

Contributed and Selected

MATERIA MEDICA IN MEDICAL COLLEGES.

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There are at least two causes for the decadence of Prescription Writing by the physician of today. One is the influence of the enterprising manufacturing houses which commercialize prescriptions ready made. The other is the contagion of the drug skepticism of the psychic therapist which tended to force down the rating of the subject of Materia Medica and helped to build up various cults of drugless therapy.

One of the students of one of the medical skeptics said to the writer that his medical tutor once said he thought there should be only *two* drugs in the pharmacopœia, Hope and Nux Vomica; and really he had his doubts about Nux Vomica. He believed in hope even though it be "hope on; hope ever." This author had not much faith in drugs and little charity for those who did.

This underlying spirit of opposition to Materia Medica, however, we have interpreted as a righteous protest against the old time method of teaching the subject which consisted partly, in the case of vegetable drugs, of emphasizing as important the botanical origin, the habitat, minute physical descriptions, etc.

Many of the critics have not informed themselves as to the progress in the teaching of Materia Medica to medical students and of the progress which the subject itself has made. There are so many other important matters in connection with drugs today that the instructor does not occupy his mind in such details as the above however necessary they be for students in pharmacy.

The educational number of the American Medical Association, issued September 15th, 1909, referring to this subject, uses these words: Provision must be made somewhere in the course for systematic study of the important drugs in order to bring together and focus in the student's mind what is known concerning their action in health and disease; their toxicology; their administration; their origin, the available preparations, dose, etc. It further states that the limit of time at the disposal of the medical student can be much more profitably spent in the thorough study of a relative few important drugs which he will ordinarily use or which are of great scientific interest than if this time were devoted to acquiring a mass of superficial and useless, or worse than useless, information about the numberless drugs described in the books and concerning which very little of definite value is known. In this same bulletin is published two columns of drugs (Column A and B). Column A includes what is understood as the important drugs to be studied thoroughly. Many of the drugs in this column we feel are of little value therapeutically and no instructor would waste much time in considering such drugs as saccharum, syrupus, elixir aromaticus or acacia,

which are contained in this list. The committee on education seem to favor the study of the latin name and synonym, the average dose expressed in terms of the metric and the U. S. system, the part used, and the important constituent, physical characteristics, appearance, odor and taste, miscibility or solubility in water or alcohol. The modern teaching of *Materia Medica* does not stop even here but takes up, for example, a study of the relation of physiological action to chemical constitution, the relative toxicity of alkaloids and glucosides in their different stages of purity, drug standardization (chemical and pharmaceutical).

It has been the writer's good fortune, and he has considered it a great honor, to be asked to take charge of the course in *materia medica* for medical students for over twenty years; he has watched with deep interest the progress of medical education and has studiously pursued the trend of medical thought as expressed in various works by eminent authors in *materia medica* and pharmacology. One thing that has impressed him especially is the rapid multiplication of items which burden the pages of treatises on this subject. When we consider the volume of drug products which organic chemistry, synthetical agents and organic products (brought into existence by the study or glandular secretions), the antitoxins, bacterins, etc., it becomes appalling and no sane man would undertake to cover such a field without very carefully sifting the wheat from the chaff. This process of sifting is happily going on and this should be partly the duty of the instructor who should be competent along this line. The initial steps in this work were taken some years ago by the Council of Pharmacy and Chemistry of the American Medical Association. A recent issue, "A Handbook of Useful Drugs,—containing a selective list of important drugs digested for the use of teachers of *materia medica* and therapeutics and to serve as a basis for the examination in therapeutics by state medical examining and licensing boards," represents this work. In the preface of this little volume, which is an epitome, it is stated: "The council on medical education and licensing boards have been trying to restrict instructors and examining boards in *materia medica* to the more important drugs." In pursuance to this aim, examining boards, teachers of pharmacy and therapeutics, deans of medical schools and those directly interested in medical education contribute. The compilation of the replies and revision of same have led to this little volume of 167 pages including the index. The drugs mentioned in this little volume, if properly treated, will consume all the time which the American Medical Association has recommended to be devoted to the subject which is as follows:

The number of hours to be given to pharmacy, prescription writing and systematic pharmacology should be:

(1) For Pharmacy, Chemical Toxicology and Elemental Prescription Writing, 35 hours.

(2) For Systematic Pharmacology and Prescription Writing, 72 hours.

While the published statements of the A. M. A. are such, we have preferred to obtain recent information and opinion first hand from leading medical men. We are better satisfied to get the personal views of men who are authorities in medicine as to the justification of even that much of a course as that recommended by the A. M. A.

