis was introduced in the work of the physician for the purpose of diagnosis, he certainly was a great deal more at sea than now, and we have to-day workers like the essayist who are leading up to the ground which we must finally occupy in order to diagnosticate many of the diseases of the alimentary canal.

DR. WEBER—It is gratifying to observe the endorsement of this paper as indicated by the discussion which leaves little or

nothing to be added. It may be emphasized, however, that when you find a well defined tumor, cachexia, and great loss of weight, that patient is past surgical or any other help, and most of us will decline to resort to operative measures at such a stage. The second case which I reported, was most interesting for the reason that no tumor was discoverable by palpation or physical means to within a day of death, and, contrary to the rule, there was absence every day of lactic acid. Another case to which I referred showed enormous quantities of lactic acid, and the autopsy proved it to be an ulcer of the stomach. Hence the conclusion in my paper seemed justifiable—that the acid symptoms in themselves are not always reliable, but when taken in connection with other facts are of the greatest value.

THE PRACTICE OF PHARMACY AS A LIBERAL PROFESSION.

Delivered in the Section on Materia Medica, Pharmacy and Therapeutics, at the Forty-seventh Annual Meeting of the American Medical Association, at Atlanta, Ga., May 5-8, 1896.

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Pharmacy is a branch of medical science and practice. It belongs to that part of medical science formerly known as pharmacology, or the science of drugs. Unfortunately the term pharmacology has been used in a restricted sense, being applied more particularly to experimental vivisection of animals for determining the physiologic effects of drugs. The word pharmacodynamics more properly describes that branch of medical science. Gould defines pharmacology as "A treatise on the nature and properties of substances used as medicines, or those employed in their preparation," and according to the same authority, pharmacodynamics is "The science of the powers and effects of medicines."

H. C. Wood, in the introduction to his classic work on materia medica and therapeutics, clearly defines the meaning of terms used in this connection by saying, "Although pharmacy, or the science of preparing medicine, is entirely distinct from therapeutics, or the science of the application of medicine to the cure of diseases, it is evident that some acquaintance with the former is necessary to the correct appreciation of the latter. Further, as a basis of both studies, must first come a knowledge of materia medica or the substances used as medicine. Pharmacology is the general term employed to embrace these three divisions."

Hermann, professor of physiology in the University of Zurich, and one of the leading authorities in experimental vivisection, in the introduction to his "Experimental Pharmacology," a hand-book of methods for studying the physiologic action of drugs, says: "Pharmacology in its widest scope embraces the study of drugs from all possible points of view, and the information thereby acquired may be useful under the most diverse conditions; to the physician, to enable the recognition and proper treatment of cases of poisoning, or to permit of the use of drugs for therapeutic purposes; to the public, to permit the avoidance of noxious substances; to the physiologist and pathologist, to enable the application of information derived from the study of the action of poisons to the advancement of their sciences. The study of pharmacology can therefore be limited according as one or more of these points of view occupy the first place in the mind of the investigator. The public desires to know only what substances are poisonous, that they may be avoided, while their modus operandi is a matter of

indifference. Those poisons which are suitable for use at the bedside will prove most interesting to clinicians."

"Pure pharmacology is best advanced by the avoidance of any special stand-point, in order that all of its bearings may be equally appreciated, and still more, since the advancement of pure science is always retarded by a search for that only which promises immediately practical results. The history of the progress of the sciences teaches that nearly all the most important discoveries, even those subsequently of the greatest practical value, resulted from investigations untrammelled by a continuous mindfulness of the merely practical. Thus physiology has rendered such inestimable assistance to the progress of practical medicine that she can well be regarded as her handmaid; but, nevertheless, physiology is a pure science, which, like physics and chemistry, should be studied for its worth, without being hampered by doubts as to whether its results are immediately applicable to practical medicine or not. So also pharmacology is growing more and more worthy of occupying a similar position, though it must be acknowledged that as yet, it is not bounded by such sharply drawn lines as to constitute a distinct science. Much, however, can be gained in this direction by constantly bearing in mind that pharmacology has for its object the recognition and study of all changes which a foreign body can undergo or produce, otherwise than traumatically, in the organism, while the questions as to whether the substance under study can be ever likely to prove a poison to man, or whether it has properties which warrant its use as a medicant, should be kept in the background."

