lessly and wantonly false and fraudulent. Diggs pleaded guilty and was fined \$10 and costs.—[*Notice of Judgment No. 4424.*]

Brown's "935" Injection (Formerly H. W.).—The Doctor Brown Company, Philadelphia, shipped in interstate commerce a quantity of "Brown's '935' Injection (formerly H. W.)." The Bureau of Chemistry reported that the preparation was "a dilute solution of acetate and sulphate of zinc." Some of the claims made for it were:

"Invaluable as a Preventive and in the Treatment of Chronic Gonorrhoea, Gleet, Whites, Etc."

"A Preventive and a Certain and Speedy Remedy for Chronic Gonorrhoea, Gleet, Whites, Etc."

These and similar claims were declared false and fraudulent. The company pleaded guilty and was fined \$75.—[*Notice of Judgment, No. 4143.*]

Correspondence

TYPHOID IN AMERICAN CITIES

To the Editor:—I wish to comment on how false may be the impression of betterment of any one city's record comparable to neighboring cities as shown in the recent fifth annual report on typhoid fever. Each year the footnote reads that a false exaggeration is possible because nonresident deaths are recorded as well as resident deaths. For the cities in Connecticut there was reported to the state board of health for 1916, as total typhoid deaths, Bridgeport, 11; Hartford, 20, and New Haven, 12. This would give a rate per hundred thousand population of 9, 18.1 and 8, respectively. As printed in THE JOURNAL, the rates read 9, 6.3 and 8, respectively. The difference I find is that Hartford alone of the three cities returned resident deaths alone, seven in number. Instead of leading, Hartford either has a record no different from the previous year, or else if nonresident deaths do not count, New Haven's record becomes 5.3, with four nonresident deaths excluded. It would seem probable that other cities may have done the same to obtain a record, in which case such a point should be considered in obtaining the sixth annual report.

Also I would ask if it were not possible for a more critical criticism to be made of individual cities in terms of their own problems. For example, in 1915 the report asks why New Haven should continue to have ten times as much typhoid as Cambridge. Massachusetts probably and Rhode Island for certain are on record as having house closets even in rural neighborhoods. New Haven like the South, unlike the North, has yet numerous privies on sewered streets, let alone countless numbers on unsewered streets. New Haven's greatest sanitary expert, Prof. William H. Brewer, professor of sanitary science, Sheffield Scientific School, as president of the board of health placed himself yearly, even daily, on record for years that New Haven's typhoid problem was but one of privies. The survey for Springfield, Ill., placed that city also in the same class. Were it possible to make every city health officer criminally liable for typhoid deaths in excess of a rate of 10, I believe many cities the country over would have both active officials as well as a low typhoid rate by merely counting the number of privy vaults in their cities before abolishing them. Privy vaults and typhoid are not a special province of the South. An increase of population in Bridgeport due to munition workers should not explain an increased rate when New Haven had as great an increase of population for the same reason. Your compiler of statistics can then force improved rates from some cities by merely compelling the health officials of these cities to record resident and nonresident deaths separately as well as publishing their declaration as to the definite individual problem of that city which may not be water, milk or foods which yearly are the presumed factor.

D. M. LEWIS, M.D., New Haven, Conn.

[COMMENT.—The point raised regarding the possible false impression obtained by comparing one city with another, due to one city giving the total number of typhoid deaths and

another only the number of deaths in cases arising in the city, was taken into account. Effort was made to secure the total number of deaths from typhoid fever in each of the cities named. It is conceded that, in order to be fair, the comparison should be made on this basis in each instance, and the footnote referred to was appended to call attention to the possibility of error in this respect. If figures were called for to show separately the number of typhoid deaths of nonresidents, or in cases arising from causes within and without the cities, the judgment or opinion of the health boards or officers compiling the figures would enter in and the conclusions deduced might be still more unfair than in the first instance. The suggestion that our study should be more critical of individual cities in terms of their own problems is perhaps pertinent, but this would be practically impossible. The further suggestion "to make every city health officer criminally liable for typhoid deaths in excess of 10" would be extremely unfair in view of the grossly inadequate assistance and appropriations for health work in every city in the land, and the shortcomings in other conditions bearing on typhoid fever, over which the city health officer has no possible control.—ED.]

SHORTAGE OF SALVARSAN AN INTOLERABLE BURDEN

To the Editor:—I have noted with great interest and satisfaction the beginning of a determined effort on the part of the Chicago and some other medical societies, to do away with the salvarsan patent burden. It is a relief, at last, to see the city men taking up a matter which has become an intolerable burden to us all. I hope and pray that this will not prove merely a sporadic effort, but that THE JOURNAL and all active medical periodicals as well as every county medical society will make this matter a propaganda which cannot be ignored by Congress. D. POWELL JOHNSON, M.D., Muscatine, Iowa.

THE DATING OF BIOLOGIC PRODUCTS

To the Editor:—The report of the Council on Pharmacy and Chemistry on this subject (THE JOURNAL, March 3, 1917, p. 728) seems to me a distinct advance. In a discussion of the matter with those active in the Council, it was suggested that a statement of the procedures adopted in the Bureau of Laboratories of the Department of Health, New York City, as well as our attitude toward additional requirements, would be of interest to the readers of THE JOURNAL. In the course of this statement, certain of the regulations of the Council are questioned. This is not to be interpreted as a criticism, as the regulations adopted by the Council are evidently preliminary and no doubt will be amplified with further experience in their enforcement.

Our present rules covering the distribution of biologic products are as follows:

1. The label on all bacterial vaccines must state the date of preparation. (This means the day suspensions are made, standardized and killed.)
2. The label on all serums other than antitoxins shall state the date of bleeding.
3. The label on antitoxins shall give the "Date tested XXXX," this being the date of last test on this preparation.
4. The label on vaccine virus shall, like the antitoxins, have the "date tested," this being the date of last test.

We have no intention of extending the periods of potency of bacterial vaccines (four months) or of the serums (nine months) other than the antitoxins until we have very specific data on which to act. The only possible exception is typhoid vaccine. The additional and necessary potency tests demanded by the Hygienic Laboratory as at present carried out mean practically a month's time in preparation. We may be compelled, as soon as we have sufficiently fair presumption to act on, to label the vaccine for four months' potency after completion of the tests. Comparative work indicates that it may be possible to determine the antigenic value in about ten days. The Hygienic Laboratory is at work on this problem, and if the shorter period method is successful, no change will be necessary for the present.

It might be well to state briefly our method of handling vaccine virus. The green virus is shipped to the laboratory