inoculable, for as, in the experiments the cancerous fragments continued to live when introduced into cold-blooded animals, they would probably not only continue to live when introduced into warm-blooded animals but would grow or increase in size." These experiments were undertaken in connection with a series of others on the transplantation of animal tissues.

JOSEPH LEIDY, M.D., Philadelphia.

Prophylactic Measures Against Typhoid in Flood Area First Taken by the Red Cross

To the Editor:—In your editorial, "President Wilson Rises to an Emergency" (THE JOURNAL, April 5, 1913, p. 1079), you mention the fact that the federal authorities sent a quantity of antityphoid serum into the flooded districts in Ohio. While this is true, the first actual prophylactic measures against typhoid were taken at the request of the Cincinnati Chapter of the Red Cross, of which I was the temporary medical director.

The serum was made in the laboratories of the Cincinnati Hospital by Prof. W. H. Wherry and his assistants, and was first administered at Miamisburg by Dr. W. Lucas, and at Hamilton by Major F. Hendley of the Ohio National Guard Hospital Corps. In all about 1,600 doses were sent out by this organization, with the necessary instructions as to the proper use and after-treatment, and with orders to make the needed clinical notes for future use.

HERBERT A. BROWN, M.D., Cincinnati.

A Misleading Advertisement

To the Editor:—In various newspapers in this country there is now being published an advertisement which to the careless reader makes it appear that I approve of a certain proprietary preparation. To those who know me it is needless to say that this is without my knowledge or consent. I have placed the matter in the hands of my lawyer, and will see what can be done to stop it.

V. C. VAUGHAN, M.D., Ann Arbor, Mich.

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.

HOW TO GIVE CASTOR OIL—LAXOL NOT APPROVED

To the Editor:—Enclosed is a circular on Laxol. 1. Would you advise me to use it? 2. If not, kindly give a method by which castor oil can be made less distasteful to children.

C. ULYSSES MOORE, M.D., Carthage, S. D.

ANSWER.—1. No. You do not know the composition of Laxol, nor do we. We have no means of knowing whether or not the claims made for it are truthful. In general, short catchy titles for well-known remedies are objectionable. In the case of Laxol, confusion with the poisonous Lysol has caused death (THE JOURNAL, Nov. 23, 1912, p. 1895).

2. Methods by which unpalatable remedies can be given with the least discomfort should be known to every physician.

Castor oil is disagreeable to some persons largely because of its oily character, to others because of the disagreeable taste peculiar to it. When the stomach rejects castor oil it is often because of the taste left in the mouth, or because of the psychic impression which attends the taking of the dose. The simplest method of taking castor oil is to take some steps to prevent the oil from coating the mouth and then to swallow it quickly. Simple methods for this purpose are as follows:

Prepare two warmed cups, one about half full and one about one-quarter full of a hot liquid, such as milk or coffee, and place the dose of oil on the surface of the smaller portion. Wet the mouth with the liquid from the half cup and then quickly drink all the contents of the other cup, finally drinking more from the first cup. Heating the mouth in this way prevents the oil from clinging to it except very slightly, and that little is promptly washed off. Care should be taken, of course,

by sampling in advance, to see that the fluid is about as hot as can be drunk quickly and yet not hot enough to burn.

A more simple method can be used if it will suffice. Heat the oil and administer the dose in a tablespoon heated by being dipped in hot water. Then rinse the mouth with hot water, hot milk or other liquid.

There are more complicated methods, including the giving of castor oil in effervescent drinks at soda fountains, the oil floating between the foam and the watery liquid, or it may be prescribed in the form of an emulsion. Such an emulsion is official in the National Formulary as "Emulsum Olei Ricini." The composition of this preparation is as follows:

	gm. or c.c.	
℞ Castor oil.....	30	℥ i
Acacia in fine powder.....	8	℥ ii
Tincture of vanilla.....	2 50	℥ i
Syrup (U. S. P.).....	20	℥ vi
Water, a sufficient quantity to make.....	100	℥ liiss

The other source of unpalatableness is the disagreeable taste peculiar to castor oil. This is overcome by the use of saccharin (benzosulphinidum, U. S. P.), vanillin, aromatic oils, etc. The following formulas may be used:

	gm. or c.c.	
℞ Compound tincture of cardamom.....	8	℥ ii
Cinnamon water.....	20	℥ vi
Castor oil.....	30	℥ i
Brandy.....	0 30	℥ v

Mix the first two ingredients in a glass, carefully add the oil and drop the brandy on the surface of the oil. This mixture is for immediate use.

Other formulas are:

	gm. or c.c.	
℞ Saccharin.....	0 06	gr. i
Oil of cinnamon.....	0 15	℥ ii
Vanillin.....	0 13	gr. ii
Alcohol.....	4	℥ i
Castor oil.....	90	℥ lii

Dissolve the oil of cinnamon, saccharin and vanillin in the alcohol, add the castor oil and mix thoroughly.

	gm. or c.c.	
℞ Castor oil.....	30	℥ i
Glycerin.....	30	℥ i
Peppermint oil.....	0 15	℥ ii

TREATMENT FOR WHIPWORM

To the Editor:—Examination of feces for uncinaria ova has developed the fact that my patients are, many of them, heavily infested with *Trichocephalus trichiura* (whipworm) which, from the literature available, I had thought a rather rare and from a clinical standpoint unimportant parasite. From personal observation I am inclined to reject the theory of its unimportance. Could you publish formulas for anthelmintics to be used against this worm, also references to literature on the subject of intestinal parasitology?

H. C. BEVINS, M.D., Thomas, Ky.

ANSWER.—Recent investigations have shown that the pathogenic rôle of *Trichocephalus dispar* (whipworm) is more extensive than is represented in most text-books. It has been shown to cause enteritis, diarrhea, anemia, etc.

The treatment is said to be unsatisfactory, as the ordinary anthelmintics seem to have no effect. Thymol and male-fern are recommended. An emulsion of benzoin may be given by enema, benzin 4:1,000 or 1 fluidram to a quart of water. A strong infusion of quassia has also been recommended.

The subject of intestinal parasites is too extensive to permit us to give an exhaustive list of references here. The following are recent publications on *trichocephalus*:

- Wade, B. N.: A Case of Enteritis from *Trichocephalus Dispar*. THE JOURNAL, March 11, 1911, p. 743.
- Code, A. and Garin, C.: Six Cases of *Trichocephalus Dispar* Enteritis. Arch. mal. Papp. digestif, June, 1910; abstr. in THE JOURNAL, Aug. 13, 1910, p. 628.
- Secherbak, A.: The Rôle of the *Trichocephalus* in Pathology. Rev. de méd., August, 1910; abstr. in THE JOURNAL, Oct. 8, 1910, p. 1328.
- Cecil and Bulkley: Lesions Produced in the Appendix by *Oxyuris Vermicularis* and *Trichocephalus Trichiura*. Jour. Exper. Med., March, 1912.
- Carletti, M. V.: Occult Blood in Stools with *Trichocephalus*. Gazz. d. osp., April 24, 1910.
- Gage, J. G.: Amebic Enteritis with *Uncinaria*, *Trichocephalus* and *Trichomonads*: Result of Treatment After Four Years. New York Med. Jour., December, 1909.
- Musgrave, W. E.: *Trichocephalosis*. Philippine Jour. Sci., December, 1908.
- Stiles and Garrison: A Statistical Study of the Prevalence of Intestinal Worms in Man. Hygienic Laboratory Bulletin No. 28, U. S. Public Health Service.