system of free post-graduate instruction which has been established throughout Germany in the last two or three years. There will be a permanent exposition of everything connected with medical technical instruction, including instruments, medical books, periodicals, and teaching appliances of all kinds. The collections on given subjects are to be loaned throughout the country, traveling from one post-graduate course center to another in turn.

Pilgrimage of Roman Catholic Physicians to Rome.—April 5 a party of 200 Roman Catholic physicians from all parts of France started from Lille in a special train for Rome. Others joined them on the way from Germany, Holland, Spain, Belgium and Italy, forming a total of 300 physicians who attended in a body the festivities at St. Peter's in honor of the thirteenth centennial of the originator of the Gregorian chant. It had been intended to exhibit at the evening scientific sessions a number of the persons claimed to have been miraculously cured at Lourdes, but it was decided to have merely a report read by Dr. Boissarie.

GENERAL.

American Proctologic Society.—In the list of officers of this society, *THE JOURNAL*, June 18, page 1631, the name of Dr. Lewis H. Adler, Jr., Philadelphia, was given incorrectly.

Panama Physicians.—It is announced that 50,000 men will work on the Isthmus of Panama, and 300 physicians, most of them young men fresh from hospital life, will be employed.

Journal Changes.—The Arkansas Medical Society has commenced the publication of a monthly under the title of the *Monthly Bulletin of the Arkansas Medical Society*. The initial number consists of but eight pages and cover, but it is full of good things. The title, however, is a rather awkward one.—The *Bulletin of the Kentucky State Medical Society* has changed its name and hereafter will be known as the *Kentucky Medical Journal*.—The *Sanitarian* has been merged into the *Popular Science Monthly*.

Serum Inspection Report.—As provided in an Act of Congress approved June 1, 1902, to regulate the sale of viruses, serums, toxins and analogous products in the District of Columbia, to regulate interstate traffic therein, and for other purposes, regulations were prepared under the direction of the Secretary of the Treasury, and became effective Aug. 21, 1903. Since that time inspections have been made, as provided by Section 3 of the Act, of the manufacturing concerns whose products were on sale throughout the United States. The inspections, as required by the regulations formulated under this law, were made by officers of the Public Health and Marine-Hospital Service, and the products as purchased in the open market were examined in the Hygienic Laboratory of the service. The following establishments have been inspected and licensed:

FIRM.	PRODUCTS.
Parke, Davis & Co., Detroit.....	Vaccine virus, serums and toxins.
H. K. Mulford Co., Philadelphia.....	Vaccine virus, serums and toxins.
Dr. H. M. Alexander & Co., Marietta, Pa.....	Vaccine virus and diphtheria antitoxin.
Pennsylvania Vaccine Co., Conewago, Pa.....	Vaccine virus.
Fluid Vaccine Co., Milwaukee.....	Vaccine virus.
Pocono Laboratories, Swiftwater, Pa.....	Vaccine virus.
National Vaccine Establishment, Washington, D. C.....	Vaccine virus.
Frederick Stearns & Co., Detroit..	Diphtheria antitoxin and anti-streptococcus serum.
Frederick Stearns & Co., Detroit..	Vaccine virus.
Pasteur Institute, Paris, France..	Viruses (other than vaccinia), serums, toxins, and analogous products.
Chemische Fabrik auf Actien (vorm. E. Schering), Berlin, Germany.	Diphtheria antitoxin and anti-streptococcus serum.
National Vaccine and Antitoxin Establishment, Washington, D. C.	Diphtheria antitoxin.

The examinations failed to reveal any contaminating organism or foreign toxin in the diphtheria antitoxins and disclosed a marked improvement in the quality of vaccine virus sold in open market, some samples being entirely free from pathogenic or pyogenic organisms, and all samples showing progressive improvement.

Examination for Army Medical Service.—The examination of applicants for commission in the Medical Corps of the Army has been materially modified. Immediate appointment of applicants after successful physical and professional examination will be discontinued; after July 1, 1904, applicants will be subjected to a preliminary examination and a final or qualify-

