CASE 1.—Jan. 3, 1901, E. H. M., aged 26, complained of failing vision and had later several attacks of temporary blindness. Among the first symptoms were severe headache on the right side and vomiting, later the pain shifted to the left side. He was found to have extensive optic neuritis. He has a little vision now in the left eye but is blind in the right eye. He has sharp boring pains which shoot from the upper occipital region to the back of the left ear. The patellar reflexes are exaggerated. Dr. de Schweinitz, Dec. 17, 1900, found optic neuritis passing into atrophy.

Dr. Keen, Jan. 30, 1901, made an osteoplastic flap over the left parieto-occipital region. The dura was very tense. Four small openings were made in the dura, but nothing abnormal was discovered. The brain was punctured in the attempt to reach the lateral ventricle and the attempt probably was not successful. The piece of bone was removed entirely. The patient was discharged February 18, almost entirely relieved of his headache.

At Dr. Keen's suggestion, I made inquiries regarding the present condition of this man and received the following letter, dated April 20, 1906: "I am wonderfully improved and relieved as to pain, can not see except to distinguish between night and day, have not been bedfast for a year or more, at intervals have severe pain, say every week or two, lasting from twelve to twenty-four hours, after which brain is very sore. Since last July have been having a discharge of the left nostril, of a watery-like fluid, since that the pain is not quite so severe."

CASE 2.—Feb. 5, 1903. E. B., aged 37. During the summer of 1894 a small tumor developed in the scalp on the posterior portion of the right parietal bone producing headache and a sensation of pressure. In the summer of 1895 this mass was removed. His physician stated that it was a fatty tumor. All the pain and pressure symptoms disappeared and he was perfectly well.

After several months the headache and pressure sensation gradually returned; simultaneously with the onset of the headache his eyesight began to fail, and for the last two months he has been partly blind. He has had frequent vomiting, but he attributes this to the iodids. Ataxia was noticed in the finger-to-nose test. His gait is ataxic with a tendency to fall to the right. Lateral movements of the eyeballs are ataxic. Patellar reflexes are minus. Dr. Sweet found papillitis passing into optic atrophy in both eyes.

Feb. 11, 1903, Dr. Keen exposed the cerebellum over nearly one-half of the right half of the occipital bone. The dura was extremely tense on palpation. The patient was discharged ten days after the operation entirely relieved of his headache and with the wound healed.

Dr. John T. Howell wrote to me, April 23, 1906, that the patient died in a hospital in England, July, 1904, after an operation in February of the same year. The skull was opened above the ear and a large tumor was taken from the brain. After returning from the Jefferson Hospital, in 1903, the patient's improvement was of short duration.

(To be continued.)

PHARMACOPEIAL OR PROPRIETARY PREPARATIONS: WHICH?

JOHN RITTER, Ph.G., M.D.

Clinical Instructor, Department of Chest, Throat and Nose, Rush Medical College.
CHICAGO.

The medical profession is confronted with the difficult task of providing an effective method of checking the practice in vogue with many of its members of prescribing and recommending various proprietary remedies, many of which are most fraudulent.

It is sometimes difficult to draw hard-and-fast lines regarding what really constitutes an ethical preparation in contradistinction to a so-called "nostrum." It is not good practice to condemn *in toto*, with one stroke, all proprietary preparations, for undoubtedly ethical, non-

ethical and even many nostrums possess some therapeutic properties, since in the composition of most of them certain well-known drugs are used.

Irrespective of the composition and therapeutic value of the medicament, the medical profession brands as nostrums all which make claims to possess curative properties wholly at variance with well-known laws of drug administration. At times the physician is greatly perplexed and confused by the vast array of preparations which are offered, recommended and extolled for the treatment of various disorders and maladies, and through this uncertainty he has at times been led to prescribe proprietary preparations when in reality he has been of the opinion that he was recommending and prescribing strictly pharmaceutical remedies.

