

from the medical and pharmaceutical colleges, the state and national medical and pharmaceutical societies, and certain other selected societies, and the Army, Navy and Public Health services. Its function is to determine the principles which shall govern the next revision of the Pharmacopeia, and to elect officers and a Committee of Revision. As we physicians are the ones to prescribe the drugs and preparations of the Pharmacopeia, it is beyond cavil our function to exert ourselves and make certain that the principles adopted shall suit us, and that the revision committee elected shall be in sympathy with our desires. To accomplish this the first thing to do is to see to it that every medical college and every medical society selects interested delegates to the convention, and pledges them to attend the convention. If this is done we need not fear for the result.

I would suggest that when we meet in the convention, we should stand together for two demands: 1. That it is the right of the prescribers of drugs as represented by the medical delegates to the convention to say what drugs and what preparations are to be considered by the Committee of Revision. This done, we can safely leave the methods of manufacture and the tests and other matters to the pharmaceutical, chemical and other delegates. 2. That every means be employed to abolish dilatory methods in the revision, so that we shall not again, as in the last revision, have the amazing lapse of more than six years between the meeting of the convention and the establishment of the revised book as the official Pharmacopeia.

For details of changes to be urged I would suggest:

1. That glandular drugs and their pure principles be introduced as far as possible, e. g., epinephrin, corpus luteum, ovarian extract, etc.

2. That the name of each alkaloidal salt be accompanied by a statement of its percentage of pure alkaloid. For example, quinin tannate contains only 30 to 35 per cent. of quinin, and morphin sulphate contains only three-fourths its weight of morphin.

3. That drugs and preparations which do not combine decided worth with use be dropped. A tentative list of such is: acetum scillae, acidum stearicum, althaea, aqua creosoti, arnica, calcium bromid, calcium hypophosphite, chondrus, cimicifuga, emulsum asafetidae, eriodictyon, guaiac, guarana, humulus, liquor iodi compositus, manna, matricaria, mel, mel depuratum, mel rosae, mezereum, mistura glycyrrhizae composita, oleatum hydrargyri, pepo, petroselinum, pyrethrum, sabal, sinapis alba, stillingia, syrupus hypophosphitum, taraxacum, trituratio elaterini (not elaterinum itself; elaterin can be prescribed without an official dilution quite as well as any of the potent alkaloids), trochiscus sodii bicarbonatis, unguentum hydrargyri nitratis, xanthoxylum, zinci sulphocarbolas, zincum, and all oleoresins except that of aspidium. Substances of pharmaceutical value only, such as stearic acid, althaea and honey, should not cumber the body of the book. It is to be borne in mind that most of the substances dropped will still find a place for standardization in the National Formulary, and will therefore continue to be available in standardized form for those who wish them. But they should not receive the recognition of a highly scientific and exclusive book such as we desire our Pharmacopeia to be.

4. That all fluidextracts with dose below 5 minims be dropped, and if necessary replaced by a 10 per cent. tincture. It is agreed that many fluidextracts, because of their concentration, cannot be made to hold all the active principles of the drug from which they are made, and that they are subject to material changes of strength from precipitation or evaporation. The requirement of assayed strength does not change these facts. It has been shown repeatedly that the average fluidextract of digitalis is not ten times as strong as the tincture, as it should be, but perhaps only about three times as strong! With potent drugs this is a serious matter.

5. That newly introduced chemical substances of proved worth be included. It is a crying shame that our Pharmacopeia does not yet recognize solution of epinephrin (adrenalin) chlorid, argyrol, acetylsalicylic acid, arsphenamin, etc. Even though they are patented preparations they should be

given some recognition, the Pharmacopeia stating that they are patented and giving the time of expiration of the patent.

6. That the genitive of all titles be appended. How many of us, for example, in prescribing milk of magnesia, know that in a prescription the official preparation should be written "Magmae magnesiae" and not "Magmae magnesiae"?

