that claimed on the label. The products of some of the firms have improved somewhat, while the products of others are worse than they were two years ago. On the whole, it seems that many of the firms still sell these products without being greatly concerned as to their composition. But one firm, whose product contains nearly two-thirds ($\frac{2}{3}$) of the amount of phenol claimed, the H. K. Mulford Co., appears to have considered the past report. The trade package now bears the following legend: "The amount of phenol in this tablet on account of its volatile nature is approximate." It would seem then, that, of the three alternatives suggested, the one ascribing this discrepancy to negligence must be discarded and the profession must decide whether it is to be attributed to incompetence or dishonesty.

EDITORIAL NOTE:—The findings of the Association chemists are not creditable to the pharmaceutical manufacturers concerned. The question asked is a serious one. Regarding at least most of the firms the charge of incompetence would hardly hold, since they employ chemists who are men of standing and are known to be entirely competent to control the manufacture of their products. To say that these firms are dishonest in the matter is a serious charge and no one

The above chart presents the findings of the Association chemists in a graphic form and shows the great discrepancies between the claims made for the tablets and the actual facts. The solid black portions represent the phenol-content. In the first column is given the phenol content claimed by the manufacturer; in the second column is shown the actual phenol-content found in the tablets purchased in 1908, while the third column represents the phenol-content as found in the tablets purchased in 1910.

will believe for a moment that they deliberately used a deficient amount of drug for the sake of saving a few paltry cents in the manufacture of these tablets. We would be inclined to take the view that these firms have little respect for physicians who use such complex mixtures; that, though producing, as a general rule, reliable and honest medicines they believe that in the case of products such as these, scientific accuracy is a waste of time. Perhaps they are right. At least, this should serve as a lesson to physicians who are inclined to use complex, ready-made formulas of this kind and persuade them to write individual prescriptions whose correct compounding by competent pharmacists may be depended on.

Correspondence

Priority in a Method of Prevention of Perforation in Submucous Resection

To the Editor:—*Nihil novum sub sole!* In to-day's mail I received THE JOURNAL of November 19 containing (p. 1735) an article of mine entitled "An Original Method for Prevention of Perforation in Submucous Resection." In the same mail I received, from its author, Dr. William R. Murray of Minneapolis, a reprint of an article from the *St. Paul Medical Journal* of January, 1907, on "The Submucous Resection of the Nasal Septum for the Correction of Septal Irregularities," on page 4 of which I find this marked paragraph: "For this reason I prefer to make the incision through the cartilage a little posterior to the primary incision through the muco-perichondrium, if the character of the deviation will allow it, in order that the membrane on the convex side may cover any such accidental puncture of the opposite membranes."

The assumption of originality in my article was made in good faith. I evolved this method for my own use, absolutely without any knowledge that Dr. Murray had worked out practically the same principle in 1907. Now that he has so kindly and promptly brought his article to my attention, I gladly avail myself of this opportunity of giving him due credit for priority.

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Thanksgiving Celebration of American Physicians in Vienna

To the Editor:—Many of the American physicians studying in Vienna decided to celebrate Thanksgiving Day in a befitting manner. Semmering with its beautiful surroundings offered them the greatest attraction and the Pension Alpenheim was secured for this festive occasion. Among those present were:

Dr. and Mrs. J. J. Durand, Atlantic City, N. J.
Dr. and Mrs. Charles A. Drake, Norwich, N. Y.
Dr. and Mrs. B. F. Ochs, New York.
Dr. and Mrs. E. C. Dalton, Valdez, Alaska.
Dr. and Mrs. S. M. Rinehart, Pittsburg.
Dr. and Mrs. A. C. Tingdale, Minneapolis.
Dr. and Mrs. Milton A. Shlenker, New Orleans.
Dr. Lee Edwards, Toronto, Canada.
Dr. F. O. Kershner, Clinton, Iowa.
Dr. George I. Barber, Chicago.
Dr. E. C. Wrightsman, South Chicago, Ill.
Dr. Joseph Schwarz, Mobile, Ala.

The physicians and their wives entered into the spirit of the occasion with great enthusiasm. Mrs. Lovasy, the hostess, announced dinner at 2 p. m., and surprised all with the banquet table dressed in the American colors. Flags and bunting and the beautiful ladies who graced the occasion made a picture which aroused the American patriotism of all present. After turkey, cranberry sauce and plum pudding were served, the health of the president and of the kaiser were toasted, and this was followed by a dance. M. A. SHLENKER.

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.

TREATMENT OF ACIDOSIS—CASOID FLOUR

To the Editor:—1. Is the presence of acetone and diacetic acid in the urine an infallible sign of severe acidosis? What do you think of the following case? In a married woman, aged 28, whose mother died of diabetes, diabetes was discovered about a year and a half ago. The patient was given Fowler's solution by her physician, but never put on a strictly starch-free diet. I saw her first Oct. 1, 1910, when the condition was as follows: Twenty-four-hour amount of urine, 50 ounces; 3.4 per cent. of sugar, no albumin, no casts. Sodium nitroprussid test for acetone strongly positive; ferric chlorid test for diacetic acid also very strongly positive. General condition of patient was very good; she felt fine and was not easily fatigued. I put her on Forchheimer's test diet and within two weeks the urine was entirely free from sugar, but there was still the acetone and diacetic acid, although I gave her 30 grains of sodium bicarbonate three times a day. Still she feels perfectly well and vigorous. On November 1 I started giving her two ounces of wheat bread daily. Sugar at once appeared in the urine, about 0.45 per cent. November 7 I changed to three ounces of bread made from gluten flour (40 per cent. of protein), allowing two ounces of oatmeal also. Sugar remains about 0.45 per cent. Twenty-four-hour amount has ranged from 48 to 65 ounces; specific gravity never