

ash (mainly lime), and carbolic acid (phenol). The liquid preparation was sold as a remedy for eczema, catarrh, sore throat, granulated eyelids, rheumatism, piles, blood diseases, etc., while the ointment was represented to be a remedy for eczema, skin diseases, all eruptions of the skin, scalp diseases, etc. The claims for both were declared false and fraudulent, and the company was fined \$25 and costs.—[*Notice of Judgment No. 4994.*]

Palmer's Skin Whitener.—"Dr. Fred Palmer's Skin Whitener" was sold by the Jacobs' Pharmacy Co. of Atlanta, Ga. The Bureau of Chemistry reported that the product contained a poisonous and deleterious ingredient, namely, 7.85 per cent. mercury calculated as ammoniated mercury, mixed with a fatty base. It was sold under the claim that it was "absolutely harmless," which claim was false and misleading. It was also falsely and fraudulently claimed to be a remedy for all forms of eczema and skin eruptions. The company was fined \$25 and costs.—[*Notice of Judgment No. 4995.*]

Grossman's Specific Mixture.—This preparation was sold by Wright's Indian Vegetable Pill Co. of New York City, and, according to federal chemists, was a mixture composed of two layers, the upper layer containing alcohol, water, opium and coloring matter, the lower, making up about 92 per cent. of the total mixture, being chiefly balsam copaiba and oils. The stuff was sold as a specific for the cure of gonorrhea, gleet, stricture, etc., and as a preventive of gonorrhea. These false and fraudulent claims brought about a fine of \$100.—[*Notice of Judgment No. 4996.*]

Correspondence

"VACCINES IN INFLUENZA"

To the Editor:—The current comment in your issue of October 19 prompts me to call attention to the efforts of this laboratory and base hospital to do something specific for influenza. It was obvious from the first that the virus was an overwhelming one, and it was noteworthy that uncomplicated influenza was associated with leukopenia and that the complicating pneumonia raised the leukocytes very little, seemingly inadequately.

In casting about for a simple, efficient and safe means to raise the leukocytes, antiserum from recovered patients was used with some profit but without a great leukocyte reaction. We then prepared a serobacterin, using the serum of patients recovered from simple influenza and from influenza complicated by pneumonia. The bacteria used were two strains of influenza bacilli, one strain each of pneumococcus Type I and Type IV, one strain of hemolytic streptococci and one strain of nonhemolytic streptococci, all recovered from postmortems. This was administered subcutaneously, the leukocyte curve was watched, and it was found that there was a drop in leukocytes from six to twelve hours, followed by a rise at the end of eighteen hours, sometimes to 300 per cent. In no case was there any form of protein shock, and in only a few cases was there a slight local skin reaction. After the first few cases this bacterin has been given in doses of 100,000,000, 200,000,000 and 400,000,000, at intervals of twelve hours. In uncomplicated influenza, about forty cases, pneumonia has not occurred. Of nine pneumonia patients, two that were practically moribund have died and the rest have improved faster than patients similarly affected in the same ward. Some of this material has been supplied to Dr. J. H. Flexner of Louisville, who reports a very pronounced improvement and rapid fall of temperature after two doses. This gentleman also thinks that there has been pronounced improvement in cases of pneumonia.

We are still critical of this procedure and do not claim anything; but this letter is written because it would seem from the above mentioned "comment" that THE JOURNAL would be glad to have more information and because we

should like to have others attempt this treatment in a critical spirit. It seems to be as simple and safe a means of producing hyperleukocytosis as can be imagined.

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THE PHYSICIAN AND THE PROBLEMS OF RECONSTRUCTION

To the Editor:—I hope that no reader of THE JOURNAL failed to scrutinize the London Letter, Nov. 2, 1918, p. 1504.

As the close of the war draws near, the problems of reconstruction come more and more to arrest the attention of thoughtful citizens both at home and abroad. We have heard much in recent years of the physician in politics. Are we as a profession measuring up to the requirements of the situation or are we lagging behind our colleagues across the seas?

It is not ours to decide in full the future rôle of our profession. We need only to glance at Russia for the confirmation of this statement. In that troublous land of red revolution, the soviet government has definitely assigned the physician to a place with the bourgeoisie. In spite of his twenty-four hour day and his Sundayless week, the physician is to have no part in the dictatorship of the proletariat. In the purview of Lenine and Trotzky he is not a worker at all.

We scarcely anticipate anything like this in American politics, yet strange ferments are at work in our sociological brew. Just now, to read the *Congressional Record*, it would appear that we are menaced by the repudiation of the intelligensia. Certain members of Congress, during the recent discussion of a reserve for the Public Health Service, gave voice to a fear that medical men may achieve undue political influence. And one member—Mr. Sisson—saw fit to ignore the wise counsel of Burke, and to impeach the honor of a whole profession. It may be well, in these trying hours of war, when medical men are doing their best, to pause one moment to get the lawyer-politician's view:

I will say that some years ago in my own state, when I was a member of the legislature, we had an appropriation for one of these funds for the purpose of taking care of the yellow fever epidemic if it should arise. Unfortunately, as long as that appropriation was in existence we had an annual yellow fever scare. As soon as that appropriation was withdrawn and no \$50,000 or \$75,000 was placed at the disposal of the health authorities, we had no more yellow fever epidemics except where they were real and genuine.

That little experience has led me to believe that if you turn our good physicians—and we all have great respect for them—if you turn them loose, frequently they will find reasons sufficient, in their own mind, for calling into existence appropriations; whereas, if there was a limit placed upon it, a limit placed on the number of men that might be appointed, their activities would be very much lessened.

If our profession were placed wholly under government control, with salaries payable from the public funds, we should yet fall far short of congressional puissance, where a pull on your own bootstraps is all that is required to raise your salary.

Seriously, and to revert to the London letter, it is time to "get busy." I do not have reference to any movement for self-aggrandizement. We must do our part for the general welfare. Much of the "wisdom" of our teeming legislative halls is Poll-parrotism covered with cobwebs. The medical profession possesses a splendid reserve of trained intelligence which can be mobilized for service in legislative and executive positions. The modern education of the physician will prove, in the period of reconstruction, the most valuable asset of the state. It is not bookish exclusively. It commands a view of the fundamental sciences first-hand. The lawyer-politician, deficient as a rule in these vital elements of modern statesmanship, will take his place to the rear.

Finally, the physician's voice will be the voice of the larger humanity. He has never been a man of dollars. His heart beats the rhythm of that of the good Samaritan. He does not patent his inventions for human welfare and seek wealth from their exploitation. He has always carried his load of "charity practice"—a burden that properly belongs on the shoulders of the state. There is no man extant more competent to deal with rampant individualism; for his whole training and life work is a lesson of self-denial and sacrifice.