

when not over the shoulders of the bearer where it always ought to be.

#### NOMENCLATURE OF PREGNANCIES.

DR. GEORGE M. GOULD, the erudite philological editor of our valued contemporary, the *Medical News*, protests against the terms: ii-para, iii-para, iv-para, v-para, etc., used to designate a multi-para in her second, third, fourth or fifth pregnancy, and thinks it strange that the remarkable fecundity of the medical lexicographers has not been equal to the emergency of devising names for these simple facts instead of designating them by a set of unpronounceable monstrosities. With what he calls "proper fear and trembling," DR. GOULD suggests the substitution of coinages made upon the same plan as similar words accepted and in general use. "Possibly this has already been done. We now have the words, nullipara, primipara and multipara. Why should we not also have duipara (or deutipara), tripara, quadripara, quintipara, sextipara, septipara, octipara, nonipara, decipara?" Why not, indeed? Unless medical language, like the language of diplomacy, is to be used to conceal and obscure, there is no occasion for timidity in offering these valuable substitutes for the impracticable cacophonies now in use. DR. GOULD has made another distinct addition to clearness and simplicity in medical terminology, and the JOURNAL promptly accepts it.

#### A MISAPPREHENSION.

Some of our lay contemporaries have animadverted on the clause in the report of the Trustees which gave the net cost to the ASSOCIATION of the JOURNAL as \$12,000. The explanatory fact that over one-half of this amount was expended in new machinery, seems to have been overlooked, although it was plainly stated in the report.

But the great point that nearly the whole edition was *given* to the members without additional cost was nowhere stated, as it was supposed the members knew that. Subtracting the cost of the new machinery from the total cost to the ASSOCIATION Treasury, it is apparent that the net cost of the JOURNAL to the members was less than \$2 each, for a JOURNAL worth \$5.

No journal has published more material during the year; few have been better on the whole. Taking therefore the facts as they stand, it is seen that the members have every reason to congratulate themselves on the financial showing made by their JOURNAL.

If we could only raise the list to 10,000, the proportionate drain on the treasury would be infinitesimal. Let every true friend secure one new member by application, or one new subscriber, and the JOURNAL will not only be a still better JOURNAL, but it can be *given* to every member, at an even less cost.

## CORRESPONDENCE.

### The U. S. Pharmacopœia.

SHELBYVILLE, IND., May 16, 1895.

*To the Editor:*—In the JOURNAL of April 13, I notice a letter from Dr. W. P. Whery, of Fort Wayne, Ind., under the title, "Of What Use is the Pharmacopœia?" I have waited this long, hoping some one more able to do so than myself would reply to it.

While I do not, for a moment, think such an excellent work as our present Pharmacopœia needs any defense at my hands, I shall point out a few of the most glaring inaccuracies in the article referred to. I shall also attempt to show that the U. S. Pharmacopœia has, at least, *some* excuse for its existence, and that it is the authority upon "questions pharmacæutic." In the first place, the U. S. Pharmacopœia is a work of great value and is the standard from which all pharmacists work in making their various preparations such as tinctures, fluid extracts, syrups, solutions, etc. Does not the Doctor know that when a prescription is written for tincture iodine, tinct. gentian, syrups, etc., that it calls for a preparation of a definite strength and prepared in a certain way, and that the standard by which those preparations are made is the U. S. Pharmacopœia? If not, how are we to know anything about the strength of any preparation we may prescribe or about the dose of the same? Does he not know that the pharmacist uses the Pharmacopœia in making his preparations? and that it is his *sole guide* in so doing?

I know that during my experience as a prescription clerk, I always strictly adhered to it as my guide in making up the various preparations. I would also like to ask if the Pharmacopœia is of no use, as the Doctor says, why is it so universally used in this country?

I do not mean to say that I think the book is perfect, for no such book can be made so. If physicians, generally, would study their Pharmacopœia more, and the literature sent out by manufacturing houses less, they would be far better off and could serve their patients better.

In answer to the question, Of what use is it? I will say, a Pharmacopœia is a book containing a selection of medicinal substances with formulas for their preparation. The necessity for legalized standards to define the character, establish the purity, and regulate the strength of medicines is recognized by all civilized nations. Remington's Pharmacy (page 26) says: "The official pharmacopœias are all issued under the authority of the respective governments, with the exception of the U. S. Pharmacopœia (which has, however, been accepted by the government as a standard in some of the departments), the policy of the nation having been against interference in matters which relate to restrictions upon professional practice. This course has not prevented the acceptance of the work by physicians and pharmacists as an authoritative guide, while it has probably encouraged a greater freedom in criticism, and thus developed more general interest in a standard, and a stronger desire for improvement than could have been obtained through compulsory legislation."

