

**THE TEXAS MEDICAL
JOURNAL, VOL.
XX, MARCH, 1905,
NO. 9, PP. 345-387**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649336555

The Texas Medical Journal, Vol. XX, march, 1905, No. 9, pp. 345-387 by Various

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

VARIOUS

**THE TEXAS MEDICAL
JOURNAL, VOL.
XX, MARCH, 1905,
NO. 9, PP. 345-387**

THE
TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION \$1.00 A YEAR.

VOL. XX. AUSTIN, MARCH, 1905. No. 9.

Original Contributions.

For Texas Medical Journal.

Modern Therapeutics and Pharmacy.*

FREDERICK HADRA, M. D., SAN ANTONIO, TEXAS.

The title of my paper will cause you to anticipate much more than you will receive, and its disorderly presentation will justify legitimate criticism; but the subject is so complex that I must ask you to overlook its awkward preparation. I also wish to disclaim any personal feeling toward the committee on proprietary drugs, whose recent circular letter and list of questions induced me to select my subject. Whenever I refer to the committee it should be understood that I refer only to its principles and not to the gentlemen composing it.

If our society were merely an obscure country organization, then any literature promulgated by its authorized agents, particularly if it partook of the nature of extreme radicalism, could be passed over as of little moment; but when such literature emanates from a society as representative of progress as ours is, or should be, including, as it does, in its ranks officers and members of national and State societies, then I deem it justifiable to enter a protest against our committee's indiscriminate attack upon everything smacking of advancement in a therapeutical and pharmaceutical di-

*Read at San Antonio meeting Fifth District Medical Society, February 8, 1905.

rection, and I sincerely hope that the great majority of this society will agree with me.

At least 75 per cent of all people seeking medical advice and treatment can be relieved by natural therapeutics alone. Natural therapeutics, as defined by Potter, "including the operations of the *Vis Mediatricis naturae*,—the healing power of nature,—those modes and processes of healing which occur independently of art, and tend to spontaneous decline and cure of disease." Fresh air, diet, exercise, and an occasional cleaning out, will still further reduce the percentage of those requiring the aid of *applied therapeutics*; or the application by art of agents foreign to the living organism, for the purpose of aiding nature to restore the body to a healthy condition.

It is this natural law which is partly responsible for that ever-increasing horde of irregular healers met with everywhere. I say only *partly* responsible advisedly, for we ourselves are mostly to blame for that large stampede of patients to the camp of the enemy, the homeopaths, osteopaths, Christian scientists, etc. If when this large number of imaginary or but slightly ailing class of sufferers come to us for treatment, we could, like our more wise competitors, give them doses appealing to both eye and palate, instead of powders, pills, and liquids, the very sight or smell of which, let alone their taste, would nauseate a wooden Indian, then I say we might regain our former prestige and gather back into our fold that large class of timid sufferers who are now afraid to come to us even when *really* in need of skillful medical attention and therapeutics.

If reforms are needed in our therapeutics, whether it be in the too frequent use of so-called patented or proprietary remedies, or what not, calm and conservative discussion and appeal to reason will accomplish much more good and bring about a much more rapid reform than fanatical attacks and indiscriminate condemnation of a whole system. Over-zealousness has always defeated or delayed the accomplishment of every reformation however urgent its necessity. This rule is particularly applicable to the subject under discussion. No one will dispute that the great and ever-increasing numbers of proprietary and patented remedies annually presented to and urged upon physicians through agents, circulars, and the medical press, are confusing enough to drive a man to drink, in an effort to cull from this heterogenous mass that which is really deserving of adoption; but it also can not be disputed

that it is a necessary part of our duty to undertake the task of sorting out, and no progressive merchant or mechanic worthy of the name is exempt from a similar duty toward his patrons. Is it not a confession of weakness on our part to cry out in great alarm that the manufacturing chemist is usurping our domain and is forcing us to use his wares against our important wills?

Who is responsible for the manufacture of these numerous preparations against which the committee protests so fearfully? Do you suppose that Messrs. Merck, Stearns, Wyeth, Mulford, Sharp & Dohme, Park Davis, Fairchild, etc., would expend hundreds of thousands of dollars annually and employ scores of able chemists and pharmacists in their laboratories for research if there were no appreciation and demand for the innovations constantly made to our medical armamentarium, as the result of their labor?

Not only in our own profession, but in all the other arts and sciences, men are bending every energy toward advancement and perfection. Only the other day I read of a certain United States Senator who lost his seat in Congress once because he voted in favor of expending a few thousand dollars to enable the inventors of telegraphy to conduct their first experiments. To this day there are thousands of people, and among them doctors, who are opposed to vaccination, vivisection, diphtheria antitoxin, etc., and yet the world moves on and these mossbacks are forced aside to make way for the onward procession of progress.

