	Efficiency of Fresh Dilution.	After Standing One Day.	After Two Days.	Discolor- ation in One Day.	In Two Days.
Preparation 1, a	70	25	0	None . . .	—
Preparation 1, b	70	Active . .	Active . .	None . . .	None.
Preparation 2, a	100	0	—	Dark pink.	—
Preparation 2, b	86	0	—	Dark pink.	—
Preparation 3, a	86	15	0	None . . .	—
Preparation 3, b	63	0	—	None . . .	None.
Preparation 4, a	95	0	—	Light pink	—
Preparation 4, b	0	—	—	Light pink	—

CONCLUSIONS.

In view of the variability in the commercial samples, as revealed in our examination, definite conclusions concerning the comparative activity of the different makes of suprarenal solutions are not warranted. Theoretically, all samples of "1 to 1,000 solution of suprarenal alkaloid" should be of identical strength, just as are all 1 to 1,000 solutions of strychnin. It is evident that this is not the case in practice, and that the physician, in injecting this powerful substance, is at present unable to use a perfectly exact dosage. Our samples of preparations 1 and 2 exhibited less variation than preparations 3 and 4, but we can not be certain that a larger series of samples might not have shifted the relative position. This is also true of the average efficiency, which decreases in the first series of samples from preparation 1 (100) to preparation 4 (95), to preparation 3 (86), to preparation 1 (70); in the second series, from preparation 2 (86), to preparation 1 (70), to preparation 3 (63), to preparation 4 (0). We repeat that we would not lay any emphasis on the comparative efficiency of the different makes on account of the variability.

The results as to the stability of the solutions are more constant. Preparation 1 is the most stable, then comes preparation 3, then preparation 4, then preparation 2. This subject of stability, however, has probably little practical importance, since the dilutions of all the samples are practically worthless after twenty-four hours.

We are unable to state whether the samples vary in strength when they leave the makers' hands, or whether the differences are due to subsequent deterioration. The former would be quite inexcusable. The latter would seem to demand a dating and returning system similar to that in vogue for antitoxic sera.

Respectfully submitted,

TORALD SOLLMAN,
EDGAR D. BROWN.**Correspondence****Cocain in Tucker Asthma Cure.**

SHILOH, O., Aug. 28, 1906.

To the Editor:—Referring to the article of Dr. Vickery on "Cocain in Tucker Asthma Cure" in THE JOURNAL A. M. A., Aug. 4, 1906. I wish to thank the author for his report and to commend his suggestion as to what ought to be done to suppress such a "cure." I had a case here, with all the symptoms of acute cocain poisoning, as the result of using the above preparation. The patient was a child 5 years of age, and I can assure you that a "remedy" that will produce as marked symptoms of poisoning in as short a time as does the Tucker Asthma Cure, needs to be removed from the market, or at least labeled as to its contents, and not retailed to an unsuspecting public as a harmless asthma cure.

N. P. MCGAY.

The Teaching of Medical Jurisprudence in New York.

JERSEY CITY, Aug. 28, 1906.

To the Editor:—In THE JOURNAL, Aug. 25, 1906, page 586, you make the editorial statement that "The New York schools, Columbia, Bellevue and Cornell, make no mention of the subject whatever. Medical jurisprudence is not among the courses required by the New York Board of Regents." I call

attention to the fact that Hon. Millard Bartlett of the appellate division of the Supreme Court delivers fifteen lectures each year at the Long Island College Hospital to the third year class.
WALTER T. DANNREUTHER, M.D.

Hay Fever and Ivy Poisoning.

CINCINNATI, Aug. 28, 1906.

To the Editor:—A year ago, while suffering from hay fever, I was poisoned with ivy. Though in the midst of the season the hay fever disappeared immediately on the advent of the ivy poisoning and gave me no further trouble that year. Was this a coincidence or a consequence? If the latter, why? Have any more of your numerous readers made the same observation?

Pollantin in hay fever has given me no relief.

E. S. MCKEE.

Records of Graduates of Flint Medical College.

NEW ORLEANS, Aug. 27, 1906.

To the Editor:—At the May meeting of the Louisiana State Board seven of the eight 1906 graduates of Flint Medical College presented themselves for examination, and only one failed to pass. This gives a 14 2/7 per cent. of failures and should place us in Table J of your statistics instead of Table K. In justice to our school and its present administration, may I ask you to publish this statement?