"Consequently every substance which possesses any active properties should prove of interest to the investigator in the domain of pharmacology; while naturally those substances will be preferred which are either quite unknown, which show results entirely novel, or whose action admits of predetermination from a theoretic point of view, as from the stand-point of chemical composition. And it should, moreover, be remembered, that even substances which themselves evoke no symptoms in the organism, may form worthy subjects of pharmacologic investigation as throwing possible light, in the changes which they undergo in the system, on the behavior of other more active poisons."

If pharmacy is a department of science, its practice is a medical art. It therefore follows as a natural sequence that pharmacy must be regarded in the light of a medical specialty, and the pharmacist is under the same obligation to science, to the profession, and to suffering humanity as the physician.

Now medicine is a liberal profession. It is distinguished from a mercantile pursuit in that service to humanity (not money-making) is its primary object. What business or profession is there like medicine in this respect, viz., that it seeks to remove the cause for its very existence. And yet we behold such unselfishness and devotion to humanity in preventive medicine, which leaves no stone unturned to ascertain and subdue the causes of disease which the physician gains a livelihood by treating. Indeed, medicine owes its high position among the vocations of men to its philanthropic aim, seeking in every way to relieve and prevent human suffering, devoting itself to original research, and publishing its results for the benefit of science, constantly sacrificing self-interest to aid

others, and neglecting, for philanthropic reasons, to take advantage of many opportunities for gain.

If what I have said is true then pharmacy can never be recognized as a liberal profession, until it becomes part of the medical profession, for it can not, from the very nature of things, become a profession by itself. Pharmacy is directly dependent upon therapeutics, and is like a body without a soul when divorced therefrom.

Pharmacy can find its *higher* advancement, not by catering to an unenlightened public, unfitted to appreciate it either from a scientific or professional stand-point, but by working with physicians to a common end, that end being the promotion of progress in pharmacology as a science, the advancement of pharmacy as a profession, and the study of means to prevent and alleviate human suffering. By serving this end pharmacy will find its true position among the liberal professions.

As a trade pharmacy would seek to create a fictitious demand for drugs by exaggerating their importance as curative agents, thus pandering to the morbid tendency of the public to dose itself for real or imaginary diseases. As a profession it will join with the medical profession in efforts to relieve the public of the necessity of taking medicine. Coöperation between the physician and pharmacist is absolutely indispensable to the advancement of pharmacologic science, for as already said, neither therapeutics or pharmacy as science or practice can exist alone.

The science of medicine professes to exhibit what is actually known, or may be learned, in the forms of exact observation, precise definition, fixed terminology, classified arrangement and rational explanation. To promote the progress of the science of drugs it is therefore necessary for both professions to publish the results of their discoveries for the benefit of science. It is just as reprehensible for physicians to neglect the publication of the results they obtain from the use of drugs, or their preparations, as it is for the pharmacist to restrain the knowledge of the same from general use, by means of secret formulas, protected from legitimate competition by fanciful names, which latter are registered as trade marks, at the Patent office in Washington. How can the demands of science be satisfied unless the knowledge of every substance used in medicine, together with its method of preparation and application to the cure of disease is published, and its manufacture and sale open to legitimate competition?

"In every civilized country¹ there is some recognized official list of drugs and their preparations known as the pharmacopeia. In most places this being prepared with the sanction of the government, partakes of the nature of a law, but in the United States conformity to it depends upon the voluntary action of the professions, of medicine and pharmacy by a representative convention of which it was originally prepared and is decennially revised."

The position and responsibility of the physician and pharmacist in relation to the pharmacopeia is the next point to which I desire to call your attention. On the analysis of 27,000 prescriptions recently made by Prof. Patch, President of the American Pharmaceutical Association, it was shown that the pharma-

¹A treatise on Therapeutics comprising *Materia Medica and Toxicology* by H. C. Wood, Jr., M.D. Third Ed., p. 17, Philadelphia, J. & B. Lippincott & Co., 1860.

copeia was sadly neglected by physicians. Only seventeen vegetable drugs were prescribed, and more than one hundred drugs of vegetable origin neglected. Ten metals were honored, but more than ten were left out in the cold. In fact the entire materia medica comprised by these 27,000 prescriptions consisted of the following drugs and preparations, viz:

