part derived from cod-liver oil, due to metabolic changes; and further, that said product contains no cod-liver oil; and further, that said product is not such that it is could be a tissue builder, and that it is not a tissue builder; and further, that said product contained in the bottles wrapped as aforesaid in the blue wrapper contains a product which is an antiseptic, that is to say, contains salicylic acid, and that these statements heretofore enumerated, and all of them, regarding said liquor or drug are exaggerated, false and misleading"

The manufacturer will have thirty days in which to reply to the charges brought by the government and to show cause why the product should not be condemned and confiscated.

Correspondence

Hygiene of Childhood

To the Editor:—On the invitation of the Department of State of the United States Government, the Fifteenth International Congress on Hygiene and Demography will convene for the first time on the American continent in Washington, D. C., Sept. 26 to Oct. 1, 1910. Section III of this congress deals with the subjects of the "Hygiene of Infancy and Childhood: School Hygiene." It is believed that this will be a meeting of the utmost importance. We take this means of requesting your readers to let us know [at 1 Madison av., New York City] of any pieces of original work which are being done, bearing on this topic.

A. JACOBI, President.

LUTHER H. GULICK, Secretary.

The Investigation of Blood for Tubercle Bacilli

To the Editor:—In a letter in THE JOURNAL (Oct. 2, 1909, liii, 1113), Burnham claims "priority" for Burnham and Lyons *apropos* of the work published by me in THE JOURNAL (Sept. 18, 1909, liii, 909), in which I found distilled water contaminated with acid-fast bacilli. Burnham and Lyons found vibrios contaminating their water while they were searching for typhoid bacilli in fresh blood, but they did not find acid-fast organisms in the water. In one of their preparations, made with blood from the lobe of the ear, they found tubercle-like bacilli which they considered contaminating organisms from ear wax. Apparently, it did not occur to them that these might have come from distilled water.

It does not seem to me that their experience was similar to mine, as Burnham's letter states, or that Burnham is justified in his claim. Their work was published in the *New Orleans Medical and Surgical Journal*, October, 1909.

WALTER BREM, M.D., Colon Hospital, Cristobal, C. Z.

Miscellany

Impressions of America.—Professor Hofmeier devotes twelve pages in the *Zeitschrift für Geburtshülfe und Gynäkologie*, lxx, p. 242, to an account of a trip through the United States last spring. He was the representative of Germany at the centennial of the first ovariectomy, celebrated by the American Gynecologic Society, and deplores the earliness of the date, which left an interval of six weeks before the session of the American Medical Association, so that he was unable to attend the latter. In commenting on the limitation of membership to 100, he remarks that this must shut out a large number of the younger physicians from the work in this scientific society, and the latter loses the inspiration from young enthusiasm which in Germany is found so useful. He slyly adds that this is a striking example of the democratic conception of freedom and equality in America. "With all its external democratic form it does not exclude a far-reaching social exclusiveness." He also comments on the difference between American and German gynecology; the American gynecologists do abdominal surgery in the widest sense of the term, and not on women alone, while many cut out obstetrics altogether. The society loses, he thinks, by excluding the anatomic, bacteriologic, embryologic and obstetric ques-

tions to which the German society pays so much attention. Clinical instruction in obstetrics seems to him rather backward here, which he ascribes to the disinclination of American women to go to a maternity; only 949 of the 6,274 patients in the Lying-in Hospital of New York in 1908 were American born. The lack of reciprocity between the different states impressed him as very strange, as also the enthusiasm for athletics, but he adds that German students might well learn from Americans that it is possible to enjoy their youth without pouring a couple of quarts of beer into their stomach every day. American academic athletics must encroach, he thinks, on the scientific work, but it would be a great gain in Germany if more in this line could be fostered at the expense of the time spent by students in the saloons, the *Kneipenleben*. In conclusion he speaks rather wistfully of the way in which the Germans residing here are fast becoming Americanized. They maintain their national characteristics nearly unmodified in Slavonic, oriental and Latin countries, but they soon blend with Anglo-Saxon civilization.

Infant Mortality.—The problem of infant mortality must be solved in the tenements. By reason of large numbers and gross ignorance the vast majority of deaths occur here. There are many factors which enter into the problem. The milk supply of New York City has been decidedly improved during the last few years, and it is questionable whether a still further improvement which under present conditions would be difficult and expensive, would be followed by a marked lowering of the death rate. The questions of poverty, poor housing, alcoholism, cannot be materially influenced within a few years. What can be done now? It is a significant fact that the infant mortality is highest in those countries in which illiteracy among the women is greatest. The colossal ignorance of the poor on questions of infant feeding and hygiene can be immediately dealt with. Aside from economic and humanitarian considerations the health authorities and physicians are in duty bound to see to it that there is no needless waste of human life. In no department of medicine are proper measures more likely to be followed by rapid and striking results than in the reduction of the infant mortality.—C. Herrman, in *Pediatrics*.

Free Information on Hygiene.—Dr. Irving Fisher says that just as the Department of Agriculture supplies specific information to the farmer concerning the raising of crops or live stock, so another department, devoted perhaps, to health and education, should be prepared to provide every health officer, school teacher, employer, physician and private family with specific information in regard to hygiene.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

INTRAVENOUS INJECTION OF MERCURY SUCCINIMID

To the Editor:—Please answer the following queries:

1. Is it possible to inject mercury succinimid by the intravenous method without harmful effect, and if so, in what dosage?
2. Are mercury and arsenic preparations incompatible when used in the same solution or, if given intramuscularly, at the same time?
3. Could novocain be used with mercury succinimid to deaden the pain of injection?

H. SMITH, Los Angeles, Cal.

ANSWER.—1. There appears to be no reason why mercury succinimid should not be used in the same dosage as other soluble salts of mercury for intravenous injection. The dose recommended is from 2 to 3 c.c. of a 1 per cent. solution, injected once in two or three days.

2. The arsenious preparations, such as salts of arsenious acid and trioxid of arsenic, are reducing agents and hence incompatible with the mercuric salts, which they reduce to insoluble mercurous compounds or to metallic mercury. The arsenates of mercury are insoluble and therefore salts of arsenic acid are incompatible with the mercuric salts. It is stated that atoxyl (sodium arsanilate) is incompatible with compounds of mercury. The reason for this is not certainly known. If a solution of an arsenious compound, and a solution of a mercuric compound are injected separately, the chemical reasons for incompatibility would probably not be valid,