Remarks on the Reform of the Pharmaceutical Nomenclature; and particularly on that adopted by the Edinburgh College. By John Bostock, M. D. late President of the Edinburgh Medical Society; Member of the London Medical and Chirurgical Societies, &c. &c. 8vo. Liverpool, 1807. Pp. 53.

We are much indebted to Dr Bostock for this short but valuable pamphlet, in which he combats, with candour, and great knowledge of the subject, the propriety of the late changes adopted in the language of pharmacy by the Royal College of Physicians of Edinburgh, and deprecates the introduction of a reform on similar principles into England by the authority of its medical legislators.

We may state generally, that what we are disposed to consider as the late reform of pharmaceutical nomenclature, seemed naturally to arise out of the great progress of the science. Dr Bostock is of opinion, however, that it was premature, and attended with many inconveniences, if not evils. His observations on this subject either oppose all alteration of established pharmaceutical nomenclature, or in a particular manner condemn the principles upon which the late changes were made. In the former class, we may include his arguments to prove the inutility of a scientific nomenclature in pharmacy, and the dangers and inconveniences which he apprehends from any considerable change in its language; and in the latter, the awkward and inconvenient length of some of the new titles, the great importance of errors in a nomenclature constructed upon scientific principles, and the impossibility, in the present state of science, of rendering it perfect.

But before entering upon the discussion of the questions connected with this subject, we must request our readers to bear in their remembrance, that pharmacy, whether we consider it as an art or as a science, is but a branch of chemistry; that a large proportion of the officinal simples, as they are called, belong to the vegetable kingdom; that the language of pharmacy has never been stationary; that no pharmaceutical nomenclature has ever been universally adopted; that the present officinal names were once considered as systematic; that the new chemical nomenclature is universally adopted by the teachers of chemistry; that the botanical nomenclature of Linnaeus is very generally adopted, and universally understood; that it has long been the custom to insert in all pharmacopoeias the systematic and scientific names as synonyms to the officinal; and lastly, that the object of the reform attempted by the Edinburgh College, is to
introduce into pharmacy the improved nomenclature of botany and chemistry, retaining the official names only as synonymes.

Having stated these preliminary observations, about which we presume there can be no difference, we shall now proceed to examine those arguments by which Dr Bostock endeavours to prove, that the alteration of pharmaceutical terms is injurious, inconvenient, and unnecessary. The principal of these we shall state in his own words.

"In the administration of medicines, three sets of men are concerned, the physician or surgeon who prescribes, the apothecary who compounds, and the druggist who sells them. It is obviously of the first importance that these persons should all speak the same language, and it may be confidently asserted, that there are instances, in which the contrary custom might be productive of fatal consequences. Now, without meaning to insinuate what is disrespectful towards any branch of the profession, let me ask, whether it is probable, that the apprentices of druggists or apothecaries, whether it is probable, that druggists or apothecaries themselves, I may add, whether it is probable, that a large part of physicians and surgeons, who are engaged in the most extensive practice, but who are unacquainted with the improvements in modern science: is it probable, I ask, that these persons will adopt either the Linnæan or the Lavoisian nomenclature? Can we reasonably expect, that chamomile will ever be stiled anthemis nobilis, or that red precipitate will ever be called oxidum hydrargyri rubrum per acidum nitricum, by any but professors in universities, or by young practitioners just emerging from the walls of a college? What then will be the consequence? Some individuals, particularly among those entering into the profession, will employ the new nomenclature, and it will probably be adopted by a considerable number of the scientific young men, who may henceforth complete their studies at the university of Edinburgh, while the great majority of physicians and surgeons, either unable or unwilling to abandon their old habits, with the whole class of apothecaries and druggists, will continue to call chamomile, chamomile, and red precipitate, red precipitate. We shall thus have a constant clashing of the two systems: when the different members of the profession meet in consultation, they will speak two languages; the moderns will be as unintelligible to the ancients, as if they were conversing in German, and when a prescription, couched in the new terms, is sent to the apothecary's shop, either the young men will be obliged to decipher each word by a reference to their Pharmacopœia, or what is perhaps more probable, they will content themselves with forming a conjecture upon the subject, and will mix together those ingredients, which seem the most nearly to represent the uncouth terms employed by the scientific physician.

"Another evil, of no small magnitude, which will result from the adoption of the new nomenclature in pharmacy, is the confusion that it will occasion in medical publications. Probably most authors will think it necessary to be at the pains of translating their terms into the language authorized by the College, but by so doing, they will render
render their works nearly unintelligible to the bulk of their brethren; and the same difficulty will occur to the younger practitioners, who having fully adopted the new system of names, will be equally at a loss to understand the writings of their predecessors. In either case it will be impossible to read medical books without the assistance of a pharmacopoeia, in which the hard words must be searched out, as in a lexicon, a circumstance which cannot always be accomplished, and which, at best, would be a burthensome and tedious operation."

