

DR. CHARLES J. WHITE, Boston: Although I have not made a particular study of eczema, I am inclined to agree with Dr. Zeisler rather than with Dr. Hartzell. The latter takes it for granted that, because we are ignorant of the internal causes of eczema, there can be none. On the other hand, he does find an external cause, and, therefore, assumes that all cases are due to external causes.

DR. WILLIAM A. PUSEY, Chicago: I am in accord with Dr. Hartzell's views, as I understand them. In my opinion, we must start with the proposition that eczema is not a definite disease. It is not a pathologic entity. Eczema is simply dermatitis—a reaction in the skin produced by irritation of various sorts, which may be both local and constitutional or either. As a simple dermatitis it may be produced by many causes, but as soon as we discover a specific form of dermatitis, like scabies or seborrheic dermatitis, we eliminate it from the group of conditions that we call eczema. The typical form of eczema in children is, I believe, due in great part to internal causes. On the other hand, there are certain forms of eczema that are due to external causes. And the form due to internal causes presents no essential differences from the form due to external causes. For example, I recall, in a woman, a typical case of eczema of the hands of several years' duration of the form that we usually see produced by some metabolic disturbance. This patient had consulted several eminent dermatologists and she herself ultimately discovered that the eruption was due to contact with primroses, which she was accustomed to care for.

DR. JOHN A. FORDYCE, New York: I agree in the main with Dr. Hartzell, whose views on this subject are somewhat similar to those expressed by me at the New Orleans meeting of this Section. The more I study eczema the more convinced I am that in the great majority of cases the causes of the disease are external. I teach my students that eczema is a reaction in the skin; that it is often impossible to differentiate the histologic features of a dermatitis produced by rhus or iodoform or by other chemical or mechanical irritants from a typical case of eczema in which we are unable to find the etiologic factor. We know that certain external agents will produce eczema. We theorize and say that certain internal causes may produce it, but we can not prove it. As a predisposing factor, we know that certain skins will respond to irritants, just as some mucous membranes are predisposed to catarrhal affections. My opinion is that eczema is a reaction generally produced by irritants from without in individuals with a skin that is predisposed. In exceptional cases the irritant may come from within.

DR. HENRY C. BAUM, Syracuse: My first impression of eczema, obtained in Kaposi's clinic, was that it was a reaction of the skin due to external causes. I am convinced now that in any case of so-called eczema an external cause is operating, as Dr. Fordyce said, on a susceptible skin. This susceptibility is very frequently capable of demonstration as emanating from a constitutional cause. Take, for example, a case of infantile eczema in a breast-fed baby whose mother is constipated, nervous and run down. If we put the mother in a better state of health we can often cure the eczema without any treatment directed to the child. We know that some patients with eczema are made worse by an injudicious diet. Eczema may be due to both external and internal causes; otherwise we should have no explanation to offer for an external cause producing eczema in one individual and not in another. The classification and demonstration of the causes of eczema is not always as difficult as one might believe. For instance, I have observed many severe cases which were associated with indicanuria; the eczema disappeared promptly after the disappearance of the indicanuria. Hyperacidity is also frequently associated with eczema, and the alkalies are very useful as adjuvants in the treatment of such patients. If I were deprived of the advantages of constitutional treatment for my patients with eczema, I should feel much handicapped. I believe, as we all do, that the specific cause of eczema can oftentimes be demonstrated as external, but that in other cases it possesses constitutional features.

DR. M. B. HARTZELL, Philadelphia: I do not deny that eczemas may arise from internal causes, but I must repeat

that I believe those of internal origin constitute a minority of the cases. The classification of these eruptions is somewhat after this fashion: If we know the irritant which produces the eruption, we call the latter a dermatitis; if we do not know it, we call it an eczema. We have not learned a single thing about the internal causes of eczema during the past century. Listen again to this quotation from Thomas Bateman. He defines eczema as "a non-contagious eruption, generally the effect of an irritant, whether externally or internally applied, but occasionally produced by a great variety of irritants in persons whose skin is constitutionally very irritable." This was written nearly one hundred years ago, and I do not think any one present to-day can improve on this definition. I have known of cases of eczema treated for a long time by a great variety of internal remedies, in which subsequently the eczema was shown to be due to an external irritant, precisely as in the case of primrose poisoning cited by Dr. Pusey. I still believe that most eczemas are of external origin, and that we know little about the internal causes.

Original Articles

RELATION OF PHARMACY TO MEDICINE.*

JOSEPH P. REMINGTON, PH.M.
PHILADELPHIA.

The cordial relations existing between the two national bodies, the American Pharmaceutical Association and the American Medical Association, have been continued for many years, and in presenting this address, on behalf of the delegation, I am expected to review, briefly, the present situation of pharmacy in its relation to medicine.

Never before in the history of the two associations has the outlook been so promising, not only for the continuance of cooperation, but we are at last beginning to get results. The establishment of branches of the American Pharmaceutical Association in various cities and large centers has added greatly to the influence and usefulness of the parent body.

What is known as the "propaganda" for circulating information among the medical and pharmaceutical professions about the U. S. Pharmacopeia and National Formulary preparations has spread during the last year, notwithstanding the opposition of those interested in proprietary and special preparations, who predicted the failure of the "propaganda." The work is going on; it is essentially a work of education. Commercialism, in its various forms, good and bad, has dominated therapeutics, and while I do not join in the hue and cry against manufacturers of specialties (for this is a legitimate business), I do take issue with the medical profession for allowing itself, with a few exceptions, to depend on the specialty men for their knowledge of therapeutics. The members of this section have often heard statements of this kind, and it seems like an old story; but it is only through constant repetition and a firm adherence to the principles, so often enunciated, that progress is being made.

