

## EDITORIAL NOTES

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### THE MENACE OF COMPULSORY HEALTH INSURANCE.

As pointed out by Dr. J. H. Beal and Chairman Harry B. Mason, the efforts for putting a Compulsory Health Insurance law on the statute books of every state are being continued. The druggists are deeply concerned as citizens, and no business will be more seriously injured than theirs if such legislation is enacted. Active work by the propagandists is being done among legislators and through the medium of editorials in the daily press. Without study of the subject the proposed legislation appeals to legislators and their constituents. Careful investigation has been made by the Committee on Compulsory Health Insurance of the American Pharmaceutical Association; reports and discussions on the proposed legislation have been printed and, for your convenience, reference is made to Volume VI of the Journal of the A. Ph. A., pp. 41, 235, 314, 701, 881, 885 and 1081 and Volume VII, pp. 381 and 899.

The blame of neglect will not rest on the pathfinder, the American Pharmaceutical Association, if this proposed legislation is enacted. Legislatures are in session—watch the calendar; the important subject should be discussed by local associations, business and civic leagues, etc., and the press should be given contra-arguments for editorials. Will you do your part? Study the references given you.

In concluding his remarks before the Wisconsin Medical Society, October 4, 1918, Dr. Edward H. Ochsner of Chicago, said: "I firmly believe that to establish compulsory health insurance would be one of the most serious mistakes that any commonwealth could possibly make, because it would be bound to lower the quality of medical services rendered to its citizens, it would increase loss of working time from sickness, it would throw an enormous financial burden upon the tax-payer, the employer and the employee, it would greatly reduce the incentive to thrift and industry and put a premium on deception, sloth and shiftlessness, and compel the industrious, hard-working, clean-living workman to pay

tribute to the untruthful, lazy, shiftless and immoral, and finally, it would have a tendency to take from independence and self-reliance its proper pride and from dependency its salutary shame."

### RESOLUTION CONCERNING NOMENCLATURE.

The following resolution was passed by the Division of Organic Chemistry at the meeting of the American Chemical Society, held at Cleveland, Ohio, September 12, 1918. The resolution was unanimously endorsed by the Division of Industrial Chemists and Chemical Engineers at the recent meeting in Cleveland, Ohio:

WHEREAS, *The Journal of the American Chemical Society* and *Chemical Abstracts* have adopted and consistently employ the pure English terms "benzene," "toluene," and "xylene," including all of their derivatives, in place of the hybrid forms "benzol," "toluol," "xylol," etc.; and

WHEREAS, these English terms alone are to be found in publications devoted to pure organic chemistry, both in this country and Great Britain; and

WHEREAS, industrial and technical journals have become lax in their use of these strictly correct English forms; and

WHEREAS, the one-time confusion between the words "benzene" and "benzine" now no longer exists, owing, primarily, to the discontinuance of preparation of this latter named product, and, again, to a recent and well-made suggestion of the term "benzolene" for this same petroleum benzene fraction, if later to be placed on the market;

*Therefore be it Resolved*, that the members of the Division of Organic Chemistry of the AMERICAN CHEMICAL SOCIETY shall hereafter encourage the use of these English terms exclusively, where and whenever opportunity permits.

This is an opportune time for coöperation in the movement for better or more uniform nomenclature. There are chemical terms which are of greater importance for chemists

than pharmacists; the reverse is also true. The *ine* ending for alkaloids could just as well be adopted by chemists; for pharmacists it differentiates these from other principles. Pharmacists should, perhaps, spell "gram" without the *me*; the abbreviation, however, should be "Gm.," using l. c. letters for smaller denominations. The JOURNAL has adhered to the spelling of the U. S. Pharmacopoeia. The abbreviation for cubic centimeter should be Cc., the first letter having reference to "cubic." The word "percent" has been used in this publication instead of the word *per* and abbreviation for *centum*, convinced that the contraction is as justifiable as for many other words that might be cited; when the two words *per* and *centum* are used this argument does not hold, therefore, there is no hesitancy in employing the abbreviation *p. c.* or mark, %. Some of these questions were discussed in the JOURNAL A. PH. A., for August 1916, Vol. V, p. 900.

Progress is being made on the nomenclature of cultivated plants. There are many problems which concern related industries and professions and point out the value and need of cooperation.

#### DIFFERENCE IN THE BEHAVIOR OF THE RESINS FROM *PODOPHYLLUM PELTATUM* AND *P. EMODI*.

In a recent presentation, before the Pharmaceutical Society of Great Britain (evening meeting, Edinburgh, December 18, 1918), D. B. Dott said that some years ago he had proposed the introduction of a test depending on the different behavior of the resins from *Podophyllum peltatum* and *P. Emodi* towards solution of ammonia. He stated that, when treated with a moderate amount of dilute ammonia, *P. Emodi* resin leaves at least twice as much insoluble matter as that of resin from *P. peltatum*. The insoluble portion varies greatly according to the proportion of ammonia and period of maceration, but there is, with like treatment, a greater insoluble portion from the former; proportionate figures given from tests were, as 25-60, 16-43, and 21-55. He submitted that 0.5 Gm. resin (from *P. peltatum*) when mixed with 5 Cc. of dilute ammonia (10%) and 5 Cc. of water, filtering after twenty minutes, washed and dried at 100° C. should not leave more than 0.13 Gm. (26 percent).