Acetanilid; antikamnia; antifibrin; antipyrin; aristol; phenacetin; acid arsenious; acid boric; acid carbolic; acid hydrochloric; acid salicylic; acid sulphuric; acids, twenty-five other kinds; aconite and its preparations; ammonium salts, chlorid, carbonate, bromid, etc.; belladonna, its preparations and alkaloids; bismuth salts, principally the subnitrate; brandy; camphor and its preparations; cascara sagrada and its preparations; chloroform, its preparations and combinations; cinchona and its preparations, combinations and alkaloids; digitalis and preparations; gentian and preparations; ginger and preparations; glycyrrhiza and preparations; hyoscyamus and preparations; iodin and preparations; lead salts and preparations; mercury, its salts and preparations; nux vomica, its preparations and alkaloids; potassium salts and preparations; rhubarb, its preparations and combinations.

In this study of 27,000 prescriptions from nineteen drug stores distributed between Chicago, Philadelphia, Bayonne, N. J., Boston, Washington, Baltimore, Denver, San Francisco, New Orleans, Cincinnati and St. Louis, 11.25 per cent. were proprietary articles, not including many elixirs, pills, tablets, fluid extracts, etc., which were of specified manufacture.

An analysis of 10,000 prescriptions, made by the committee on revision of the United States Pharmacopeia of the Illinois Pharmaceutical Association, shows that in 2,613 prescriptions, or about one-fourth of the whole number, proprietary remedies were prescribed. Many proprietary articles are of the greatest value. They are often the products of manufacturing houses provided with the very best facilities of manufacturing. Many of them represent the researches of the most learned chemists, extended over years of careful investigation. In fact it is fair to assume that some of our proprietary medicines advertised to the medical profession in the medical journals represent the van of progress in pharmacy. To be sure, some of them are of comparatively little value, and should find a place in the lumber room with the trash in company with much of what is now official in the pharmacopeia. But that is no argument against those that are of value in either case.

Now assuming that the proprietary medicine referred to are valuable pharmaceutical preparations, it is evident that a place should be found for them in the next revision of the pharmacopeia. It is equally evident that they can not be admitted as proprietary medicines, unless the medical profession shall endorse a system which withholds from general use that entire class of preparations. Such an endorsement on the part of the medical profession would be a complete surrender of the altruistic ideal that distinguishes the practice of medicine as a liberal profession, and an endorsement of a most dangerous form of commercialism.

From what has been said above, it is very evident that affiliation between physicians and pharmacists is of first importance to promoting progress in the knowledge of pharmacology, to improving our pharmacopeia, and to the rescue of medical and pharmaceutical practice from the grasp of the proprietary

medicine trade, which is now encroaching upon the domain of the pharmacist and the physician. But, you say, there are unsurmountable obstacles to affiliation between the pharmacists and physicians. They are at war with one another everywhere. Physicians charge that pharmacists prescribe over the counter, and that the practice is unjustifiable, as they are not competent to do so either by education or training, and it is an unwarranted interference with the physician's prerogative to treat the sick. But the pharmacist can urge with equal propriety that the physician is not competent, either by education or training to compound and dispense his own medicine, and for him to do so is an unwarranted interference with the prerogative of the pharmacist. But there is a great deal of difference between the deep blue sea and the dry land, though one overlaps the other on the beach. Now it seems to me that this question of interference between the pharmacist and physician is something of the same nature. Both may wade with impunity in the shallow waters along the shore, and do no real harm to each other, or to the public at large. But there are depths in pharmacy capable of drowning the venturesome physician; and the pharmacist who attempts to climb the high mountains of diagnosis and treatment is sure, sooner or later, to fall and break his neck. Yet in some countries these prerogatives are protected by law, and both physician and pharmacist must keep on his own side of the fence.

But, say the physicians, we can never unite with pharmacists until they no longer renew our prescriptions without our authority. It is damaging to our reputation and purse, and a very unfriendly act to say the least about it. But physicians lose sight of the fact that both professions are servants to the public, and if the patient is refused the privilege of having his prescription renewed, he will seek another physician and another pharmacist. Not until the public is educated to appreciate the necessity of consulting the physician before renewing prescriptions will the prescription-renewing nuisance be abated. Pharmacists, to a great extent, are powerless in the matter. And the medical profession has done much to foster the abuse by prescribing ready-made nostrums, so the fault is not entirely with the public either.

