

followed was attended by a number of distinguished guests, including the Prince of Wales, Prof. Clifford Allbut, Right Hon. John Morley. A conversation was held at the Natural History Museum and was attended by some thousands of persons. Amongst those present was Senor Manuel Garcia who, as recently reported in *THE JOURNAL*, has just celebrated his centenary.

Medical Plants.

At the Royal Horticultural Society a lecture illustrated by lantern slides was delivered by Mr. E. Morrell Holmes on "Medical Plants Old and New" which, in view of the celebration of the Centenary of the Royal Medical and Chirurgical Society, was both opportune and interesting. The lecturer pointed out that although horticulture must have begun at a very early period of civilization, the plants required for medicinal use were chiefly collected from the fields and woods and were not specially cultivated, except those which, like the pomegranate and almond, afforded edible fruits, and like henna were planted for their fragrance, and like the lily for their beauty. Even in the time of the Greeks and Romans, although horticulture had made great strides and pipless apples and long grapes were known, violets and roses were found in winter, yet there is no record of distinct physic gardens. It was only in the records of monasteries, abbeys, and nunneries in the Middle Ages, that we found any mention of a physic garden or portion set apart for the cultivation of medicinal herbs, usually near the surgeon's residence and distinct from another portion of the garden, retained for culinary herbs. One of the first lists of plants cultivated in these physic gardens was given in the "Capitulary of Charlemagne." Subsequently, wealthy citizens had physic gardens, and during the reigns of the Tudors there were physic gardens under the charge of the apothecary who attended royalty. Private physic gardens were followed by municipal physic gardens, and these developed into the modern botanical gardens to which modern horticulture owes so much. Descriptive catalogues of the plants grown in these gardens and containing an account of their medicinal properties were published by their owners, and form the herbals on which domestic medical treatment was based until the early part of the last century, when a large number of medical plants described in them were omitted from the pharmacopeias, and the herbals were succeeded by more advanced work on the medicinal plants and the pharmacopeias. During the last half of the eighteenth century the growth of the population led to increased demand for medicinal plants and their preparations, and the cultivation of these was carried on on an agricultural rather than on a horticultural scale. The increasing use of quinin led to cultivation of chinchona bark on a large scale in India and Ceylon, followed by that of coca in various colonies. The lecturer also alluded to the cultivation of Indian hemp for medicinal purposes and to the ancient and more extensive cultivation of the opium poppy in various countries.

Correspondence

"Works But Not Words."

BISMARCK, N. D., June 3, 1905.

To the Editor: I failed to see Mr. Bok's letter in *THE JOURNAL*, May 20, 1905, until my attention was drawn to it at the meeting of the House of Delegates of our state association.

Mr. Bok complains of the apathy of individual physicians and medical societies in not appearing before legislative committees on behalf of pure-drug laws, introduced in different legislatures last winter, and states that within his own knowledge not a single physician or representative of a medical society appeared before such a committee.

While this may be true generally, it does not apply in this state to the bill introduced and passed in our legislature, prohibiting the adulteration of drugs and providing for the printing of the ingredients, in case of poisons and other dangerous substances, on the labels of proprietary medicines. My attention was first drawn to this bill when appearing before the public health committee of the House of Representatives, in opposition to a so-called pure-food bill, the effect of which would have been completely to nullify the good work that has been done for the past two years by our pure-food commis-

sioner. I appeared by authority of the council of our state medical association and was received with courtesy by the committee. After I had presented the case on behalf of our association, my opinion was asked as to the pure-drug bill that had been introduced and also as to another pure-food bill that had been introduced in the senate. I had to reply that I had not seen either of the bills and knew nothing of their provisions, but agreed to examine them and to appear again before the committee, when it met to consider the bills, the date being fixed for the following week. I forwarded copies of the bills to the secretary of the state association, asking him to bring them before the president and other members and to use his influence in favor of their passage. I also saw some of the registered pharmacists of this city and as many of the members of the legislature as I could and pointed out the advantages of the bills and prepared myself to go before the committee. Before the time came for the committee to meet, the legislature adjourned for a week and I received no notice of the new time of meeting, but as sentiment, in the public press and among the members, was almost unanimously in favor of the proposed laws it was not necessary for me to take a more active part, and, in fact, by doing so I should probably have caused more opposition, as representatives of the patent medicine interests would have argued that physicians were supporting the bill for selfish reasons.

The credit of introducing the bills is entirely due to our energetic pure-food commissioner, Prof. E. F. Ladd of the North Dakota Agricultural College, and it was a worthy tribute to his efficiency to have members of the legislature tell me that they were satisfied that the bills were all right, as Professor Ladd was supporting them.

I do not know how it is in other states, but here it is difficult to find out when a committee is going to consider any particular bill, and in one case last winter, after the chairman of a committee had promised to give me notice when his committee would consider a bill, containing a provision allowing communities to discharge unpurified sewage into streams and rivers, and I had remained in my office for two or three mornings waiting for a notice by telephone, I was informed that the bill was passed. In this case not a single member, that I spoke to, knew of this provision in the bill, but simply accepted the report of the committee recommending that the bill pass.

I agree with Mr. Bok that it is the duty of medical associations to take an active and leading part in promoting legislation bearing on the public health, and our state association can point with pride to the fact that all the legislation that is asked for, including an almost new medical law providing for reciprocity in exchange of licenses, an anatomic law, and a law establishing a state bacteriologic laboratory—this last was vetoed by the governor on account of the appropriations exceeding the available funds—was passed. Having been a member of the legislative committee for the past ten years, I can testify that under the new system of organization the medical societies can exert more influence than formerly.

F. R. SMYTH,

Chairman Committee on Legislation and Public Policy,
North Dakota State Medical Association.

Climate in Treatment of Tuberculosis.

EL PASO, TEXAS, May 30, 1905.

To the Editor: In the proceedings of the Illinois State Medical Society meeting (*THE JOURNAL*, May 27, p. 1706), I notice that Dr. J. W. Pettit, Ottawa, Ill., is reported to have said, in his article on tuberculosis, that "climate is an unimportant factor in the treatment of tuberculosis," and that "it has been demonstrated that the tent is practicable in cold climates." In the same issue, in the transactions of the National Association for the Study and Prevention of Tuberculosis, Dr. William Osler is quoted as saying: "The education of the profession includes three points: 1. They must know that early recognition is the first and most important thing. 2. They must recognize, practically, the efficiency of open-air treatment. 3. They must educate medical students;