

## ANALYTICAL AND BIBLIOGRAPHICAL NOTICES.

ART. XXI.—*The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States and Great Britain.* By ALFRED STILLÉ, M.D., LL.D., Professor of Theory and Practice of Medicine in the University of Pennsylvania, and JOHN M. MAISCH, Ph.D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. 8vo. pp. viii., 1628. Philadelphia: Henry C. Lea, 1879.

THE appearance of a "National Dispensatory" is a matter of national importance. Presuming to speak, as a Dispensatory must, with quasi-official authority, a new work of this kind must be the offspring of unquestionable parentage, else it will find few to back it in its race for life. That Professors Stillé and Maisch have earned the right to father such a child, none will gainsay, and one therefore opens the pages of this portly volume with a confidence which it is rarely safe to feel concerning a new medical book.

Familiar as we all are with our trusty "Wood and Bache," the special features of the new work are most easily pointed out by a comparison. On opening the book, the first thing we look for is, of course, to find whether, in the order of titles, we have to deal with one alphabet, or two or three; whether we can at once turn to a stated heading, or whether, as of old, we must first betlink ourselves if the drug in question be officinal or not, and, still further, whether *made* or *bought* by the dispensing apothecary. We look, then, and are glad to find that the three-alphabet relic of barbarism is done away with, and a single alphabet, according to the Latin names, adopted as the basis of arrangement of titles. The next most novel feature is the introduction of wood-cuts, and good ones, illustrating the look, gross and microscopic, of important drugs or plants. Another happy innovation is, that under the title of each article of the *Materia Medica* are enumerated *all* the medicinal preparations of the same, whether made directly from the crude drug or from some pharmaceutical derivative thereof. In chemical matters, the modern symbols are used, but the hybrid nomenclature of the last Pharmacopœia is followed, not only in the officinal naming of the drugs, but also in the current text, a necessity which it is fervently to be hoped will not now much longer endure.

In other respects the general plan of the work is analogous to that of the "Dispensatory of Wood and Bache"; the aim being to give, in relation of drugs, both officinal and non-officinal, all the facts that concern the druggist and physician. In a general way, the chemical and pharmaceutical matter is more condensed than in the older work, while the physiological and therapeutic is considerably more ample. In the latter connection there is also the new feature of a therapeutical index of formidable size. This addition may, perhaps, be sometimes a convenience, but we cannot but think that, on the whole, such indices are of questionable advantage. For there is ever present the danger that the young practitioner will—not unnaturally—construe the index into a *therapeutical abstract*, and blindly employ special remedies for special diseases, simply because the names are herein placed in mutual relation.

In a book of this kind, anything like an extended review is obviously out of the question. So that, having pointed out the special features of construction, it remains but to pass opinion on the performance. And it is a case where the jury do not need to retire before the verdict is announced. It is a solidly good book, bearing evidence of the greatest care and of the bestowal of enormous labour in the preparation of its pages. The freshness and unity of the first edition of this book are conspicuous, and, an important point in a work of this sort, a due discrimination has been held in what to allow, and what to deny, admission, of the interminable number of things possible to be said concerning drugs. The wise aim has obviously been followed of cutting out all trivial facts, or those wholly irrelevant to the needs of the druggist or physician. In this way dreary wastes of paragraphs to be waded through in the search for some vital point are avoided, and all important points stand out in bold relief. A feature that we decidedly regret, however, is the absence of references to authorities, especially noticeable in the descriptions of the physiological and therapeutic relations of drugs. Here we have the field, among medical topics, most noted for the *drawn battles* waged thereon, and where, therefore, a bibliography is of unusual practical value to the student. And if in a Dispensatory, which should be encyclopædic in character, such a bibliography does not appear, whither shall the puzzled seeker turn?