7. That whisky and brandy be restored. With our new prohibition laws these medicinal liquids will be as precious as potent tinctures, and will need standards if they never did before.

I make these suggestions for the medical delegates, and urge that we take our next month's pharmacopeial convention seriously. For the sake of the best medical practice, all medical colleges, all state medical associations, and any other medical body which has the privilege of sending delegates to next year's pharmacopeial convention should appoint these without delay and see to it that they attend the convention with some understanding of their responsibilities.

W. A. BASTEDO, M.D., New York.

Fifth Vice President, U. S. Pharmacopeial
Convention of 1920; Assistant Professor
of Clinical Medicine, Columbia University
College of Physicians and Surgeons.

STOLEN SURGICAL INSTRUMENTS

To the Editor:—Two bags of instruments, dressings, etc., and a small mahogany clock were stolen from my office three weeks ago. I have recovered one of the bags with many instruments, but they are not mine. It seems that somebody is gathering these for resale. I would suggest that if second-hand instruments are offered to any physician for sale, he should appear to be too busy to pass judgment at the time, regardless of the story told, but ask the person to return in an hour or two, and, retaining the instruments, in the meantime call an officer: all this, of course, to be modified according to circumstances. Perhaps a central reporting place for lost and found instruments would discourage theft. The owner of the instruments that I have may obtain them by calling at my office.

WILLARD MANFORT, M.D., Detroit.

LEPROSY IN THE AGED

To the Editor:—I have before me the issue of THE JOURNAL for Nov. 15, 1919. In the second column on page 1547 appears: "DR. H. R. CARTER, Baltimore: There is good reason to believe that leprosy is *rarely or never* communicated to elderly persons. In taking care of lepers I would suggest that elderly nurses be employed, as the risk of such people contracting the disease is *absolutely nil*."

The italics are mine. Probably most workers among lepers would agree with a general statement to the effect that elderly persons are less likely to become infected with the disease than are young persons. Perhaps the speaker only wished to make his idea stick in the minds of his hearers by making it overstrong; but I want to protest against the use of the words that I have italicized, as being likely to mislead our confrères in America.

Having seen the usual number of cases of leprosy that come to medical missionaries here, during thirty years' residence in Foochow, where leprosy is a very common disease, I cannot refrain from saying that such experience quite contradicts the very positive statements made above. Just recently an old Bible woman that has been working among lepers here for years, a woman who was very careful about her contacts with them, who was unusually cleanly in every way, has developed the disease. Her contact with the lepers could not have been as intimate as that of persons caring for such cases, for that was not her duty at all, and the years that she had been engaged in the work might have seemed to justify a statement almost as strong as the one to which I object; but there is no doubt that the woman is now infected. Other cases have come to my attention in the past, but this is the latest one and answers, as well as any

number, to emphasize the point that I make. Elderly persons may and do contract leprosy, though they are probably less likely to do so than younger persons.

H. N. KINNEAR, M.D., Foochow, China.

INTERNATIONAL COMMITTEE OF THE RED CROSS OF GENEVA, AND THE LEAGUE OF RED CROSS SOCIETIES

To the Editor:—My attention has been called to an article in THE JOURNAL, Jan. 31, 1920, p. 334, concerning the coming meeting of the General Council of the League of Red Cross Societies. A confusion exists in the mind of the writer of this article between the International Committee of the Red Cross of Geneva and the League of Red Cross Societies, which also has its headquarters in Geneva. These two institutions are entirely distinct, and there is no official connection between them. The International Committee of the Red Cross of Geneva is composed of seventeen citizens of Switzerland, and has been in existence since the founding of the Red Cross by Henri Dunant in 1863. During the war the International Committee of the Red Cross of Geneva served as intermediary for the exchange of prisoners. The League of Red Cross Societies is constituted by thirty national Red Cross Societies, as follows: Argentina, Australia, Belgium, Brazil, Canada, China, Cuba, Czechoslovakia, Denmark, France, Great Britain, Greece, Holland, India, Italy, Japan, New Zealand, Norway, Peru, Poland, Portugal, Roumania, Serbia, South Africa, Spain, Sweden, Switzerland, the United States, Uruguay and Venezuela.