A pharmacopœia is an official list of the drugs and their preparations recognized by the medical profession of a certain country. In the United States its publication is left to the medical and pharmaceutical profession and it is revised every ten years by a convention called for that purpose. If, therefore, we would confine ourselves strictly to official drugs and remedies, it might be conceivable that at times we might have to wait from five to ten years before adopting such universally recognized therapeutic agents as the different antitoxins and serums, notably diphtheria, glanders, tetanus, erysipelas; the glandular extracts, like adrenaline, thyroid, pituitary, pancreatin, etc.

Local agents, like the X-ray, Finsen light, etc., and such useful, we might say, almost indispensable daily agents, like the *antipyretics*, phenacetine, antipyrine, phenocol hydrochlorate, and exalgin.

Silver salts, like actol, argentamin, pieratol, protargol, largin, itrol, and collargol.

Antiseptics, like ichthyol, formalin, aristol, iodol, benzozol, xeroform, lysol, trikesol, hydrozone, creoline, and nosophin.

Intestinal and pulmonary antiseptics and astringents, like benzol, alphozone, orphol, dermatol, tannigen, tanaibin, guiacol, duatol, benzosol, protan, acetozone, creosotal.

Local and general anesthetics, like cocaine B., orthoform, nirvanine, pental, etc.

Hypnotics, like veronal, chloralmid, hypnal, sulphonal, trional, somnose, urethan.

Genito-urinary antiseptics, diuretics, and uric acid solvents, like helmitol, formin, urotropin, cystogin, diuretin, piperazin, lycidin, lycetol, methylene blue, etc.

Antirheumatics, like salipyrin, salophen, salicen, and malakin.

Of so-called proprietary and copyrighted preparations I will mention only a few of those which have become almost every-day adjuncts in our daily practice:

Of the digestants, elixir lactopeptine, essence of pepsin, extract of pancreatin, peptogenic milk powder, liquor diastas, etc.

Of foods, Mellins', Horlick's, malted milk, panopeptone, bovine, bovril, liquid peptonoids, malt extracts, etc.

Of antiseptics, glycozone, glyco-thymoline, euthymol, borolyptol, phenal-sodique.

Of tonics and alteratives, pepto-mangan, arsenauro, mercauro, glycerophosphates, emulsions of codliver oil, etc.

Of laxatives, cascara compounds, tamarinds comp., so-called fruit salts, and effervescent salts of various kinds.

And lastly, such preparations as apiol, aconitina, aneas-thesin, sea sickness, bromoform, camphoric acid, chloretone, digitalin, um verum, digitalone, for hypodermic, 5-10 minims; du-boisine, mydriatic, like belladonna, less irritating; ergotol, ergotin, gonosan, kava-kava in santal oil; hydragogin, napelline, aconite, oil of origeron, physostigmine salicylate, salicylos, stypticin, catarmine hydrochlor ulerin styptic.

The morphine derivatives and preparations, chloranodyne, heroine, dionin.

The iodine preparations, iodophin, aristol, europhen, iodol, nosophen.

The iron preparations, ferratin, and other albumates, arsenates, and bromates.

The guiacal preparations, guiacol, carbonate or duotal, creasote carbonate or creosotal, and benzosol, 54 per cent.

The tasteless quinine preparations, febriline, cocoquinine, Kairin, thalin, hydroquinine, euquinine.

Sulphur derivatives, thiginal, thiocal, ichthyol, thiol, ichthalbin.
Bromine derivatives, bromoform, bromipin.

None of the long list picked out at random are official; many of them are synthetical preparations and of the compounds hardly a one mentioned is not of some use.

I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So also if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flaxseed poultice and the newer proprietary article called antiphlogistine or its numerous imitations, a physician must needs be prejudiced, indeed, who will prefer the former. I should also feel sorry for the patient whose physician would insist upon taking the acid tincture of chloride of iron for long periods when such elegant and well-established preparations as Gude's Pepto-Mangan and other ferruginous tonics are at his disposal.

We are also under obligations to the manufacturing chemists for such elegant gynecological adjuncts as the antiseptic vaginal tampons, the elastic vaginal and urethral suppositories, the perfect aseptic antitoxin syringes, etc.

It would certainly be injudicious, to say the least, for any physician to eliminate from his practice most or all of the various preparations, simple and compound, simply because some of them were patented or the names of some of the mixtures or combinations copyrighted or registered.