This is of vital importance to us as the curriculum of medical colleges, includ-

ing our own, is constantly in a state of unrest and revision. It is also of vital importance to the cause of medical science itself and to the average medical student who can hope to be, at best, only a general practitioner. Since the tendency to minimize the study of materia medica in these revisions is apparent, and as this tendency has a contagious influence upon the student, we have felt always placed on the defensive as regards this study.

To any who will reflect, it must be apparent at first sight that medicine, as it must be practiced, cannot follow along purely ideal and theoretical lines how-ever important these of themselves may be.

The general practitioner must ameliorate conditions with drug agents at his command. However many or few these may be he should know all that is known of them and be placed in a mental position to add to that information by personal clinical experience.

As a matter of fact there are a very few who do not believe in drugs. The pharmacologist and clinician, working in their respective fields and, to a great extent, in coöperation, have contributed material to medical literature which justifies this faith in drugs. The instructor in materia medica (or systematic pharmacology) must be familiar with the result of these labors of the two branches of science and prepare his student so that when he is handed over for therapeutical and clinical work he shall be fully prepared to appropriate the results of these researches and a thorough knowledge of the tools used in the treatment of disease.

Herein lies the justification for the compulsory teaching of materia medica and the duty of the instructor and the entire medical faculty in seeing to it that its emphasis is not minimized.

As before stated, the opinions of the leading medical men concerning the advisability of giving thorough instruction in pharmacy and materia medica have been sought. The result of the correspondence can best be summarized in their own words,—by quotations from their own letters which we quote below:

1.—“I feel emphatically that materia medica should be taught in the medical curriculum as a regular study and not as an elective.”

2.—“I can do no better than outline the courses we give at the Medico-Chirurgical College. In this course we take up pharmacy the first year; in the second year, materia medica; in the third year, pharmacology, and in the fourth year, clinical therapeutics.”

3.—“I have your inquiry concerning the teaching of pharmacy and materia medica to medical students. To drop either of these branches from the medical curriculum would be dangerous; their minimization has been detrimental.”

4.—“I am far from agreeing with Dixon that a knowledge of materia medica is as useless to a medical student as would be the knowledge of typemaking as a preparation for reading a book.”

5.—“Until we are ready to admit that medicines have no value in modifying symptoms, even if such value depends on psychic influence, we cannot regard a physician as competent to deal with disease without an accurate acquaintance not only with pharmacology but with the various preparations of each valuable drug.”

6.—“It is essential that the physician be familiar with all the details of the art of pharmacy.”

7.—“Very few medical graduates in this day go into practice with the proper training in prescription writing and far less of the articles composing them.”

8.—“It is a burning shame that the prominent older physicians, understanding the efficacy of drugs, have withheld their energies in a crusade against this growing evil.”

9.—“It seems to me equally sensible to discuss the omission of physiology or chemistry from a medical course as to discuss the omission of materia medica.”

10.—“In reply to your question as to whether materia medica should be taught in the medical curriculum as a regular study let me say that my answer is emphatically yes.”

11.—“Replying to your letters of December 2 and 15, I will say first that I think materia medica by all means should be taught in the medical curriculum as a regular study. It should never be an elective one.”

12.—“I feel very strongly that materia medica should be taught in every medical school and should be a required branch of study.”

The above excerpts from correspondence referred to have been made very brief to avoid undue length to this article. One correspondent, however, should be more fully quoted who says:

“A number of years ago, in reorganization of our curriculum, materia medica was dropped from the course. This continued for two or three years but the results were so highly unsatisfactory as shown by records in the State Board of Health and in the faculty that we hastened to restore the subject.”

It has been to the writer somewhat of a surprise that the course in materia medica should need defense, but since he has realized this, he has endeavored to make an investigation in order to put himself in a position where he can discuss the subject with some degree of authority. The result seems to be that as long as the practice of medicine deals with materials of medicine (materia medica) the subject should not be permitted to take a secondary position in the medical curriculum.

TELEPHONE COURTESY.

Patience is required at both ends of the line, and when the customer is inclined to be short tempered and “snappy” it is all the more important that the pharmacist—and his clerk—should use tact and studied courtesy in answering the call. You must have faith that the person at the other end of the line has something to say that is worth saying. Don't let temper get the better of judgment, however, even if it should prove otherwise. You would not do so if you were talking with a customer face to face over the counter, and you cannot afford to do so when talking over the 'phone. Not alone what you say, but the tone of voice which you use over the telephone may make or lose friends for your store.

The smile, look and personality, that count for so much in the courteous waiting upon customers in the store are lacking, of necessity, when you talk over the 'phone. The voice must serve the triple purpose. When you are called to the telephone, however inopportune the call—just try to make your voice convey an expression of welcome and good-will.—*The Western Druggist.*