Physicians complain bitterly that pharmacists sell "patent" medicines and thus make themselves the agents of the nostrum monger. But the proprietary medicine business owes its present standing in the community more to the medical profession than to the pharmacist. More than ten per cent. of the medicine prescribed by the physicians in the United States are so-called "patent" medicines, and the physician is just as much to blame for prescribing them, as the pharmacist for selling them. I can see no good reason why harmony can not be restored between the pharmacist and physician. Once in touch, and working for a common object, many of the evils now complained of will rectify themselves in time, and the public will soon feel the influence of a united profession, and respect the calling of both physician and pharmacist more highly in consequence.

Two questions naturally present themselves at this juncture, 1, How can coöperation between physicians and pharmacists be secured? 2, What are the best plans for promoting progress in the science of pharmacology, and the useful arts of pharmacy and therapeutics? The answers to these questions merge into each other, so we will consider them together.

First of all, State medical and pharmaceutic societies would do well to imitate the example of the national medical and pharmaceutic societies in the matter of interchange of delegates. Sections on pharmacology should be established in State societies, and physicians and pharmacists should join in debate regarding drugs and their properties. Local pharmaceutic societies should be formed, to meet in conference with the local medical societies at least quarterly. In places where that is impractical, the local pharmacists might be invited to attend the meetings of the county medical societies, and join in debates on subjects of mutual interest. These interesting debates when published in the medical and pharmaceutic journals would benefit the entire profession. Collective investigations of new drugs and preparations both pharmaceutically and therapeutically might be undertaken in which both professions could take part. The manufacturing houses might be invited to join in this work, by establishing scientific departments for original research, and members of these departments invited to join in these conferences. By means of a common object, harmony would be secured between all concerned. The result of such coöperation in promoting progress in our knowledge of drugs upon the next revision of the pharmacopeia can easily be conceived. The next move of importance would be the abolition of the proprietary system as applied to medicine. The existence of the proprietary system as a legal factor seems to be due to a misunderstanding of the patent and trade mark laws, not only by pharmacists and physicians, but by the courts as well. That such a misunderstanding exists will be apparent on considering the verdict of the House Committee on Patents on this important matter.

A few years ago I accompanied a committee from the State Pharmaceutical Society of Delaware to Washington, for the purpose of asking the United States Congress to define a trade mark, and inform us in regard to its application. We were referred to the House Committee on Patents, of which the Hon. Benj. Butterworth was then chairman. After listening to our petition and considering the matter during more than two hours' debate, the following verdict was reached:

1. The registration of an alleged trade mark does not make it valid. Registration is merely to give notice that the thing registered is *claimed* as a trade mark. The validity of the claim can only be settled by the courts.

2. The proper use of a trade mark in no wise restricts the free use by others of the article of merchandise to which it is affixed. It confers on the user no privilege to the exclusive use of an invention of the kind conferred by the patent law, otherwise we should have the anomaly of laws diametrically opposing one another. The patent law grants to the inventor the exclusive use of his invention for a limited time, and then only on the publication of exact knowledge of the invention by a proper application for a patent, whereby the public may manufacture it when the patent expires. The use of a trade mark on the contrary, is unlimited in duration, and no publication is required when it is used on an invention.

3. The public has a perfect right to manufacture and sell any article of commerce not patented, and to do so under its proper or generic name whether a trade mark is used in connection with the article or not. For this reason courts have held that names

describing articles can not be used as trade marks on the articles they describe. Otherwise the use of trade marks would be a hindrance to competition, while the proper use of trade marks promotes competition by distinguishing between one brand of an article and another brand of the same article, thus stimulating manufacturers to improvement in processes and methods of manufacture for the purpose of excelling each other in producing the same articles of a better quality and at a lower price.

4. While not constituting itself an interpreter of law, yet the House Committee on Patents as individuals, did not hesitate to affirm the position above described, and so instructed the Associated Press reporter who was present.