A. D. BUSH, Dean.

[EDITOR'S NOTE.—Tables J and K, to which Dr. Bush refers, appear in the annual Educational Number of THE JOURNAL, August 25, and are a part of the detailed summaries of the results of the state board examinations in all states for the year 1905. This May examination, at which he says a better record was made, is, of course, a portion of the record for 1906, and this will be included in a summary of the year 1906 to appear early in 1907.]

Population of Los Angeles.

LOS ANGELES, CAL., Aug. 27, 1906.

To the Editor:—On page 613 of the Educational Number (August 25) of THE JOURNAL, under the California heading, the city of Los Angeles is given a population of 116,420.

Since clinical facilities are dependent somewhat on the amount of population, a correction is in order if a proper impression is to be given. The population of Los Angeles at the present time is over 240,000 instead of 116,420. I refer you to the enclosed article from to-day's Los Angeles Times showing the most recent figures. The school census last spring showed a population of 230,000. Further, the city water department has 50,977 service pipes in use and five persons to a service pipe is a conservative average. The monthly health reports are based on a population of 200,000, in order to allow a safe margin, but this estimate will shortly be increased.

Los Angeles then is not in the 100,000 but rather in the 250,000 class, and has clinical facilities commensurate with a city of that size.

GEORGE H. KRESS.

[EDITOR'S NOTE:—We are very glad to have this information. As stated in the Educational Number, the figures used were the estimates of the government's Census Bureau for 1903.]

Treatment of Hay Fever by Securing Normal Nostrils.

HARTFORD, CONN., Aug. 20, 1906.

To the Editor:—In THE JOURNAL, August 18, Dr. Dunbar Roy writes that at the session of the Association held at Atlantic City in 1904 I claimed to cure hay fever "by simply forcing patients to become absolute nose breathers." Dr. Roy is in error. I did and do claim to cure hay fever by giving my patients nostrils as nearly normal as possible, and then insisting that they breathe through the nose as Nature intended they should. The perusal of my monograph, "Mouth Breathing," should make clear to the reader what I consider necessary in a general way, not only for the relief but cure of the

hay-fever patient, also what I consider harmful to that patient. I have yet to find a hay-fever patient at any period with normal nostrils, although I often find them with nothing more abnormal than a few irritable areas. I have yet to hear of a single patient whom I have discharged—and they are many—who has had a recurrence.

In my opinion a nostril is not normal if it is capable of establishing a contact area, especially below its median line; further, a nostril is not normal which contains a single irritable area. If I can find a contact area in the nostril of a hay-fever patient, at any other period than his hay-fever period, for the purpose of diagnosis, or if that patient reports to me when he has a "cold in his head," that I may observe where his areas of contact are, I obliterate them when quiescent, either surgically or through cauterization. If I examine the patient during his periodic attack for the first time I advise immediate operation when necessary. I remove what I consider necessary at any point in any nostril, and this without the slightest fear of establishing atrophic areas, since I know my patient is going to become a normal breather. I fully appreciate that indiscriminate cutting would prove disastrous, but if we use a little common sense, backed by experience and some originality, and depend less on the general run of text-books whose authors copy one from another treatment that a school boy with a rudimentary knowledge of physiology should deem absurd, oft-times treatment handed down for generations, we will prove ourselves worthy of the respect of the general public.

We will accomplish much if, instead of waiting for immunizing serums to do the work for us which we are too lazy to do ourselves, we awaken to the fact that Nature stands willing to furnish us a power to resist not only hay fever, but all other affections of the breathing tract when once the upper breathing tract is as nearly normal as possible.

Dr. Roy further states: "After a thorough trial of this method, with the hearty coöperation of my patients, I have not been able to secure the results claimed by Dr. Fitzgerald." My advice to Dr. Roy, whom I believe to be a conscientious and painstaking rhinologist, is to become more familiar with my method, and then to give it a thorough trial to prove to his own satisfaction that we have found "the light which will lead us out of the darkness and gloom" for which he writes he is waiting.

W. H. FITZGERALD.

Treatment of Hay Fever by Dunbar's Remedies (Pollantin).

LA JUNTA, COLO., Aug. 22, 1906.