By the physician, the paragraphs on therapeutics will probably be those first and most eagerly consulted; in a medical journal, therefore, these need particular attention at the hands of the reviewer. The plan adopted in dealing with this topic is thus exactly described in the preface: "In treating of therapeutics, the most trustworthy results of clinical experience are concisely set forth, without discussing the grounds on which they rest. This method has proved laborious, and has often required a prolonged judicial examination to arrive at a conclusion expressed in a few lines. Its object has been to spare the reader the labour of a personal investigation, which could only be made with facilities which comparatively few possess." Such a plan has—as all must have—both its advantages and disadvantages. By its means the student is saved the usual wearisome wade through clipped items taken helter-skelter from irresponsible writers; but, on the other hand, he has to accept, willy-nilly, the judicial decision of another mind than his own. As a judge, Prof. Stillé, in his decisions, shows great care and conscientiousness in the getting and weighing of evidence, but his "personal equation," to borrow an expressive astronomical term, is characterized by an intense skepticism towards everything new—as marked as the opposite blind faith of Ringer. In most instances, these warning notes of incredulity, coming from one of Prof. Stillé's eminence, will work good in checking that eager rush for novelties, which seems as natural a tendency among physicians as with the rest of human kind. But in some cases, if one has the right to sit in judgment on a judge, the skepticism certainly seems unwarrantable. And one feels the more right to criticize, since judgments are sometimes entered where no personal trial of the drug in question has been made by the arbiter. Thus in a recent published lecture,<sup>1</sup> Prof. Stillé, speaking of the use of preparations of salicylic acid in acute rheumatism, says: "I confess that I possess no personal knowledge of their use in this disease," adding, *postea*, "I have not, thus far, been tempted to employ it." And so, without personal trial, our author, in his judicial capacity, awards the prize for the best remedy in articular rheumatism to sodic bicarbonate, as against the claims of the salicylate. More astonishing even is the daring which sums up the "medical action and uses" of *sulphate of cinchonidia* in the brief sentence, "they have not been determined by experiment or clinical observation." Do,

<sup>1</sup> Medical Record, New York, Jan. 18, 1879.

then, the labours of the British Indian Commission go for naught? And are the enormous present sales of this salt compatible with entire lack of "clinical observation"? Other instances of the same determined disbelief are the sweeping and utter condemnation of the use, as such, of cardiac depressants like aconite or American hellebore—the doubt of any efficacy of phosphorus in neuralgia—and the omission of all mention of the antiseptic use of quinia. At the same time, curiously contrasted with this turning of the cold shoulder towards the new, is an occasional clinging to ancient therapeutic notions now commonly thought to be error; as where we are told that perhaps, after all, a probably inert preparation of conium may determine the dissipation of a cancer, or the resolution of a hyperplasia of the liver.

But enough of fault-finding. No one that lives can sit as judge in therapeutics without thereby setting himself up as a mark for some one's poisoned shaft. And so, having sent off the sharpest arrow in our quiver, we will frankly confess that the rest, if shot, would probably be bewitched into boomerangs by the magic of our target, and return to bruise the hand of the sender. Prof. Stillé has worn the ermine in the therapeutic court too long to be lightly impeached, and if exceptions to his decisions be taken, where shall we look for a higher Court of Appeals?

As a whole, the "National Dispensatory" not only makes good its right to exist, but proves itself a work which no progressive physician or pharmacist will dare to be without. It is handsomely gotten up, and is remarkably free from typographical errors.

E. C.

ART. XXII.—*The Croonian Lectures on Certain Points connected with Diabetes.* Delivered at the Royal College of Physicians. By F. W. PAVY, M.D., F.R.S. 8vo. pp. viii., 126. London: J. & A. Churchill, 1878.

THE views which Dr. Pavy holds, as expressed in this his latest communication, concerning the physiological relations of the liver to the normal appropriation of sugar, and its share in the production of diabetes, differ so slightly from those with which the profession has so long been familiar, that their statement here, further than is essential to the correct appreciation of the new arguments which he has advanced in their support, may be dispensed with. He maintains that the liver, instead of being a sugar-forming, is essentially a sugar-assimilating organ. In a condition of health, he holds that the amyloid substance of the liver is never converted into sugar; but in deviations from the state of health, sugar, in more or less quantity, does reach the circulation, and, as a consequence, appears in the urine in corresponding quantity; and that when the assimilative action of the liver is properly exerted, so little sugar is allowed to pass into the general circulation, as to be insufficient for rendering the urine more appreciably saccharine than is observed in general health; but when its assimilative function is not properly exerted, ingested sugar is allowed to pass, and in proportion as it does so the urine acquires a more or less saccharine character. It is seen, then, that the constant presence of sugar in normal urine is assumed as an axiom by Dr. Pavy, as a corollary from which follows his doctrine that the difference in elimination of sugar between the diabetic and healthy individual is merely a difference of degree, the sugar in both instances representing the unconsumed residue of ingested sugar, or sugar factors. Although Dr. Pavy lays great stress on the value which this assumption possesses in the support of his views, we cannot, however, see that he has produced any fresh arguments in its support, or has