The question why the courts have so frequently made contrary decisions is not a difficult one to answer. There are several reasons to account for it. Judges, as well as doctors, often make mistakes in diagnosis, and one is not more infallible than the other. Again many cases of alleged infringement of trade mark have been decided against the defendants because of the element of fraud involved. It is manifestly unjust for the courts to protect an alleged trade mark when it consists of the only name by which an article (not patented) is known to the market, because, by so doing, the manufacturer is given an unfair advantage over the public in the making and selling of an article to which all have equal right.

On the other hand it would be rank injustice both to the manufacturer and the public to permit the counterfeiting of trade marks, labels and packages, to the injury of all parties concerned. The question that has been decided in most cases brought before the courts, has been whether the goods were counterfeit, not whether the alleged trade mark was a valid trade mark. In the "Syrup of Figs" case the question was decided on its merits, Judge Swan rightly maintaining that the name "Syrup of Figs" was either deceptive or descriptive. If the former the plaintiff had no standing in court, if the latter no infringement of trade mark existed.

The principle that underlies the subject, however, is the copyright or right to copy. The House of Lords, and following the precedent, the Supreme Court of the United States, decided that authors and inventors have no natural right, or right at common law, to prevent others from copying their respective writings and discoveries. The right, when it exists at all, is a creature of statute and of grant, and subject to the terms of the statutes and grants. The other side of the bitter controversy known as the "copyright war," claim that authors and inventors have a natural or common law right to their writings and discoveries, irrespective of the copyright and patent laws. Judges who believe the latter will naturally be influenced in their decisions accordingly, and may grant a protection never intended by our law makers.

But as one learned author truly said, if the right to the exclusive use of writings and discoveries is a natural right, then it exists forever, for who can limit it? Then the inventors of pens, ink, paper, and every article of commerce, ought to have been protected in their alleged "rights" for all time, and the same "rights" should have been continued to their heirs. This would have created an aristocracy that would have owned the entire property of the world in time, and the remainder of mankind would have been the slaves of those great monopolists. Either that or the

remainder of mankind, being in the majority, would have finally revolted, and put an end to the monopoly. And what is the use of a "right" if it can not be maintained?

If we are to have patented medicines, let there be appointed a medical board in connection with the patent office to see to it that the patent law is made to promote progress in science and practice, not to hinder it. Grant no patents except when new and useful articles are really invented, and do not permit patents on mere aggregation of old and well-known drugs, that any pharmacist or physician, with a proper knowledge of his art, would naturally devise in practicing his profession. And let there be an end to the registration as trade marks of the only names by which articles are known, for it creates and maintains perpetual monopoly and such monopoly is contrary to the very spirit of the American constitution.

The latest move by the proprietary medicine manufacturers is to prevent what they call substitution upon the part of the druggists. The recent action of the analin dye house of Bayer & Co., in relation to phenacetin, illustrates one phase of this. That house is undertaking what the *Chemist and Druggist* (an English drug periodical) calls a "monopoly crusade." Having registered the word "phenacetin" in Germany that house now proposes to force the entire world to recognize it as a trade mark, and to prevent other manufacturers from making and selling the article under the name, phenacetin.

The *Chemist and Druggist* says that "no rights granted to Messrs. Bayer & Co., by the German Imperial Patent Office can effect their claims in this country (England). Strange though it may seem, the British Patent and Trade Marks Act are not yet 'made in Germany,' nor is Britain as yet in the position of a tributary state to the Fatherland." But when one considers that the United States Patent Office granted Bayer & Co., a patent on phenacetin as a product, and recognized the word as a trade mark, it seems strange indeed that we did allow our patent and trade mark laws to be "made in Germany" and actually become tributary to a German analin dye house.

Now a word about that tribute. Phenacetin can be purchased in England for \$1.25 a pound or thereabouts, but in the United States we are forced to pay \$16.00 a pound for it. In other words we are paying a tribute of over fourteen dollars a pound to a German house or to its American agent for phenacetin, when we can import it, or make it in this country to sell with fair profit at about a dollar a pound.

If any pharmacist attempts to import phenacetin into the United States, he is at once arrested for smuggling. If he makes it for sale he has a law suit on his hands for infringement of patent. He can not offer for sale any phenacetin except that of Bayer & Co., without falling into the clutches of the law. Of what law? Of the law of the United States which ought to protect American citizens, not foreign as against American interests.