Dr. Whery begins his letter: "I do not wish to disparage the United States Pharmacopœia in the least, nor to detract from the great merit of a work involving so much conscientious care and science and labor on the part of its authors, but I think I voice the feeling of the profession generally when I ask the question written above."

In another portion of his tirade he says: "Under these circumstances the Pharmacopœia seems to be out of gear with the times, and is to be looked on as a kind of survival from the past, like the great auk and the woolly rhinoceros. Yet it is quite possible that there is still a place for a United

States Pharmacopœia, provided that the book can be made to suit the conditions of these days. Until then, it is only an expensive luxury, and an unnecessary imitation of works that—under the different laws of European countries—may have some good right of existence."

Now let us look at these two statements. Dr. Whery does not wish to "disparage," and then *attempts* to do so. Let me ask *why* the U. S. Pharmacopœia is an "expensive luxury?" *Why* is it "out of gear with the times?" In what way is it so? Please specify. *Why* does "it not suit the conditions of these days?" Perhaps he has been reading an edition thirty or forty years old. He intimates that the U. S. Pharmacopœia is an "imitation." If so, *of what?* Again, if it is an "unnecessary imitation" of some foreign pharmacopœia *why* is it "a work involving so much conscientious care and science and labor on the part of its authors?"

During the past eight or ten years, I have had an opportunity of examining a number of pharmacopœias of different nations, and I believe ours is *second to none* and, above all things, it is *original*.

The Doctor would also like to know, "what number of physicians use it in their practice?" I am sorry I can not inform him as to the exact number, but I believe that *all* of the educated physicians who have a conscientious desire to be good physicians and to benefit their patients use it as their guide. As for myself, I have the latest edition and use it frequently too.

The Doctor would also like to know "what drugstore confines itself to the U. S. Pharmacopœia or cares for it as an authority?" I believe the pharmacists *all* use it as their *sole guide* in making up the various preparations such as tinctures, syrups, etc. For any information on this subject I would respectfully refer the Doctor to Mr. Otto Gross, of his own city, whom I know to be one of the best as well as one of the most progressive pharmacists in Indiana. I would like to ask the Doctor what the pharmacists use as their guide if they do not use the U. S. Pharmacopœia? They *must* use some guide, and I would like to know *what it is*.

Dr. Whery is evidently attempting to place the pharmacists on a level with the grocer, hardware merchant and other tradesmen, instead of elevating them to their proper position as a profession. As for myself, I have too much respect for pharmacists in general to believe that they *buy* such things as tinctures, syrups, spirits, waters, etc., instead of preparing them in their own store.

The Doctor, evidently, has not been keeping in touch with progress in pharmacy, as the following will clearly show: "In the United States there is no legal control of pharmacy." In reply to this assertion, it is only necessary to say that *every State* in this broad land of ours (except Indiana), has a pharmacy law; Indiana is now the *only exception*, and it is to her lasting disgrace that it is so. The Doctor asks: "What medical college uses the Pharmacopœia as a text-book for teaching *materia medica*?" While I do not know of any medical college that uses it as the *exclusive* text-book upon this branch, I do not know of a medical college that does not use it as *one of the text-books* upon *materia medica*. I would like to ask the learned (?) Doctor *how* "the profession—including pharmacy—has emancipated itself from the Pharmacopœia?" If all he says is true, *why* should "we regret to give it up?" In *what way* should it be "recast?" What is the matter with its "present form?"

The Doctor says: "More regard must be paid to the convenience of prescribers; the confusion between waters, liquors, and solutions, syrups, elixirs, and glyceroles, tinctures, wines and spirits, and so on, should be abolished." How pay "more regard to the convenience of prescribers?" What *does* he mean? I am sure that if there is any "confusion" between these preparations it exists only in the added

brain of the writer. I shall here give a concise definition of each of these preparations in order that he may know what each is and there need be no more "confusion." However, before proceeding further, I want to quietly give the Doctor "a pointer" or two. Don't ever again make the mistake of saying "liquors and solutions," for it is two names for the same thing. You should say liquors *or* solutions. I also want to call his attention to the fact that there is no such class of preparations in our Pharmacopœia as "*glyceroles*." I suppose he means, *glycerita* or *glycerites*. They are mixtures of medicinal substances with glycerin. In regard to the difference in name, I quote the U. S. Dispensary, 17th Ed., page 654: "The solvent and preservative properties as well as agreeable taste and permanent consistency of glycerin render it useful as a menstruum in pharmacy, and a class of preparations consisting of medicinal substances dissolved in it has come into extensive use. The British Pharmacopœia has adopted such a class under the name of *glycerina* or *glycerines*. This title is not now available because these terminations are reserved for alkaloids, while the term *glyceroles*, adopted by the French, is objectionable, as the termination has been used as a designative of certain proximate principles. But the United States title *glycerita*, or *glycerites* is satisfactory."