On these principles, the language of pharmacy must remain for ever in its present state, and the most obvious and desirable improvements must be rejected, lest some practitioners should not endeavour, or should not be able, to understand them, or lest the terms now used should, in progress of time, become obsolete. The same objections might have been made to the alterations adopted by the London College in 1788 or in 1746, or even against the reform of the jargon sanctioned in the first pharmacopoeia of 1618. But none of the evils of which Dr Bostock is so apprehensive were experienced on these occasions, and their occurrence on the present appears to us even less probable. The changes formerly made in pharmaceutical nomenclature were in a great measure arbitrary, or proceeded on principles so obscure, that they gave little assistance in learning or remembering the new names; but in the late reform, the general principles are so evident, that no person, even moderately conversant with chemistry and natural history, has in fact any thing to learn or to commit to memory, except the habit of using the systematic, instead of the official names. Dr Bostock's opinion of the attainments of the majority of the profession appears to us, notwithstanding the qualification with which he accompanies it, far from being correct; and if it be incorrect, his fears that the language, written or spoken, of the different members of the profession, should become unintelligible to each other, are groundless, even although some of the older practitioners should, from habit or prejudice, continue to use the old names. From any backwardness in the younger part of the profession to learn the new nomenclature, we have no fear. If they are studying chemistry, and certainly the lowest class of them ought to study it, they will be more familiar with the new than with the old names, and mistakes will only happen when they are so criminally negligent as to form a conjecture about such of the latter as may have become perfectly obsolete. At any rate, it is an easy matter to preclude even the possibility of mistake, by affixing to each bottle and drawer the titles of its contents in both nomenclatures, a practice which has other advantages to recommend it.

Dr Bostock next appears to us to go rather too far, in assigning
ing as the reason why errors in the new nomenclature are of more importance than in the old, that the former really lead to errors in the composition of the substance, which the latter did not. Were not Antimonium tartarisatum, Natron tartarisatum, and many others, intended to express their composition; and if errors in the old nomenclature be of less importance than in the new, is it not only because less accuracy and precision are expected in it?

But the most powerful objection against the introduction of the new nomenclature, Dr Bostock derives from the imperfections of the reform by the College of Edinburgh, from which, in a manner highly complimentary to that body, he concludes, that the present state of chemical science does not admit of the projected improvement. In a very valuable criticism of their last pharmacopoeia, Dr Bostock shews, that we are unacquainted with the composition of many substances in common use, and that the Royal College have not uniformly adhered to their principles of nomenclature. We admit the facts, but not the inference. We hope, that, in the progress of science, these errors would be corrected, and these imperfections removed. Here, however, we are met with a new objection. If we continue to improve, and unless we do so, the whole object of the reform is counteracted, our nomenclature can never be stationary. Most certainly it cannot; but while we admit the inconveniences resulting from a fluctuating nomenclature, subject to changes originating in prejudice or caprice, we expect advantages from one systematically progressive, and at all times in perfect consonance with the state of chemical science. The alterations may be frequent, but they will be gradual, and a discovery will no sooner be established, than pharmaceutical chemists will anticipate, and nearly coincide in, its effects upon the nomenclature.

The inconvenience of the length of many of the new titles, appears at first to be but a very secondary objection, if thereby a greater degree of precision and accuracy can be obtained, but we believe that it forms, in reality, the most efficient hindrance to the universal adoption of the reformed language. It appears to us, however, to be somewhat exaggerated, for some of the new are in fact shorter than the old names, although others no doubt are long, and even awkward. We must endeavour to abbreviate them systematically, and such synonyms as are mere proper names, and can lead to no error, as kino, alumen, calomel, may be occasionally used.

But, in our opinion, the late reform in pharmaceutical nomenclature, is not merely not injurious, or attended with material inconvenience, but it is positively useful, and highly necessary. Here we might with justice recapitulate all the circumstances which
which have had the effect of obtaining almost universal concurrence to the new chemical and botanical nomenclatures.

If it be absurd, as Dr Bostock allows it is, "to continue the denomination of vitriolic acid to a substance, into the composition of which we are assured that there does not enter a single particle of vitriol," in chemistry, it is equally absurd with regard to pharmacy; and if "it would have been attended with the most manifest impropriety, to have denominated part of a class of substances by a series of scientific terms, while the others continued to be designated by names either altogether arbitrary, or derived from an opposite and discarded hypothesis," in chemistry, the impropriety would have been no less in pharmacy.

But Dr Bostock has foreseen these arguments, and attempts to prove, that the same reasoning does not apply to medicine.

"In medicine it is of comparatively little importance, if the names employed should not suggest correct ideas respecting the composition of substances. This science treats only in an indirect manner of their constitution and chemical properties; without regarding the elements which enter into their composition, or the action which they exercise upon each other; it is principally conversant with the power which they possess over the living body. If a substance, called Glauber's salt, be known to have certain purgative effects, it is of little importance to inquire into its composition; our medical knowledge will not be in any degree increased, when we learn that it is composed of sulphuric acid and soda."