Are these our patent and trade mark laws? Either the laws are not clear, or the fault is with the patent office and the courts; or possibly all are at fault. The fact that some of the best judges in America give decisions opposed to any such rendering of the law shows the confusion existing on the subject.

Now, what is substitution? Messrs. Bayer & Co. tell us that it is the use of any other brand of phenacetin in place of their brand of it. The druggist who

protests against this outrageous monopoly, and attempts to furnish our patients with some other brand of phenacetin at a reasonable price, is guilty of substitution, and should be condemned by the profession as a criminal, according to the rendering of the law, and in that rendering every proprietary medicine concern in the world will say, Amen. That is no exaggeration, and before we condemn druggists for substituting where proprietary medicines are prescribed, we ought to understand what is meant by substitution, or we may find ourselves endorsing a scheme of which we may have cause to be ashamed.

Is phenacetin a trade mark? How can it be and yet be the only name by which the article is generally known? Is it not a proper and descriptive appellation of the article? It is an axiom in law that the descriptive name can not be a trade mark. As its proper or descriptive name we have regarded it, not dreaming for a moment that we thereby necessarily specified the brand of Bayer & Co., by using the name phenacetin in our prescriptions, thus endorsing a gigantic monopoly. This is our only excuse as physicians. We have been deceived. But let us be deceived no longer. Let us arise and demand that the true working formula of every medicine we prescribe shall be published, and that phenacetin and every other preparation shall be provided with names free to all pharmacists under which they can be made and sold. Then if each manufacturer chooses to employ a fanciful "coined" word of his own devising as a trade mark thereon it can do no harm, for no monopoly of the product is engendered thereby, and competition will restrain the price within reasonable limits; while at the same time the trade mark will truly be what it was designed to be, viz., a protection to the public against counterfeits and substitutes.

The well-known names of the preparations now on the market have become by use descriptive and should be so regarded. I can see no objection to the use by Bayer & Co., of a fanciful designation as a trade mark on their brand of phenacetin if the true name of the article always appears on the label, and its use is free to all other manufacturers.

Laws against the adulteration of foods and drugs are excellent aids in helping along the common cause, if properly enforced. But they are calculated to do much harm if manipulated by politicians for personal ends. The same applies to a national law to prevent the transit of adulterated products from State to State. The proper enforcement of such laws would finally end in abolishing secrecy in medicine altogether—a most desirable end. The patenting of pharmaceutical machinery, processes and appliances, may not be open to serious objection, but locking up medicinal substances themselves to exclusive monopoly should never be permitted.

In my paper read before the Section of State Medicine last year,² I suggested a compromise measure for the purpose of permitting an inventor of a new and useful compound to retain the name and secret of manufacture of his invention for a limited time, provided the true working formula thereof be placed in the hands of a national committee of physicians and pharmacists, and the article marketed only under the sanction of the committee. I suggested that the system remain as it now is, only with the exceptions that a censorship shall be exercised over the market by a committee of

2. The Proprietary System and Its Remedy. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, Sept. 14, 1895, p. 450.

competent physicians and pharmacists, the monopoly to be limited in time, and the system to be made scientific by providing it with a proper nomenclature and by the final publication of every invention whereby all pharmacists may manufacture the same when the patents expire.

I also suggested that every manufacturing house open a scientific department manned by competent physicians and pharmacists, who can be held responsible to the profession for their utterances, and for the representations made by respective houses in labels, in circulars, in advertisements, and in contribution of these houses to scientific literature.

Now as to the complexion of the committee. I suggested that it consists of one member each of the AMERICAN MEDICAL and American Pharmaceutical Associations, and one member each from the medical department of the Army, Navy and Marine Hospital service, to which might be appropriately added as Chairman the Commissioner or Secretary of Public Health, if such an office is finally created by Congress.

Commenting on this compromise, Dr. Henry D. Holton in his Address on State Medicine, delivered at Baltimore, May, 1895, said: "The question of proprietary medicine which interests every family of the land, is an evil which in spite of the continuous maledictions that have been hurled against it by all scientific medicine, both as organizations and as individuals, has continued to thrive, until at the present time it is intrenched behind millions of money and is held in high esteem by the people because of its ability to hide its worthless character or possible dangerous combination behind a trade mark. If the manufacturers of these nostrums were obliged to deposit with the Public Health Department, under certain restrictions, as suggested by Dr. Stewart, the formula from which they are prepared, it would do more to eradicate this stupendous swindle from the land than all the fulminations that could be hurled at it for centuries; it would have an equally elevating effect upon the science of pharmacy which is so indispensable to our success."