"Aguas" or "waters" may be simply defined as aqueous solutions of volatile substances. "Liquors or solutions" (not "liquors and solutions"). Under this head the U. S. Pharmacopœia places all aqueous solutions of non-volatile substances, except such as naturally form separate distinctive classes, as the syrups, infusions and decoctions. Solution of gutta-percha is the *only one* in the class which is not prepared with the solvent, water. Syrups are concentrated solutions of sugar in water or aqueous liquids. When water alone is used in making the solution of sugar, the preparation is called syrup or simple syrup. When the water contains soluble principles from various medicinal substances, the syrup is called a medicated syrup. Elixirs are aromatic, sweetened, spirituous preparations, containing small quantities of active medicinal substances. Tinctures are alcoholic solutions of medicinal substances. They differ from "spirits" in being made from non-volatile bodies, there being but one exception to this rule. Wines are liquid preparations containing the soluble principles of medicinal substances dissolved in wine. Pharmaceutically they most resemble "tinctures," differing from them merely in the character of the menstruum. Spirits from a pharmaceutical point of view are simply alcoholic solutions of volatile substances. Like the medicated waters, the active ingredient may be solid, liquid or gaseous.

Dr. Whery says: "Powdered extracts, tablets and troches should be recognized." If he will examine his Pharmacopœia he will find troches *are* recognized under the name, trochisci or troches. As for powdered extracts, they are not recognized and *should not be*. It is a well-established fact that they can not be made of a uniform strength and are consequently worthless. Tablets should not be recognized, as they are a passing "fad," and I venture the assertion that ten years hence they will be practically unknown, as they possess no feature that is an advantage over the old-time preparations.

I do not believe "we want a more extensive list of remedies," as there are already too many. In conclusion, allow me to quote a few more lines from the Doctor's remarkable letter: "A third use would be to reinforce the decimal system of weights and measures in medical usage; and to accomplish this, a new weight, the deci-milligram, should be added, and the system must be made to conform to the teaspoonful until the domestic and convenient measure can be eliminated."

This surely caps the climax. It seems to me that the decimal system of weights and measures *has been enforced to its fullest extent*, as it has been adopted as the *only* system in our Pharmacopœia, the old system having been *entirely elim-*

inated. What more can be done to enforce it? Why not make the teaspoonful, etc., conform to the decimal system, instead of the opposite course? Why derange the decimal system? I do not see the connection between a deci-milligram (?) and a teaspoonful. In the metric (or decimal) system the meter is the unit of length, the liter is the unit of capacity, and the gram is the unit of weight

A gram is . . . . .	15.43	grains.
A decigram is . . . . .	1.543	"
A centigram is . . . . .	.1543	"
A milligram is . . . . .	.01543	"

A deci-milligram would be .001543 grains, or expressed in fractions it would be 1543-1,000,000 of a grain.

A teaspoonful is a measure of *capacity*, not *weight*, and is usually given as 1 *fluidrachm*. Now what I fail to detect is the connection between 1543-1,000,000 of a grain and a teaspoonful or 1 *fluidrachm*. Will the Doctor explain himself? And, beside, to be in conformity with the metric system, would it be proper to say a deci-milligram, when the *unit* of weight is a *gram*, not a *milligram*? I am of opinion that deci-milligram will *not* do, but that it would take another word to express what he means.

I am very sorry the Doctor wrote his letter, as the U. S. Pharmacopoeia is now completely annihilated and we shall hear of it no more!

SAMUEL KENNEDY, PH.G., M.D.

### To Bacteriologists.

MINNEAPOLIS, MINN., May 14, 1895.

To the Editor:—Will you kindly state in your next issue that a vacancy exists in the Chair of Bacteriology in the College of Medicine and Surgery of the University of Minnesota. Applicants for the vacancy can apply to Prof. Thos. G. Lee, chairman of the committee to nominate a person to fill the vacancy.

PERRY H. MILLARD, Dean.

## PUBLIC HEALTH.

**Disinfection of Localities.**—MM. Laveran and Vaillard announce that from their experiments they believe the best method of disinfecting the walls of habitations consists of first washing the walls with soapsuds, then with a 5 per cent. carbolic acid solution or 2 to 1000 of sublimate, acidulated. In all localities which are exposed to frequent soiling—hospitals, barracks, schools, hotel rooms, etc., the walls should be of impermeable material, easy to clean and disinfect. If sprays are used the liquid should be made to stream along the walls, but in this way the disinfection is often imperfect. The carbolic solution is preferable to the sublimate it seems.<sup>1</sup>

