

EDITORIAL COMMENT

In order that pharmacists might be in a position to dispense a good quality of quinin tannate, the examination of the Association's chemical laboratory above referred to was presented to the American Pharmaceutical Association at its recent annual meeting in Boston. While the very simple directions for its preparation which were worked out should make it possible for every pharmacist to prepare his supply of this drug, it was feared that the pharmacist would continue to place his faith in the drug as found on the market and hence the quality of the several available brands was also given in the report. This would have enabled the pharmacist to give preference to those brands which were shown by examination to be of a satisfactory grade. Unfortunately for the pharmacist, as well as for the physician and his patients, those interests which are not in sympathy with the Association's policy of giving publicity to the makers of worthless or adulterated drugs, appear to have been in control when the paper was read and were able to carry a motion that the names of manufacturers be omitted from the paper when it should appear in the American Pharmaceutical Association's publication. In view of this, physicians who use quinin tannate should, in their prescriptions, take the precaution to specify a brand of the drug which was shown to be reliable or, perhaps better still, indicate that they want a brand which corresponds with the standards established by the Council, by appending the letters N. N. R., thus "Quinin tannas, N. N. R."

Correspondence

Treatment of Rhus Poisoning

To the Editor:—I read with interest the communication of Dr. Robert T. Morris of New York on the treatment of rhus poisoning (*THE JOURNAL*, Sept. 30, 1911, p. 1152). There is no statement as to the date of discovery by Dr. Berryhill, U. S. N., of the soap-suds treatment, but the method is familiar to many clinicians in the Boston hospitals, and I myself have used and recommended the same remedy since 1902. I have never before seen any reference to it in the literature, but I admit that I never looked for it.

C. S. OAKMAN, Detroit.

To the Editor:—In his 1911 edition Pusey quotes, from *THE JOURNAL*, March 17, 1906, Balch's treatment of ivy poisoning, which is substantially the same as that ascribed to Dr. Berryhill by Dr. Morris in *THE JOURNAL*, September 30. I have tried the treatment with soap-suds scrubbing and alcohol and find it very effective, giving immediate relief.

J. L. BUTTNER, New Haven, Conn.

To the Editor:—In the *Journal of Biological Chemistry*, 1907, ii, No. 6, S. F. Acree and W. A. Syme relate the results of an exhaustive study of rhus poisoning in a paper entitled "The Composition of Toxicodendrol." They found that the poisonous principle was neutralized by permanganate of potash, used preferably in warm 2 to 4 per cent. watery solution.

For nearly twenty years I was regularly a sufferer from ivy poisoning; and on two occasions the condition was alarming. None of the usual remedies had any effect, except to modify the extreme distress. Permanganate this year and last gave almost instant relief, checking the disorder even when started on the face.

From experience and observation I have formulated the following treatment: No scratching. No ointments in the acute stage. No bandages, for these tend to spread the poison to the surrounding skin. If any protector is needed, let it be a loosely applied dressing of cotton and gauze, kept moist at all times with a mild alkaline solution, and changed at frequent intervals. Frequent and copious washings with lukewarm water and an unirritating soap. Occasionally, after the parts are washed, a 2 per cent. watery solution of permanganate of potash. If treatment has been begun late, and a condition of eczema exists after the activity of the poison has ceased, then soothing ointment may be permitted.

Permanganate of potash stains the skin a deep brown color, but this is a small price to pay for the relief it affords. A 5 per cent. solution of oxalic acid will remove the discoloration, but caution must be exercised in applying it. Alcohol is a solvent of the poisonous principle, but its use tends to spread the trouble. In handling the inflamed surface, it is best to use rubber gloves.

ADDISON W. BAIRD, New York.

To the Editor:—Please revise Dr. Hemmeter's formula for bismuth subgallate ointment given in his communication on the treatment of rhus poisoning. To a careful reader the transposition of quantities is evident, but many will use the formula as printed.

WILLIAM CRAWFORD JOHNSON, Frederick, Md.

COMMENT.—The subject of ivy poisoning is commented on editorially in this issue. In regard to Dr. Hemmeter's formula, Dr. Johnson is correct. We therefore repeat the formula with corrected quantities:

Bismuth subgallate	3i
Solution epinephrin (adrenalin chlorid) 1-1000...	100 m
Lanolin	3v
White petrolatum q. s.	ad 3i

The Introduction of the Ophthalmoscope into the United States

To the Editor:—I wish to correct the statement with reference to the introduction of the ophthalmoscope into this country, made by Dr. A. D. Williams, of Bedford, Ind., in *THE JOURNAL*, July 29, 1911, p. 408. The credit is due neither to Dr. E. Williams, of Cincinnati, in 1855, nor to Dr. Herman Knapp, of New York, in 1868, but to Dr. Christopher Johnston, who on his return from a prolonged stay in Europe, early in 1854, brought the instrument back with him to this city. In a report made by him to the Medical and Surgical Faculty of Maryland, on June 7, 1854 (*Transactions for 1854*), he exhibited and described it. He had made himself thoroughly familiar with it by studies in Berlin, with von Graefe, and in Paris with Desmarres. Dr. Johnston's report is accompanied by two ophthalmoscopic drawings and it is highly probable that the very first colored drawings of the background of the eye, published in America, were those which he prepared" (Theobald, Samuel: "The Evolution of the Ophthalmoscope and What It Has Done for Medicine," *New York Med. Jour.*, June 22, 1901). The only article on the ophthalmoscope published in this country prior to Dr. Johnston's report, so far as I am aware, is a translation, somewhat condensed, of Helmholtz's original tract, by Dr. W. R. Sanders, which appeared in the *American Journal of the Medical Science*, July, 1853, and was copied from the *English Monthly Journal of Medical Science*, July, 1852.

Dr. Johnston was a highly accomplished scientist as well as physician, and held in the University of Maryland successively the chair of anatomy (1864-66) and that of surgery (1869-81).

EUGENE F. CORDELL, M.D., Baltimore,
Professor of History of Medicine, University of Maryland.

Anesthetic Records

To the Editor:—For a number of years I have been collecting anesthetic records with the object in view of being able some day to present to the profession what might possibly be accepted as a standard chart—at least as to contents. With this in view I have written to many hospitals for copies of the charts they use, and have been gratified at the number of responses which were received. In order now to reach my colleagues who have their own private blanks, I must have recourse to this general request. I would ask those who are interested in this subject kindly to send me four copies, one for the Long Island Society of Anesthetists, one each for the King's County and the New York Medical libraries, and one for my own collection. I shall be glad to correspond with any one on this matter and to send our chart (the Long Island College Hospital) in return.

A. F. ERDMANN, Brooklyn.

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