The following excerpt from the President's address, delivered at the annual meeting of the Pharmaceutical Association of the Province of Quebec, held in Montreal, June 11, 1895, contains in a nutshell a great deal of truth in regard to "patent" medicines and also suggests another plan for curtailing their sale:

"Patent medicines are a curse to the physicians, the pharmacists and the public. They are an unjust and direct opposition to the physicians by preventing the sick from obtaining proper advice; they deprive the pharmacist of the sale of his own preparations, and force him to keep in stock a large number of preparations which have only a limited sale, and they are injurious to the public which allowing itself to be cajoled by the certificates of cure which are the compliments of the advertisement, purchases the famous remedy which oftener does more injury than good."

"We should have in this country, as in most European countries, a commission composed of physicians and pharmacists. All demands for copyrights or patents for medicinal preparations should be submitted to this committee, with the formula, and after examination a report should be made to the government recommending or rejecting the demand. This would diminish the number of patent medicines, and the public would know that those the sale of which

was allowed, would be of superior quality and incontestable value."

The introduction of a line of simple household remedies bearing the true formula of each preparation on the label, to be used in place of secret nostrums, would be a step in the right direction. Such a line might be added to the National Formulary. The adoption of the United States Pharmacopeia and the National Formulary as a text-book in all medical and pharmaceutical colleges would certainly do much to elevate medical and pharmaceutical practice and cause all parties to adhere more closely to recognized standards.

In my paper, read before this Section at the Milwaukee meeting, in 1893, I suggested that a laboratory be established in Washington for the purpose of investigating the *materia medica* of the world under the auspices of the Government. The paper was well received by the AMERICAN MEDICAL ASSOCIATION and a memorial was sent to the U. S. Congress praying that the plan be carried into effect.

It has also been proposed that a National Department of Public Health be created, and a Secretary of Public Health be added to the President's Cabinet.

Now all these suggestions have merits and objections, and the same may be said concerning any plan that can be devised by human ingenuity. In considering these plans it may be well to refer for a moment to the objections and the objectors. One class of objectors own stock in proprietary medicines. They may be divided into three classes, viz., proprietary medicine manufacturers themselves, stockholders in proprietary medicine corporations engaged in the practice of medicine and pharmacy, and professional men who either hold stock in the names of their wives or other members of their families, or whose wives have invested some of their own capital in the business. I have been met with objections from all three classes. Another class of objectors are always looking "for a nigger in the wood pile." No matter who reads a paper on the subject, they always insist that he has "some ax to grind." But it is time for us to rise above the level where self-interest and petty jealousy paralyze endeavor. Something ought to be done to check the demoralizing drift of the times.

This section was originally organized for the purpose of elevating pharmacy and therapeutics, and promoting progress in the science of pharmacology. It represents in delegate capacity the entire medical and pharmaceutical professions of the United States. I hope therefore that my paper may be honored by a full discussion and referred to a committee in which both professions are represented. And I hope this committee will formulate a set of resolutions worded in language that can be endorsed by the entire press of this country, medical, secular and religious, expressing the sense of the ASSOCIATION in regard to the true place pharmacy should occupy in its relation to medicine. It is not my object to attack gentlemen engaged in the patent medicine business or to cast reflections on any one. As business men, physicians, pharmacists, teachers, writers, journalists, we should all condemn the proprietary system because it hinders the progress of medical science and arts.

A series of resolutions formulated in the spirit of devotion to humanity which we are supposed to possess, as members of a learned and liberal profession, could not fail to meet the approval of all right-thinking men everywhere. Such a set of resolutions officially sent to the State and local medical and pharma-

ceutic associations would be of value in guiding physicians and pharmacists in their relation to each other and to the public at large, and if written in a spirit of fairness to all would do much in the education of the public to a higher appreciation of medical science and practice in both departments, pharmaceutical and therapeutic.

THE METHODIC DESCRIPTION OF A SURGICAL DISEASE.