Patient and persevering effort, all along the line throughout the country, is bringing results. The old method of attacking the sins and the sinners in both professions has proved a failure, and it always will. The church and the state have suffered, and progress has been impeded by pessimism and the efforts of those whose pecuniary interests are affected and who have motives

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for excusing or defending what they believe to be their interests by attacking the earnest efforts of disinterested men who believe in the highest ethical ideals to elevate both professions and who stand for the greatest benefit to the greatest number. How often men refuse to go to church, saying "There is a man who goes to church every week, but I am a better man than he is." And so in the affairs of state, "There is a man who is mayor or governor, and everybody knows he is unfit, I wouldn't do what he does for any amount of money." Such men sit down and drop their hands idly, satisfying any twinges of conscience by wrapping themselves up in a mantle of self-righteousness. Is it not better to accept, in our time and generation, our fellow-men as they are, and patiently and persistently, but kindly, set before them a more excellent way?

This is now the policy which pervades the earnest efforts to increase the influence of the "propaganda." Let us admit freely, that in both professions there are individual members who are unworthy, but why dwell on the sins and sinners; why not set before them a way of escape? Condemnation, even if it is just, is worthless, unless something better is put in the hands of the ignorant or careless; indeed, it is a most difficult task, at present, to arouse the interest of good men in both professions, in some quarters. The first principles of ethics must be explained, and even when these are accepted with enthusiasm the convert must be bombarded with literature and often personal effort to keep him long enough in the new way until he can see the results, which come from the use of definite preparations, fully up to the pharmacopeial standards.

In the pharmaceutical ranks there is also much work to be done. Physicians complain that there is yet ignorance, on the part of the pharmacist, about preparations of the Pharmacopeia and National Formulary, and that they can not get, promptly, what they order or prescribe. While this is natural, under the circumstances, it is to be deprecated, and there is no excuse to offer, but it is a condition which is being rapidly remedied. The work of the American Medical Association, in providing a manual of Pharmacopeial and National Formulary preparations in a convenient form for consultation, has been a wise step in educating physicians. If every physician in the country would promise to use such of these preparations as he can, without at once forsaking entirely the specialties that he has been using, the most practical beginning will have been made; common sense would plainly indicate such a course. And again, as we are starting to revive prescription-writing at its best, the old relation, which has been largely abandoned of late years, of the physician calling on the pharmacist in his neighborhood and asking to be shown the newer preparations which are ethical, must lead to more useful results than the prescribing of a ready-made remedy, which probably has been tried already by the patient, with unsuccessful results.

In conclusion, the American Pharmaceutical Association presents to this body its greetings, and offers to co-operate with the American Medical Association and this section in every effort to advance ethical pharmacy and rational therapeutics; and, in this way, it is believed that the tide of "therapeutic nihilism," which is fast waning, will have been turned backward, and the medical profession, while keenly alive to every improvement in the armamentarium, will soon be placed on a solid foundation of truth.

OPHTHALMOLOGY FOR GENERAL PRACTITIONERS.*

LEARTUS CONNOR, A.M., M.D.
DETROIT.

DEFINITION.

General practice does something for every class of cases; special practice everything for a single class. General practice ophthalmology should harmonize with other college courses and meet the needs of the family physician; special ophthalmology supplements college courses and family practice. General practice is a large load drawn slowly by many horses; special practice a light load drawn swiftly by a single horse. General practice is extensive farming; special, intensive. For convenience of discussion we shall call "the ophthalmology for students of general practice" "general practice ophthalmology," as contrasted with "special ophthalmology."

STANDPOINTS OF STUDY.

"General practice ophthalmology" may be studied from many standpoints: Its relation to other college courses; to other kinds of family practice; to the entire field of medicine; the needs of the laity; and to special ophthalmology.

1. *Relations of General Practice Ophthalmology to Other College Courses.*—Respecting these courses, it is to be noted that the last half century has projected into medicine many radical discoveries and revolutionary inventions along fundamental lines. Instruments of precision, laboratory work, antiseptic methods, new sera, have introduced a possible exactness before undreamed of. Prior to this epoch one teacher was responsible for an entire course; so the mastery of his lectures was the mastery of his course. Such mastery equipped the young practitioner for his life work, giving definite ideas on which to begin the management of his first cases—ideas that were the result of his teacher's long study and active practice, and so worthy of confidence. With increased material and the introduction of laboratory and clinical methods, many teachers were needed in each course. The results were easy to see, as "too many cooks spoil the broth." Confused by conflicting instructions, on meeting his first serious case the young doctor often hesitates, and another is substituted.

The number, length and quality of college courses vary; in Cornell there are twelve general and thirteen special courses, ophthalmology getting ten lectures and twelve hours of section work, being classed as a minor subject. Doubtless Cornell, with other leading colleges, is struggling to so proportion and harmonize these twenty-five courses that they shall afford the student the best chance to become a first-class family physician.

A study of all American medical college announcements as related to their "ophthalmology for students of general practice" showed:

1. An utter lack of uniform requirement in hours of study, subjects studied or amounts of such study, in clinics, recitations or demonstrations.

2. Such a mixture of general practice ophthalmology with special as is confusing to both general and special students.

3. Not one institution made clear what the student must know and be able to do. Surely the student of

*Read before the American Academy of Ophthalmology and Oto-Laryngology.