It would be an excellent plan if both practitioners of medicine and members of the pharmaceutical profession would look very carefully into the composition and combination of all new chemical, synthetic and Galenical preparations (not excluding "patented" nostrums which are from time to time offered to physicians as valuable therapeutic agents), would examine the preparations and their literature very carefully and would report the findings to the various medical or pharmaceutical societies. Then, should the preparations show any extraordinary merit, they might devise preparations of equal efficacy, if not superiority, and probably at very much less cost to the consumer.

Our standard, the United States Pharmacopeia, has already shown us the way and can always be our guide. For instance, at present there is on the market a great and ever increasing number of acetanilid combinations, differing very little in composition, but under very different and fanciful names. In order to avoid this confusion of names, and in order to harmonize the medical profession, the committee of revision of the United States Pharmacopeia has ordered incorporated into the United States Pharmacopeia the preparation known as *pulvis acetanilidi compositus*. Therapeutically it matters very little if in all these various preparations the amount of citrate of caffeine is 1/50 grain more or less, or if the amount of bicarbonate of soda is 1/2, 3/4 or 2 grains in each dose, or if the alkaline salt be bicarbonate of soda, or potassium carbonate, or carbonate of ammonia, each of which is added simply as a solvent for the acetanilid. The same rule could be used in all similar preparations which are now or may be offered.

Another example: Since the reintroduction¹ of earth into the materia medica as an antiphlogistic application a number of preparations with fanciful and arbitrary names—names, in most instances, suggestive of an antipyretic—have been offered to the medical profession, and here again, in order to extricate the physician from this chaos, the United States Pharmacopeia has come to the rescue and has formulated and offered to the profession a most efficient and reliable combination in "cataplasma kaolini."

It has taken many years to bring the different liquid preparations of opium, which at various times were extolled by irresponsible vendors and charlatans as boon to humanity, to assuage suffering, under a distinct class. Tinctura opii, tinctura opii camphorata and tinctura opii deodorata of indefinite strength were for years sold

1. The use of earth or clay as a topical application is as old as medicine itself. Applications of earth or clay or of earth mixed with oil or fat were the only remedies used on painful surfaces by the poor in ancient times. Then followed the use of earth and molasses, hot or warm sand or salt, then bread and milk poultices, linseed meal, and now it is popular to use earth and glycerin.

under various names by ignorant and unreliable persons, a very dangerous practice, considered from the present standpoint of drug administration. Tinctura opii of indefinite strength was then generally known as laudanum, Abbe Rousseau's drops, tinctura thebaica, tinctura meconii.

Tinctura opii comphorata still has some adherents, especially among the laity, under the old names of Bate-man's pectoral drops, Godfrey's cordial, paregoric, Schultz's antispasmodic drops, while tinctura opii deodorata is still occasionally prescribed by old practitioners as McMunn's elixir. Now the therapeutic value of all these different preparations of opium depends on the definite percentage of the alkaloid morphin present in the various grades of the drug used. The various pharmacopeias of the different nations, and especially the U. S. Pharmacopeia, have directed that, in order to secure uniformity in medication and reliability in results, all grades of opium used in the preparation of the various pharmaceutical preparations containing opium must conform to a standard of at least 12 per cent. of morphin assayed in the grades of opium used. In times gone by, when the different preparations of opium were vended under these many different names, they were all more or less unreliable and even dangerous, as they were prepared without any knowledge or regard to the amount of morphin contained in the drug. It is well known that some grades of opium assay as low as 1 per cent. and others as high as 16 per cent. and even higher. Scores of other and of similar examples can be mentioned.

Tinctura aloes et myrrhæ, under the name of Elixir Paracelsus, was known in remote times. Tinctura benzoini composata as a topical remedy had a wide reputation under the euphonious names of Friar's balsam, Turlington's balsam. Linimentum saponis was known as Stear's opodeldoc, infusum sennæ compositus as Vienna draught, not to mention Dover's powders, Don-avon's solution, Labarraque's solution, Goulard's extract, Basham's mixture and many others.