WILLIAM R. HEREFORD, Geneva, Switzerland.

Director, Department of Publicity and Publication, League of Red Cross Societies.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

BOOKS AND PERIODICALS ON OTORHINOLARYNGOLOGY

To the Editor:—1. I intend specializing in the ear, nose and throat. What textbooks do you advise me to get on these subjects?

2. Is there an atlas of anatomy, pathology or surgery (of one, two or all three) published of the ear, nose and throat?

3. Who publishes "The Nose and Throat in Medical History," by Jonathan Wright?

4. Is there a book published containing the biographies of the great men in medicine or "Who's Who" in medicine?

5. What journals on otology, rhinology and laryngology would you advise me to subscribe to?

6. Who publishes the *British Journal of Otology, Rhinology and Laryngology*?

M. L. SOWERS, M.D., Allston, Mass.

ANSWER.—

1. Packard: Nose, Throat and Ear, Philadelphia, J. B. Lippincott Company, \$4.

Ballenger: Ear, Nose and Throat, Philadelphia, Lea & Febiger, \$5.50.

Kyle: Nose and Throat, Philadelphia, W. B. Saunders, \$5.

2. Krieg: Atlas of Diseases of Nose, New York, Paul B. Hoeber, \$12.

3. Wright: Nose and Throat in Medical History, St. Louis, L. S. Matthews, \$2.

Wright: History of Laryngology, Philadelphia, Lea & Febiger, \$4.

4. Garrison: History of Medicine, Philadelphia, W. B. Saunders Company, \$7.50.

Medical men are also included in the ordinary editions of "Who's Who."

5. The following journals are published in America:

Annals of Otology, Rhinology and Laryngology, Jones H. Parker, Mermod-Jaccard Bldg., St. Louis, \$6.

Laryngoscope, 3858 Westminster Place, St. Louis, \$6.

6. The *British Journal of Otology, Rhinology and Laryngology*, published by Adlard & Son and West Newman, Ltd., Bartholomew Close, London, E. C. N., £1.

Good Health.—Euphonious definitions of good health are numerous. Clear conceptions of good health are rare. It is easy to define; difficult to conceive.—W. S. Rankin, *Tr. Assn. Life Ins. Presidents*, 1919.

Medical Education, Registration and Hospital Service

COMING EXAMINATIONS

ARIZONA: Phoenix, April 6-7. Sec., Dr. Ancil Martin, 207 Goodrich Bldg., Phoenix.

COLORADO: Denver, April 6. Sec., Dr. David A. Strickler, 612 Empire Bldg., Denver.

DISTRICT OF COLUMBIA: Washington, April 13-15. Sec., Dr. Edgar P. Copeland, the Rockingham, Washington.

IDAHO: Boise, April 6. Commissioner, Hon. Robert A. Jones, Boise.

IOWA: Iowa City, March 29-31. Sec., Dr. Guilford H. Sumner, Capitol Building, Des Moines.

LOUISIANA: New Orleans, May 4. Sec., Homeo. Bd., Dr. F. H. Hardenstein, 702 Machesa Bldg., New Orleans.

MINNESOTA: Minneapolis, April 6-8. Sec., Dr. Thos. McDavitt, Lowry Bldg., St. Paul.

MONTANA: Helena, April 6. Sec., Dr. S. A. Cooney, Power Bldg., Helena.

NEVADA: Carson City, May 3. Sec., Dr. Simeon L. Lee, Carson City.

NEW MEXICO: Santa Fe, April 12-13. Sec., Dr. R. E. McBride, Las Cruces.

OKLAHOMA: Oklahoma City, April 13-14. Sec., Dr. J. M. Byrum, Shawnee.