ing examination with a course of instruction at the Army Medical School in Washington intervening. The preliminary examination will consist of a rigid inquiry into the physical qualifications of applicants and written examination in the following subjects: Mathematics (arithmetic, algebra and plain geometry), geography, history (especially of the United States), Latin grammar and reading of easy Latin prose, English grammar, orthography, composition, anatomy, physiology, chemistry and physics, materia medica and therapeutics, normal histology. The subjects in general education are essential and can not be waived. The preliminary examination will be conducted concurrently throughout the United States by boards of medical officers at convenient points; the questions submitted to all applicants will be identical, thus assuring a thoroughly competitive feature, and all papers will be criticised and graded by an army medical board in Washington. Applicants who attain a general average of 80 per cent. and upward in this examination will be employed as contract surgeons and ordered to the Army Medical School for instruction as candidates for admission to the Medical Corps of the Army; if, however, a greater number of applicants attain the required average than can be accommodated at the school the requisite number will be selected according to relative standing in the examination. The course of instruction at the Army Medical School will consist of lectures and practical work in subjects peculiarly appropriate to the duties which a medical officer is called on to perform. While at this school the students will be held under military discipline, and character, habits and general deportment closely observed. The final or qualifying examination at the close of the school term will comprise the subjects taught in the school, together with the following professional subjects not included in the preliminary examination: Surgery, practice of medicine, diseases of women and children, obstetrics, hygiene, bacteriology and pathology; general aptitude will be marked from observation during the school term. A general average of 80 per cent. in this examination will be required for appointment, and candidates attaining the highest percentages will be selected for commission to the extent of the existing vacancies in the medical department. Candidates who attain the requisite general average who fail to receive commissions will be given certificates of graduation at the school, and will be preferred for appointment as medical officers of volunteers or for employment as contract surgeons; they will also be given opportunity to take the qualifying examination with the next succeeding class. It is thought that, for the present at least, the number successfully passing the preliminary examination will be greater than can be accommodated at the Army Medical School, and that the number qualifying for appointment will exceed the number of vacancies. If, however, the class of candidates qualifying should be larger than reasonably thought, the young physicians who fail to receive commissions will not have wasted their time, as the course of instruction at the school, while in a large measure specialized to Army needs, is such as will better fit them for other professional pursuits, and furthermore they will have received a fair compensation while under instruction. Admission to the preliminary examination can be had only on invitation from the Surgeon General of the Army, issued after formal application to the Secretary of War for permission to appear for examination. No applicant whose age exceeds thirty years will be permitted to take the examination, and the authorities at the War Department desire it distinctly understood that this limit of age will be rigidly adhered to. Hospital training and practical experience are essential requisites, and an applicant will be expected to present evidence of one year's hospital experience or its equivalent (two years) in practice. The first preliminary examination will be held about August 1; those desiring to enter should at once communicate with the Surgeon General of the Army, Washington, D. C., who will be pleased to furnish all possible information.

Correspondence.

So-Called Synthetics and Ethical Nostrums.

PHILADELPHIA, June 25, 1904.

To the Editor:—The printing of another installment of false statements by Dr. Wm. J. Robinson, is the reason of this reply.

In the first place, I never asked the question: "If thermol is nothing but impure acet-phenetidin, how did he (meaning me) obtain a patent on it?" My former letter in the issue of April 30 will expose this misstatement. The government has

allowed me three different patents on the chemical combination of acetic and salicylic acids with phenetidin; as well as patents on twenty odd other definite chemical compounds, and in not one of them is there mention of a trade name—a custom followed by foreigners.

This subject of infringement is quite musty and absurd. The owners of the phenacetin patent undertook to prove it in 1901, and dropped it. Thermol is a chemical combination of acetic and salicylic acids with phenetidin.

As to impurity, the subject on which he is unable to specify, my former letter showed that by washing thermol thoroughly in a solution of muriatic acid—which instantly combines with free phenetidin and makes the same very soluble in water—that then all the poisonous and heart depressing qualities are washed away.

On the subject of iodomuth, the critic first stated that: "According to analysis, it is merely bismuth gallate, with a small quantity of free gallic acid; no iodine could be traced in the examined specimen." He now hedges and states: "If the iodine is so firmly bound to the molecule that it can not be demonstrated by any ordinary chemical reagents." Having had rope enough he now exposes "the black flag in business." Iodomuth contains no free iodine in an irritating form. It does contain sufficient iodine to be a practical useful chemical. All iodine bearing products do not depend for their activity on the fact of the iodine being *in statu nascendi*. Why could not the critic detect the presence of iodine in iodomuth? Is it because his knowledge is so deficient? or, is he carrying "the black flag in business." Prof. C. P. Grayson, of the University of Pennsylvania, when he referred to iodomuth in his treatise on "Diseases of the Nose, Throat and Ear"; the renowned von Ruck, who has reported the saving of lives by its use, and many other physicians, who are not chemists and make no pretense to be, have common sense enough to detect the physiologic action of iodine, and to readily prove its presence in a visible manner by the mere dissolving of iodomuth in nitric acid solution, and at once obtaining the blue iodine reaction with a solution of starch. There is not a specimen of iodomuth to be found in the country that will not give the iodine reaction when so tested.