**Fencing from a Hygienic Standpoint.**—According to Leconte fencing is a hygienic exercise of the first rank and even a curative means for certain deformities. This exercise should be practiced in a well ventilated room, under the direction of a *maitre d'armes*, who insists on the correct execution of the movements and unrestrained postures. It is indispensable to use the left hand also, in order to develop the two sides of the body equally. Under the influence of this exercise the muscles develop, the joints and spinal column are suppld, the respiratory, circulatory and digestive functions are rendered active; nutrition and the nutritive changes are stimulated at the same time as the cutaneous functions. Fencing has given excellent results in hysteria, chorea, migraine, hypochondria, insomnia, obesity, gout, rheumatism, constipation, and chlorosis. It assures recovery from scoliosis and from stiff joints following immobilization, and corrects certain cachectic deviations of the lower limbs.<sup>2</sup>

**Sanitary Climatology.**—Circular No. 4, of the Weather Bureau, containing information relative to the investigation of climate on health, previously noted in the JOURNAL, furnishes blank forms of the reports desired. They seem to be

simple, compact and yet sufficiently comprehensive. Supplies of the forms and of the blank envelope may be obtained by those interested on application to the Bureau. It is intended to collate the vital statistics thus obtained with the meteorological statistics by general averages and by particular and selected events, as the comparison of the general mortality with the average conditions of the weather for the week, and the passage of storms and cold or hot waves, the appearance of epidemics, etc. Also, in instances of well-defined weather disturbances, comparisons of vital and meteorological statistics will be made by daily periods. For example, a storm appearing in the western part of the country, will be followed day by day, as it passes eastward across the country, and the illness and deaths reported for these days from the localities traversed will be compiled and compared with the same kinds of facts reported both before and after the storm. The same plan of treatment will be pursued in dealing with hot and cold waves. By these methods it is hoped to be able to give in time, definite information as to how and how much the accidental and constant variations of the weather affect the sick and well, and in what way the present forecasts and weather charts can be used in both curative and preventive medicine.

**Health Reports.**—Sanitary reports to the Supervising Surgeon-General, Marine-Hospital Service:

#### SMALLPOX—UNITED STATES.

Arizona: Nogales, May 12, 1 case.  
Missouri: St. Louis, May 4 to 11, 11 cases, 2 deaths.  
New Jersey: Hoboken, May 4 to 11, 1 case.  
Ohio: Cincinnati, May 10 to 17, 5 cases, 3 deaths.  
Pennsylvania: Philadelphia, May 4 to 11, 2 cases, 1 death.  
Wisconsin: Milwaukee, May 4 to 11, 8 cases, 1 death.  
Virginia: Staunton and vicinity, to May 19, 59 cases.

#### SMALLPOX—FOREIGN.

Belgium: Antwerp, April 13 to 27, 3 cases, 1 death.  
China: Hong Kong, March 31 to April 1, 1 case.  
England: London, April 27 to May 4, 1 case, 1 death;  
Manchester, April 20 to 27, 1 case.  
Germany: Prague, April 20 to 27, 4 cases.  
Holland: Rotterdam, April 27 to May 4, 3 cases, 3 deaths.  
Ireland: Dublin and suburbs, April 27 to May 4, 17 cases, 2 deaths.  
Russia: Moscow, April 20 to 27, 2 cases; Odessa, April 20 to 27, 5 cases; St. Petersburg, April 20 to 27, 7 cases, 2 deaths;  
Warsaw, April 13 to 20, 1 death.  
Scotland: Edinburgh, April 20 to 27, 5 cases.  
Turkey: Constantinople, March 1 to 31, 97 deaths.

#### CHOLERA—FOREIGN.

Japan: Hiogo, April 13 to 20, 1 case.  
Turkey: Constantinople, March 1 to 31, 60 deaths.

#### YELLOW FEVER—FOREIGN.

Mexico: Vera Cruz, May 2 to 9, 3 deaths.

**Yellow Fever.**—A dispatch of the 18th inst. from Havana says that the stories circulated in regard to the prevalence of yellow fever among the troops operating against the insurgents are greatly exaggerated. According to the official records there were only 27 deaths therefrom reported up to May 18, although 200 soldiers had been treated for various diseases. *Per contra*, Surgeon-General Wyman, of the U. S. Marine-Hospital Service, on his return from a tour in the South which was extended as far as Havana, reports that yellow fever is quite prevalent on the island, especially about Santiago. Dr. Wyman personally visited several of the United States quarantine stations along the Gulf of Mexico and along the Atlantic coast north of Florida. Arrangements were perfected all along the seaboard as far as possible for a rigid enforcement of the United States quarantine regulations. Dr. Doty, Health Officer of the port of New York, confirms the assumption that the deaths on the steamship *Hogarth*, from Santos, were from yellow fever, and the disease, of a severe type, is epidemic at that Brazilian port. The action of Dr. Porter, State Health Officer of

<sup>1</sup> Jour. de Pharm. et de Chim.

<sup>2</sup> These de Paris.