The pharmacologic question did not enter

into the discussion; the difference in constituents or relative proportion of them was admitted, and also that variation in solubility was due, to some extent, to the method of preparation and storage. Mr. Dott conceded that the U. S. P. test with alcohol and alkali is probably more distinctive, but an ammonia test may be a useful addition.

#### APPLICATION OF MAGNESIUM SULPHATE TO SCALDS.

Dr. S. J. Meltzer in the *Journal of Pharmacology*, and *Experimental Therapeutics* for November 1918 records results of experiments with external application in burns of a concentrated solution of magnesium sulphate carried out several years ago; the experiments were repeated and similar results were obtained. The experiments were made on non-injured and nonshaved rabbits' ears. The animal was deeply anesthetized. About one-third of each ear was submerged for a short period in hot water. Then the water was removed and one ear was submerged in a 25 percent solution of epsom salt (1 mol.  $MgSO_4 + 7$  mol. of water) and the other ear was submerged in a solution of sodium chloride (either 0.9 or 6 percent). The ears were kept submerged in these solutions for about two or three hours, the solutions being changed two or three times during this period. The experiments with submersion in water of temperatures between 56 and 63° C. have always shown that the inflammation of the ear which was submerged in  $MgSO_4$  was undoubtedly retarded or nearly completely prevented.

Meltzer has also had occasion to see cases of burns in human beings. First and second degree burns were invariably arrested in their development when molecular solutions of  $MgSO_4$  were applied early. Third degree burns, as a rule, ran a more favorable course under application of  $MgSO_4$  than under any other treatment. Higher concentrations than 25 percent seem to exert a still better influence. The favorable action of the application of  $MgSO_4$  in advanced stages of burns of second and third degree is less striking, especially on account of the infection present; but even in this stage it seems to exert a favorable influence and according to Meltzer ought to be used either in combination, or alternately, with antiseptics.—Through *J. A. M. A.*

VALUE OF SACCHARIN AS FOOD IN  
DIABETES.

From his experiments, reported in the *Medical Record*, December 21, 1918, the conclusion is drawn by Dr. W. E. Burge that saccharin, in addition to serving as a sweetening agent, serves to facilitate oxidation, and hence should be positively helpful, particularly in a disease such as diabetes, where the principal trouble is defective oxidation, instead of harmful, as some have claimed.

## SPHAGNUM MOSS.

Dr. G. H. Heald writing in *Sanitarium Quarterly* states that, "many of the processes and medicaments in use by physicians have been borrowed from a non-medical source. Perhaps for generations the knowledge of their use has been handed down from mother to daughter, or from father to son. Meantime the profession has looked upon these 'grandmother's remedies' with scorn, or at least with indifference, until some physician who was not too wise to learn from his lay friends has made a discovery which he duly reported to his medical society, or described it in a Medical Journal, and it became the common property of the profession.

"A notable example is the discovery of vaccination by Jenner. The country folk were well aware of the fact that persons who, as a result of milking cows with sore udders, contracted cow-pox, were immune to small-pox. But it took a Jenner to force this idea of the protective influence of cow-pox into the minds of a rather reluctant profession.<sup>1</sup>

"A grandmother's remedy more recently adopted by the profession is the use of sphagnum moss as a surgical dressing. History does not record how far back 'bog moss' has been in use by the country people as a dressing for boils and discharging wounds. Perhaps some physicians were aware of this practice, but if so, they did not realize their opportunity, and passed it by as unworthy of their notice.

"But back in the seventies of the last century a circumstance brought the virtues of this moss to the attention of a surgeon who did not let slip the opportunity to enrich medical practice. A laborer in a peat moor in northern Germany was seriously wounded in the forearm. Not having surgical dressings at hand his companions applied 'first aid'

<sup>1</sup> See also p. 38, January issue, *JOURNAL A. PH. A.*

in the form of 'peat moss' picked up from the ground. Surgical help could not be obtained for ten days. Meantime the dressings were not changed. When finally the surgeon undid the wound, he was astonished to find it practically healed. Not being of the hide-bound variety, he communicated his findings to his fellow physicians, and further investigation showed the great superiority of Sphagnum moss as a dressing for discharging wounds. It then became a standard dressing in hospital and private practice. In the Russo-Japanese war, the Japanese physicians used it extensively as a first-aid dressing at the front, and sometimes these dressings were not removed for as long as ten days, and yet the wounds were generally found to be in much better condition than similar wounds dressed with cotton.