"*Falsus in uno, falsus in omnibus*" was the reason put forth by the critic for slurring iodomuth before investigating it. After such a virulent false statement, which his ignorance of chemistry can not excuse, can any reliance be placed on his statement about ur-a-sol, or acetyl-methylene-di-salicylic acid? Under the heading of thermol he states that the melting point is quite a physical test. The difference in the melting point between ur-a-sol and the plain methylene-di-salicylic acid is about 200 F., or the difference between the freezing and the boiling points of water. With such a remarkable deficiency of observation, is it any wonder that the critic could not detect the presence of an acetyl group? I could tell him some more, but this is not a chemical journal.

My previous answer shows that I shirked no issue in regard to ur-a-sol. I asked what impurity it contained. This the critic can not answer. I cited an authority of character, who had demonstrated the presence of an acetyl group. I also referred to the inability of the critic to produce "methylene salicylic acid."

The critic's rank egotistical statement "My analyses are so perfect, my statements are so incontrovertible," is so ridiculous that he exposes his purpose—"the black flag in business."

When you come to a knowledge of the reason for these attacks you will understand why the critic so signally failed to keep truth by his side. His betrayal of the courtesy of the American Medical Association will reap its own reward. "You can not fool all the people all the time." Nor can the certain foreign chemical houses with offices in New York City stop me from making thermol, iodomuth, ur-a-sol, or guaialin nor any of the other organic chemicals which I have created.

S. LEWIS SUMMERS,

General Manager of the Organic Chemical Manufacturing Company and President of the Liberty Chemical Company.

[This correspondence must now stop.—Ed.]

Sanatoria for Consumptives.

OTTAWA, ILL., June 20, 1904.

To the Editor:—It is apprehended that the greatest obstacle we will encounter in securing an appropriation for state sanatoria will be the difficulty in convincing the public in general, and legislators in particular, that tuberculosis can be cured in this climate. The belief that certain attributes of the atmosphere, such as rarity, dryness, equable temperature, etc., etc., are necessary, has become so firmly established that it need not be surprising if we find it difficult to convert the skeptical to a contrary belief.

In anticipation of this obstacle, it is the opinion of those who have given the subject most attention that an object lesson, which shall demonstrate the improvement or cure of a few cases in this climate, will have greater weight than an argument based on what has been done for a multitude of cases in other states. With this end in view, I have been induced to start a tent colony at Ottawa.

The site selected is ideal in every respect for the open-air and dietetic treatment of tuberculosis. It is on a high bluff overlooking the City of Ottawa, the Illinois and Fox River valleys, in the midst of some of the most beautiful scenery of this justly-famous region. The water supply is excellent and drainage perfect; it is easily accessible by trolley cars; the camp will be lighted by electricity and connected by telephone; milk will be supplied from the dairy, one-quarter mile distant; there is an abundant supply of fresh eggs, fruits and vegetables in the immediate vicinity—in fact, everything is present to make tent life not only comfortable, but even luxurious. The tents will be large and of the best material, thus insuring protection from the elements. Trained nurses and other help will be provided.

It is not intended to demonstrate how cheaply patients can be maintained, but how comfortably and well; therefore, those of the better class need have no hesitancy about making application for admission. In fact, this is the class whom we are seeking to secure.

The expense to patients will be the actual cost of maintenance, no charge being made for medical services. The service will be equal to that of a first-class hospital. It is estimated that it will cost \$10 per week to maintain patients according to the standard which has been established. The cost of equipment is included in this estimate. Those familiar with hospital management will appreciate the reasonableness of the above estimate, particularly in view of the fact that these patients must be provided with the most nutritious and highest-priced food in much larger quantities than is required for the normal person. I have been much embarrassed by the report that has been published stating that the cost will be about \$18 per month. For obvious reasons this is impossible. The statement did not originate with me.

In order to make the demonstration most effective in influencing the next legislature, it is desirable to commence immediately. Those interested in this work will confer a great favor by assisting me in securing a few patients at once. The success of the experiment will be fully reported from time to time through the usual channels. Physicians, the friends of patients and others interested will be welcomed as visitors to the camp.

Inasmuch as my motives are not selfish, I ask the moral support of the profession in making this enterprise a success.

J. W. PETTIT,

Chairman Committee on Tuberculosis, Illinois State Medical Society.

Removal of the Normal Appendix When Exposed.

NEW YORK CITY, June 14, 1904.

To the Editor:—In the discussion at the Atlantic City session on the removal of normal appendices in the course of other work, I opposed the idea on three points: Removal of the appendix delays the other operation, adds a little to the danger, and, if the idea is taught by competent men, it will be carried out by those who will manage to get a death rate out of it. Immediately after the meeting I joined a group of physicians