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No art, no study has ever become a science until it had evolved its methods and its laws. The great effect and the use of these are to cover and govern a multitude of details which otherwise have to be remembered separately; also to facilitate the understanding between writers and readers.

Students sorely need a methodical guide to lead them in the intricate labyrinths of surgical descriptions, and yet those labyrinths are really only so because we lack the knowledge or the charts of their construction, or an Ariadne's thread which will be a sure guide in, through and out of the apparently innumerable turns and meanders. Upon close study it is found that in the diseased as in the healthy state nature's laws are less numerous, less complicated, more simple than we think, after we have succeeded in recognizing them, reading them, understanding them and remembering them.

Another object of this method is to assist students in remembering thoroughly, easily and intelligently; also how it is done and should be done. Although most likely and truly imperfect to the mind of many readers, the following description can not fail to assist the student of surgery; the thread may be coarse, may be made up of pieces, different materials tied together, but it is a thread none the less and as such most precious if constantly held in hand. The best of all methods or guides would be the one which all would agree to follow, however susceptible of improvement it might be.

The innumerable and complicated facts of surgical diseases can be better learned and remembered by adopting a uniform and rigorous method in their description. The guide should be inexorably systematic and always the same for each and every surgical disease. This may be dry, monotonous and hard but it will be of the greatest assistance to those who have to learn and to remember. Indeed all text-books on surgical diseases have almost the same great divisions and headings in describing a disease, but it is in the details and smaller things under those headings that the students need systematic and uniform assistance. It is to be borne in mind that the students of surgery who read a text book are to remember for ever all he reads; therefore, all superfluous words, remarks and dissertations had better be omitted so as to leave the facts as simple and prominent as possible; but the guide must not interfere with extensive descriptions when deemed desirable. Students of ordinary intelligence can readily supply in their own minds connecting words and even sentences.

The guide describing a surgical disease should be followed more or less closely, according to the importance of the disease or of the facts connected with it. If some facts are of no importance they should be

skipped and stress should be laid up on those facts only which present a practical bearing or scientific interest. It is essential to follow the guide systematically, as one fact is so intimately connected with the following one that the place where to say it can not very well be altered without disturbing the harmony of the whole. There is a place for everything and everything should be said in its place. We should say at the beginning what belongs there and not say it in the middle of the description. Again, we must say in the middle of it what belongs there and not say it at the end. It is most discouraging to read a fact concerning the prognosis, for instance here, then another a few lines further and a third one a few lines further again, separated by facts relating to symptoms, cause, etc.; instead of saying together all that pertains to prognosis where it should be said.

It may seem difficult and complicated at first, but after the guide has been committed thoroughly to memory, so as to have it at the tongue's end without hesitating to think, it will be seen how smoothly it works and how much it will assist. It is impossible to forget or skip anything as every few words almost in the guide call for an answer at its proper place, which answer is easily remembered by one who has studied the disease two or three times with this severe system and training. Students in surgery must learn how to spell, read, write and remember surgery as children learn how to spell, read, write and remember the language they speak.

According to cases, the course of the whole description or of a part of it only may be changed or inverted, but this should be done as seldom as possible so as to preserve the general application and utility of the method, even at the cost of a little apparent awkwardness, which will disappear with time and custom.

The order of description may jar against the present accepted ideas and some just objections will be made, some facts may seem to be forced in, but on the whole they are few and are fully compensated by other gains.

GUIDE TO DESCRIBE METHODICALLY A SURGICAL DISEASE.

(An ordinary or typical and uncomplicated case.)

We will first describe the guide or course to be followed in describing methodically a general surgical disease. The type adopted should be an ordinary or uncomplicated case. This means that all points and features which are not observed frequently in the disease should be left out, to be described with all other rare or exceptional points and features, with the forms, varieties and complications of the disease. This is very important as it relieves the description of many confusing and apparently contradicting statements which so harass and perplex students. Yet these points being often of importance must be studied, but by themselves and where the attention is laid on them with all profit.

The description should begin by the *synonyms* or various names of the disease and their *etymology*.

The History is often most interesting as showing the efforts required to bring the knowledge of the disease to the present state. When possible it should be divided into periods marked by, and named after, the great steps which have characterized positive progress. The names of the investigators and writers must be given with the date of their contributions and the points or features they have specially investigated and