"There are several points in which Sphagnum moss is superior as a dressing to absorbent cotton. It will absorb liquid more rapidly, and will take up about three times as much liquid as cotton, and will retain it better than cotton. The liquid absorbed by Sphagnum distributes equally through the dressing, thus the moss continues to absorb fluid until it is completely saturated. A cotton pad will not do this.

"In ordinary hospital practice where the surgeon has the time and the material to dress his wounds from time to time cotton answers well every purpose; but where wounds must be hastily dressed, to remain without further attention for an indefinite time, Sphagnum is so far superior to cotton as to be in a class by itself. The last but not by any means the least advantage of Sphagnum is that it is much cheaper than cotton. It may never entirely replace cotton in hospital and private practice, but in the emergency practice of the battlefield it is likely to be used in preference to cotton, so long as the supply lasts."

## LINEN PLANT TAGS.

Linen cloth is now being used to some extent for tagging plants. Writing on wooden tags soon becomes illegible, while copper tags are not only expensive, but are not large enough for sufficient data. The linen tags are first soaked several days in water to remove the sizings and then dried and smoothed with a hot flatiron. Data are written with India ink, using a round-pointed pen. The ink soaks in but does not run. Such tags will last

a year or longer. When they are to be used for longer periods or under conditions where the tags come in contact with the ground, they are coated with paraffin after labeling. One method is to dip them in a mixture of gasoline and paraffin (proportion, 1 quart of gasoline to one-half pound paraffin). The

gasoline evaporates, leaving a film of paraffin. If the tags become coated with mud, they can easily be washed and the ink shows up clearly. Such tags may be used in a variety of ways, for when treated in this manner they last exceptionally well.—*Jour. N. Y. Botanical Garden.*

## SOCIETIES AND COLLEGES.

### THE HOSPITAL CORPS OF THE NAVY.\*

At a meeting of the National Pharmaceutical Service Association held in the Philadelphia College of Pharmacy on Friday evening, December 20th, Lieutenant Commander George F. Cottle, Detail Officer of the Hospital Corps of the United States Navy, and Lieutenant W. T. Minnick, Commandant of the Hospital Corps unit, training at the Philadelphia College of Pharmacy, presented a comprehensive and interesting account of the work of the organization in the war.

Up to 1898 the "apothecary" of the Navy was an appointee of the medical officer under whom he was to serve, being selected from the "baymen" or from civil life. The "baymen" were enlisted men detailed as nurses from other branches of the Naval service and frequently were those who had proven inefficient elsewhere. They were not selected for special fitness or training for the work. When the services of the apothecary were no longer needed, he was discharged from the Naval service.

As the work of the Medical Corps increased, and more need was found for proper hospital facilities and medical aid, a permanent Hospital Corps was established by law. This was in 1898. The Corps consisted of Hospital Apprentices, Hospital Apprentices, 1st class, Hospital Stewards, and twenty-five Pharmacists, with warrant rank.

No further change was made in the organization of the Corps until 1912, when the rank of "Chief Pharmacist" was established. This grade carried with it pay and allowances of an ensign, which is that of the Annapolis graduate when first detailed to duty.

The services rendered by the Hospital Corps had been of such value as to justify the recommendation by the Surgeon-General of the Navy for the advanced rank.

\* From reports of Secretary E. Fullerton Cook of the National Pharmaceutical Service Association.

In 1916, in recognition of the efficiency shown by these pharmacists, legislation was secured from Congress, authorizing the appointment of as many pharmacists as the needs of the service demanded, and in 1917 the Surgeon-General further recognized the importance of the service by recommending temporary rank of Lieutenant (Junior Grade), and Lieutenant, for 82 of the members of the Corps, and the appointment of 220 Pharmacists (temporary). The several ratings of the Corps are Hospital Apprentices, second and first class; Pharmacist's mate, third, second and first class; Chief Pharmacist's Mate (acting appointment), Chief Pharmacist's Mate (permanent appointment); Pharmacist, and Chief Pharmacist. For the period of the war, all Pharmacists and Chief Pharmacists were advanced first to Lieutenants (Junior Grade) and later to Lieutenants, and a large number of Chief Pharmacists' Mates were given temporary appointments as Pharmacists.

The duties of the members of this Corps, especially those who hold the higher ratings, are greatly varied and call for many qualifications and extensive training.

*Nursing.*—Inasmuch as women nurses are not available for sea duty, this group of men are required to perform any nursing duties which the needs of the service may demand, such as the care of the sick, giving of baths, the care of the bed, and bed clothing, taking of temperature, pulse, and respiration, preparing of charts, the administration of enemas and hypodermics, the preparation of patients for the operating room and any of the various services appertaining to nursing.

*Operating Room.*—In addition to the preparation of the patients for operations, these men are trained to take care of the surgical instruments and equipment, to do all of the necessary sterilization, know the instruments, care for them and to make all preparation for operations. During the operation, they may serve as assistants to the surgeon, and often