Take, for example, the various combinations and mixtures of cod-liver oil which are now on the market and with which most physicians are familiar either through the medium of the daily press or through the advertising columns of medical or pharmaceutical publications, by the liberal supply of samples or by waste-basket literature. The literature is usually very adroitly worded, calling the attention of the physician to a pleasant and palatable preparation of cod-liver oil, and the physician who prescribes these preparations is flattering himself that probably in a given case of pulmonary affection, or in the convalescence from an infectious disease, or perhaps in the after-treatment of typhoid or pneumonia he is giving a tissue builder, a nutrient, a food in the form of an elegant cod-liver oil medication, when, as a matter of fact, he is doing nothing of the kind. It is not even indicated in the literature or on the label that the preparation contains cod-liver oil, although the words cod-liver oil appear in glaring big type. What the circular or printed matter generally says is: This preparation represents the value of 25 per cent., 33 per cent. or 50 per cent. of cod-liver oil. But it does not say that it contains a minim of cod-liver oil. [The alcohol soluble admixtures of cod-liver oil, consisting of biliary acids and bile salts, trimethylamin, volatile ammonia, some fatty acids and traces of iodine, phosphorus and phosphoric acid, sulphur and sulphuric acid, with some coloring matter wholly inert, is made by the addition of expectorants, anodynes and corrigents into a pleasant-

tasting elixir, cordial or tonic, but not a trace of cod-liver oil can be found in it.] These preparations may possess some therapeutic properties and undoubtedly may be very useful in the treatment of bronchitis and in pulmonary affections generally. Similar preparations, but of definite strength and uniformity, may be devised if the profession must have such combinations.

At present, by means of samples, circulars and pamphlets, through the public press and in some of our journals and magazines intended to be read at the fire-side and in home circles, even by some of our medical publications, various preparations are advocated and recommended in the treatment of real or imaginary uterine diseases and are usually mentioned as uterine tonics. Although some make claims for good wholly unwarrantable, still a few grains of truth may be found in all the chaff. Reliable and honest pharmaceutical houses have taken the cue and have formulated preparations, some of undoubted merit, which may be used with more or less good results in the treatment of the various uterine disorders. These pharmaceutical houses have sampled the medical profession liberally, both by the way of trial medication and printed matter, but especially the latter, and from this practice the physician has acquired the pernicious habit of prescribing these so-called uterine tonics. In the National Formulary, a book which may be called an appendix to the United States Pharmacopeia, and which is compiled for the purpose of furnishing to the medical profession good and reliable formulæ for all unofficial preparations, such as physicians may unhesitatingly prescribe, a good and an efficient combination suitable as a uterine tonic may be found.²

If the physician would devote about half an hour each week looking over the United States Pharmacopeia, a good dispensatory, the National Formulary or a standard work on materia medica or therapeutics, he would soon acquaint himself with good, reliable and accurate formulæ and remedies, preparations which he need not hesitate to prescribe; preparations on which he could rely at the bedside, where, after all, the supreme test of the physician's skill must be demonstrated; and instead of continually racing after strange gods it would eliminate from his mind all the various uncertain compounds and mixtures—nostrums—with which he is now burdened.

Such time would be well spent. It would familiarize the physician with many a good medicament and teach him its composition, and, most important of all, it would teach him what he might expect from it therapeutically. The difficulty lies in this: the average physician devotes too little study to materia medica and therapeutics. A better acquaintance with the United States Pharmacopeia and with materia medica and works on therapeutics is most essential in combating the ever-progressive proprietary medicine evil.

170 Colorado Ave.

2. Elixir viburni opulii compositum, in the National Formulary, is as follows:

Fluid ext. viburnum opulus	f. 31¼	38½
Fluid ext. trillium	f. 31ss	75½
Fluid ext. aletris	f. 31¼	38½
Compound elixir of taraxacum	3x1	330½

Pilocarpin.—Dr. S. West employs pilocarpin in both uremic and diabetic coma, giving from 1/12 to 1/6 of a grain hypodermically and repeated at intervals. He has never seen anything but good come of it. Pilocarpin is more reliable and less dangerous, he thinks, than the infusion of jaborandi.—*Clinical Journal*, May 30, 1906.