

The variability of drug action due to differences in the strength and purity of the several drugs or preparations is thought to be due to the fact that state food and drug laws and the laws designed to regulate the practice of pharmacy and to restrict the distribution of potent medicines to specially trained and capable individuals are not effectively enforced.

A table presenting a compilation from the reports of state chemists shows that 3,472 samples of ten official articles that are widely used as household remedies, examined in 1913, 1,259, or 38 per cent, were rejected as being adulterated or not in compliance with the official requirements.

A second table shows that of 5,347 samples of the same articles examined during 1912, 1,861, or 35 per cent, were rejected.

The preparations included in these tables are more frequently used as household remedies than on the prescriptions of physicians, but are, nevertheless, recognized medicines, the abuse or misuse of which may lead to serious consequences.

The author concludes that a more energetic and active control of all drugs and preparations is needed.

Occurrence of Yaws in United States. By E. J. Wood. Wilmington, N. C. American Journal of Tropical Diseases and Preventive Medicine, January, 1915.

The importance of this article lies in the fact that yaws has occurred in a white child never out of North Carolina, and it may be that, like pellagra was, it is being overlooked. The writer refers to an interesting article by John Brickell, M.D., a Dublin physician, who was an emissary to the Cherokee Indians. This writer described yaws accurately in North Carolinians and the work was published in 1737. The probability that yaws is being called syphilis in the negro is emphasized and the suggestion made that this may account for the relative infrequency of tertiary manifestations.

The work of Capt. H. J. Nichols on the study of the treponema pertenue, which is now known to be the causative agent, is carefully detailed. The difficulties encountered by investigators in distinguishing between *T. pertenue* and *T. pallidum* receives special mention.

The chronological bibliography of J. Numa Rat is published with numerous additions and brought up to date. This will serve to aid any who may care to look further into this interesting subject.

Some Facts and Discoveries Concerning the So-Called Continued Malarial Fever. By J. H. McCurry, Grubbs, Ark. Memphis Medical Monthly, February, 1915, pp. 62-65.

The common cold or retention of an abnormal amount of toxic elements in the blood cause more than half the ailments we treat. A piece of iron is shorter when cold than the same piece of iron when hot, caused by cold contracting the pores. The same is true in regard to the skin,

there is a drawing and contraction of the skin caused by exposure and chilling of the body, this rendering the dermal glands inactive and somewhat closing, and preventing the blood from unloading the dead cells, poisonous gases and toxic compounds through the skin.

"every case of this fever I have ever treated I have found all the unmistakable evidences of this complicating element present.

Quinine furnishes the best illustration known to therapeutics of a true specific. The proper prophylactic and hygienic precautions, coupled with the proper remedies and quinine given over a long enough period, will effect a cure in every case so far as malaria per se is concerned.

If this was a malarial manifestation per se, quinine would destroy every available hematocoon within one week. If the cause of any trouble is removed, the manifestation produced by that particular cause will rapidly subside and a gradual return to the normal will result.

From close observation I am fully convinced that when in a fever we suspect malaria, even though confirmed by the microscope and hematozoa found in abundance resists the action of quinine for more than one week, we have some other condition present.

The Late Outbreak of Plague in Havana. By Aristides Agramonte, Havana, Cuba. American Journal of Tropical Diseases and Preventive Medicine, July, 1914, pp. 13-27.

The first cases of plague appeared almost simultaneously in Havana and San Juan, Porto Rico, and it was therefore surmised that both ports were infected from the same source, the Canary Islands, where the infection has taken root and, all evidence shows, remains in a more or less latent form. The Spanish authorities follow the method of concealment and deception with regard to plague, according to their own acknowledgment. Three cases of plague occurred in Havana in 1912 (June-July); active anti-rat measures instituted had to be suspended in June, 1913, for lack of funds. First case of second crop appeared in February, 1914; subsequently nineteen cases developed, and seven in Santiago, on the other end of the island. The measures which definitely suppressed this outbreak were mainly directed upon rat destruction, although much was done to rat-proof houses found honeycombed by rat burrows. Much fumigation by means of hydrocyanic acid gas was carried out, and to the lethal qualities of this gas is attributed the apparent success in the disappearance of the infection. At one time seventeen blocks of houses were vacated simultaneously and fumigated, mainly with sulphur. Some of the houses, in which plague appeared after fumigation, were again treated, but with hydrocyanic acid gas. No rat plague was found anywhere, except for two rats discovered in an old stable, which was destroyed by fire. The result of treatment by massive and intra-venous injection of plague antitoxine was demonstrated by the low death rate, compared with other epidemics; twenty-one cases with three deaths.