A correct diagnosis must, of course, precede every successful therapeutic attack, but once having made the diagnosis much of the subsequent success or failure may depend upon the form of medication we select, as every practitioner has often learned to his sorrow. Having, for instance, made the diagnosis of a certain form of anemia in which arsenic is demanded, it may be a matter of theoretical indifference which preparation we prescribe, but it may be quite a different matter with the patient, who has to take it for long periods. What does he care how much intelligence has been displayed in his diagnosis, and how great is his physician's knowledge of materia medica, if his stomach and senses rebel against the drugs that are being forced upon him? He wants to get relief, and, therefore, whatever remedy is selected must be given in such form that he will take it, and his stomach retain it. Otherwise neither the correct diagnosis nor the correct selection of the drug will have

any practical result whatever. It is certainly the height of folly to insist upon a patient taking an obnoxious preparation simply because our pharmacopia so directs, when a more elegant and palatable one may be gotten from our manufacturing chemist who has, perhaps, devoted years of labor toward attaining perfection in that particular preparation. Elegance and palatability are especially desirable for that large class of neuresthenics and hypochondriacs, so frequent among women and children, who are now driven to more attractive healers who make up by shrewdness what they lack in scientific attainment. If we should pay more attention to these minor details of therapeutics and, instead of attacking those who would help us, encourage them in their effort, there would be less need for outside legislation to suppress our more wily and unscrupulous competitors.

Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a coordinate branch which is continually striving to assist us in improving our therapeutic weapons? Suppose railroad, steamship, telephone, and electric light companies, etc., should suddenly promulgate orders to the effect that henceforth all innovations in life-saving, time-saving, etc., must be stopped, because inventors are forcing upon them improvements so fast that they can not cull the useful from the useless. Our medical societies would be among the first to enter a protest, and yet our committee is urging us to do this very thing. If, instead of condemning the whole system of medical sample business, we would take advantage of the opportunities offered to make intelligent selection only of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have an advantage over those who do not.

Conservatism in therapeutics, as well as in every other branch of science and government, is commendable up to a certain point; after that point is passed it is no longer conservatism, but mossbackism. We style ourselves regulars, scorn the sobriquet allopath, and resolve and resolute at every meeting against pathics of all kinds. Our chief claim for superiority over all other so-called schools has always been that we accept innovations from any and every source tending to the advancement of our profession regardless of its origin—as we did vaccination from a milk man.

Even the medical department of the army, one of the formulators of our official pharmacopœia, and most conservative in all things

therapeutic, approves of no less than *seventeen* unofficial preparations, several of which are patented or registered as proprietary, as indicated by the following list taken from its latest supply-table: Adrenalin hydrochlorate, albolene, antipyrine, antitoxin diphtheria, digitalinum, ergotinum, glycozone, hydrozone, ichthyol, peptonizing tablets, phenacetine, salophen, sulphonal, trional, urotropin, trichisol, and malted milk.

Now for the circular itself: The committee assures us that "great damage is done the people (and the physician) by the medical sample business, along with the prescribing druggist." I had always thought that the medical sample business was practiced exclusively with physicians, and it never occurred to me before that the dear people were damaged by Mr. Jones' agent leaving a new preparation of cod liver oil, cascara compound, pepsin compound, cough mixture, etc., upon my desk; neither had I discovered before that I was being damaged by these Chadwickean representatives of the manufacturing chemists. I had always imagined that I had judgment and intelligence enough to discriminate, without the agent's advice, which of the preparations presented deserved consideration and which did not, and notwithstanding the great danger I am assured of, I hope that the medical sample business will continue as long as I am capable of practicing my profession. When my mind becomes so feeble that irresponsible agents can dictate to me what remedy I must use, then I will retire and give way to men who have minds of their own.

I must be very dense, indeed, for I can not see what connection the medical sample business has with the prescribing druggist. As long as I can remember druggists have been in the habit of prescribing for all sorts of diseases. Before the more convenient modern preparations were obtainable, such crude drugs as quinine, calomel, castor oil, Epsom salts, santal midy, copaiba, paregoric, flaxseed meal, all sorts of herbs, turpentine, carbolic acid, etc., were prescribed by him. Would our committee insist that because of this fact all the above and many more should be banished from our routine practice?

The committee further says, "the fact can not be controverted that three-fourths of the prescriptions received by pharmacies are for proprietary remedies advertised to doctors only. The druggist simply opens the package and writes: "Teaspoonful three times daily, after meals." The original bottle is given the patient, and he does not go back to see the doctor, etc., but goes back and asks