This argument, when duly considered, goes much further, we apprehend, than Dr Bostock intended, for, in truth, it rather shows that chemical science is useless in medicine, than that the new nomenclature is not necessary to the progress of pharmacy; and even if, for arguments sake, we allow that a physician's acquaintance with the purgative effects of Glauber's salt will not be increased by knowing that it is composed of sulphuric acid and soda, that knowledge will be of the most material advantage, if not absolutely necessary, to him before he ventures to prescribe it in composition.

Nor do we admit, as a satisfactory argument against rendering the nomenclature of pharmacy uniform and consistent, that "the number of new substances introduced into the materia medica is very small, and in those few instances where a body is for the first time employed in medicine, we may be assured that it must have previously acquired a current name." Still, upon Dr Bostock's principles, the language must become heterogeneous, as now, at least, the scientific names are frequently the most common; for even if we were to prefer magistry of bismuth
muth and Fowler's mineral solution to more scientific titles, we should nevertheless be obliged to use muriate of barytes, oxy-muriate of potass, &c.

The only other argument adduced by Dr Bostock, to which we find it necessary to allude, is expressed in the following words.

"The chemist, in general, writes for chemists only; this is, at least, his direct and primary object; and if the manufacturer thinks that he can profit by his writings, it is not unreasonable to require that he should make himself acquainted with the terms of science. Besides, it is of no great importance, if in an experiment on bleaching, a parcel of cotton should be a little injured; but the administration of ten grains of Corrosive sublimate, Murias hydrargyri, instead of the same quantity of Calomel, Sub-murias hydrargyri, might probably be followed by the death of the patient."

In this opinion we shall never agree with Dr Bostock. An acquaintance with the terms of science is useful and honourable to the bleacher and manufacturer; the want of it in the apothecary is inexcusable, is criminal. Even if a fatal mistake should occur through such ignorance, it cannot be admitted as an argument adverse to the new nomenclature in particular; for have not similar mistakes occurred with the old nomenclatures? Is not, in the crabbed hands which most physicians write, Nitr. much more like Natr. than Sub-murias to Murias, in which, by the bye, the distinctive syllable, from its position, will first strike the eye, and has little chance of being forgotten or overlooked? But the old names sometimes led to mistakes from which the new are totally exempt. We do not, indeed, know that Oleum vitrioli, or Butyrum antimonii were ever ordered as emollient dressings; but we know that a practitioner actually ordered a handful of the flowers of zinc, carefully plucked from the stalks, to be given daily in decoction in a case of epilepsy; and that Pulv. Basilic, which lately occurred in a receipt sent to this place from London, might either mean the inert herb basil, or a very drastic composition of old Bates, containing calomel and antimony.

We shall very briefly state the advantages of adopting the nomenclatures of natural history and chemistry into materia medica and pharmacy. It will facilitate their study, as the latter are only taught as branches of the former sciences; it will prevent the confusion and mistakes which would constantly arise from the same titles having a different meaning, when used in pharmacy, from what they have in any other branch of chemistry; it will facilitate the application of scientific discoveries to pharmacy; it will render pharmaceutical nomenclature less fluctuating.
ing, by precluding all changes from caprice, affectation, or prejudice; and it will render pharmaceutic nomenclature more uniform in the different countries of Europe.

We have examined Dr Bostock's arguments with great freedom, but, we trust, with equal candour; and, if we have not deceived ourselves, we have been able to show, from mere reasoning, that his fears are unfounded. It is, however, possible that we may be somewhat too partial towards the new nomenclature; but having been convinced, from the experience of several years, that its use, so far from being attended with any bad effects or material inconvenience, has produced important and manifest advantages, our partiality will scarcely seem unreasonable.

X.

Letter to the Right Honourable Sir Joseph Banks, Bart. F. R. S. on the Causes of the prevailing Discontent, Imperfections, and Abuses, in Medicine. From Thomas Beddoes, M. D. 8vo. 1808.

We remember to have read a story of the archbishop of Granada in the sage Gil Blas, which forcibly reminded us of this letter and of our present situation. For to say the truth, this work is like the archbishop's homilies, it is a great falling-off from the learned author's other compositions; and though there were some reasons to apprehend the declining vigour of Dr Beddoes' mind, a perusal of this last production of his pen made us ready to exclaim, in the words of the critic alluded to, "voila un sermon qui sent l'appoplexie!"

Dr Beddoes is a graduate of the University of Oxford, and is very much dissatisfied with the doctors who take their degrees at the Scots Universities. He has not considered the subject of medical reform either as an abstract question of right nor of policy, but he endeavours, in a diffusive strain of rhetoric and declamation, to prove that the powers of quacks and irregulars, like that of the Methodists, "has increased, is increasing, and ought to be diminished." He enters at large upon a critical examination of the report on the subject of medical reform, made by a committee of the Senatus Academicus at Edinburgh, and he censures very freely what he conceives to be both false and presumptuous in that composition. It is not our intention in this place to vindicate every part of the plan of medical education pursued at Edinburgh, nor have we any inclination to undertake a formal defence of all the reasons alleged against any innovation by the Royal College. That must be left to the learned body.