RHODE ISLAND: Providence, April 1-2. Sec., Dr. Byron U. Richards, State House, Providence.

WEST VIRGINIA: Charleston, April 13. Sec., Dr. S. L. Jepson, Masonic Bldg., Charleston.

New York May and June Examination

Mr. Herbert J. Hamilton, assistant, professional examinations, New York State Board of Medical Examiners, reports the written examinations held at New York City, Buffalo, Syracuse and Albany, May 21-24 and June 25-28, 1919. The examination covered 8 subjects and included 10 questions. An average of 75 per cent. was required to pass. Of the 384 candidates examined, 306, including 2 osteopaths, passed, and 78, including 1 osteopath, failed. The following colleges were represented:

College	PASSED	Year Grad.	Number Licensed
Leland Stanford Junior University	(1917)		1
George Washington University	(1916)		1
Rush Medical College	(1915)		1
University of Illinois	(1919)		1
Tulane University	(1914)		1
Johns Hopkins University	(1914), (1915), (1916), (1919)		4
College of Physicians and Surgeons, Baltimore	(1913)		1
Harvard University	(1910, 2), (1913), (1918), (1919, 2)		6
Tufts College Medical School	(1913), (1918, 3)		4
University of Michigan Medical School	(1918), (1919, 2)		3
Albany Medical College	(1917), (1919, 11)		12
Columbia Univ.	(1914), (1915), (1917, 5), (1918, 7), (1919, 36)		50
Cornell University	(1917), (1918, 4), (1919, 12)		17
Fordham University	(1914), (1916), (1917), (1918, 2), (1919, 7)		12
Long Island College Hospital	(1917, 2), (1918, 4), (1919, 38)		44
New York Homeo. Med. College and Flower Hospital	(1915), (1916, 3), (1917, 5), (1918, 6), (1919, 13)		28
Syracuse University	(1919)		19
University and Bellevue Hospital Medical College	(1917), (1918, 4), (1919, 29)		34
University of Buffalo	(1917, 2), (1918, 2), (1919, 37)		41
University of Oklahoma	(1918)		1
Jefferson Medical College	(1915), (1917), (1919)		3
University of Pennsylvania	(1908), (1913), (1918, 3)		5
Woman's Med. Coll. of Penna.	(1913), (1915), (1919)		3
University of Tennessee	(1917)		1
Vanderbilt University	(1912)		1
University of Vermont	(1915), (1917), (1918, 2)		4
University of Virginia	(1916)		1
Queen's University	(1910), (1918), (1919)		3
University of Toronto	(1915), (1918)		2

College	FAILED	Year Grad.	Number Licensed
Georgetown University	(1917)		1
Howard University	(1916), (1918, 2)		3
Chicago College of Med. and Surg.	(1914)		1
College of Phys. and Surgs. Chicago	(1902)		1
Rush Medical College	(1895)		1
Kansas Medical College	(1903)		1
University of Louisville	(1908)		1
College of Physicians and Surgeons, Baltimore	(1912)		1
University of Maryland	(1917)		3
Harvard University	(1908), (1918, 2)		4
Tufts College Medical School	(1917, 3), (1919)		3
University of Michigan Homeopathic Medical School	(1918)		1
Albany Medical College	(1909), (1914)		2
Columbia University	(1919)		3
Cornell University	(1917), (1919)		2
Fordham University	(1912), (1913), (1916, 2), (1918)		5
Long Island College Hospital	(1917), (1919, 4)		5
New York Homeopathic Medical College and Flower Hospital	(1915, 3), (1916, 5), (1917), (1918, 7)		16
New York Medical College and Hospital for Women	(1917)		1
University and Bellevue Hospital Med. Coll.	(1915), (1919)		2
Eclectic Medical College	(1916)		1
Jefferson Medical College	(1899), (1914), (1916)		3
Medico-Chirurgical College of Philadelphia	(1916)		1