To the Editor:—I have read with interest the reports made through THE JOURNAL on the use of pollantin in hay fever. My experience has been very limited; I have never used it until within the last two months. Four cases treated resulted as follows:

1. A very aggravated case, in an aged person, who every year suffers intensely. The relief from the eye symptoms was immediate. For the nasal symptoms, which were but slightly relieved, a weak solution of adrenalin was ordered (this previously had given to this patient relief for a few moments only) to be followed by the pollantin. Relief was very marked and three weeks later patient reported herself as being more comfortable than she had ever dared hope to be.

2. First attack, in a person who has resided here several years. Eye symptoms predominated. Relief was very rapid. This may not have been a true case of hay fever.

3. This man suffers severely every season with well-marked symptoms. He thought that he got a little relief.

4. Patient two years from the East, who never had an attack while here. Hay fever came in the first year of his residence here. No relief.

In these cases no attempt was made to treat any abnormal systemic conditions, nor were the proprietor's directions as to sleeping with closed windows, etc., followed. The preparation used was the powder, and the fall variety. The originators are fairly conservative in their claims as set forth in the literature, but the way in which the preparation is marketed will soon put it out of the hands of physicians and into the hands of the laity.

E. GARD EDWARDS, M.D.

Book Notices

ECZEMA. A Consideration of Its Course, Diagnosis and Treatment Embracing Many Points of Practical Importance, and Containing 146 Prescriptions, Illustrating Dosage in Local Applications. By Samuel H. Brown, M.D., Assistant Dermatologist, Philadelphia Hospital, etc. Cloth. Pp. 105. Price, \$1.00. Philadelphia: P. Blakiston's Son & Co., 1906.

In the first 28 pages the author considers briefly the varieties, etiology, pathology, symptoms and diagnosis of this disease. The other 71 pages are devoted to treatment. Instead of generalizing, the author gives prescriptions for both local and general treatment.

MILITARY HYGIENE. By Robert Caldwell, F.R.C.S., D.P.H., Lieutenant-Colonel Royal Army Medical Corps; formerly Medical Officer in Charge District Laboratory, Meerit; Member of Committee on Field Sanitation in Connection with Surgeon-General's Report on South African Campaign; Medical Officer in Charge, District Laboratory and Isolation Hospital, First Army Corps. New York: William Wood & Co. 1905.

The object of the book, as the author states, is to give "a short account of those principles of sanitation which most nearly affect the soldier in his every-day life." Of course, it does not go so deeply into details as the encyclopedic work of Munson, but it is in the main accurate, and the advice given will prove valuable both to the junior and senior officers. The author seems to be a little too conservative in certain matters, such as that of the use of kerosene in marshes, the employment of mosquito nettings, the practicability of sterilization of water by boiling, etc.

THE OPHTHALMOSCOPE AND HOW TO USE IT. With Colored Illustrations. Descriptions and Treatment of the Principal Diseases of the Fundus. By J. Thornton, A.M., M.D. 13 Illustrations and 12 Colored Plates. Cloth. Pp. 298. Price, \$2.50. Philadelphia: P. Blakiston's Son & Co., 1906.

This may be described as a condensed text-book. While avoiding long mathematical calculations, it leaves little to desire in the matter of clearness of text or illustration. The ten chapters treat of the ophthalmoscope, optics, anatomy and anomalies of the eye, the normal eye ground, structural changes in disease, the vision, retinal vessels, diseases of the retina, of the optic nerve, and of the choroid. Besides numerous figures in the text, it contains twelve excellent colored plates of the fundus in health and in a variety of diseases of the retina and other structures.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, Including a Section on Physiologic Apparatus. By A. P. Brubaker, A.M., M.D. Second Edition. Revised and Enlarged, with Colored Plates and 356 Illustrations. Cloth. Pp. 715. Price, \$4.00. Philadelphia: P. Blakiston's Sons & Co., 1905.

The second edition of this work is improved by thorough revision of the sections on the chemistry of the proteids, the chemistry of digestion, the movements of the intestines, the production of lymph, the nerve mechanism of the heart, and the physiology of vision. In the section on the movements of the intestines the author refers to the investigations by Cannon by means of the Roentgen rays and the fluoroscope. Of the production of lymph from the blood and its diffusion he admits that the last word has not been said. The present edition reflects fairly the present state of knowledge and commends itself to all who are interested in the subject, whether as teachers, students or practitioners.

Deaths

Charles G. Bacon, M.D. Albany (N. Y.) Medical College. 1874, who attended a course of lectures in that institution in 1840-1841 and in March, 1841, was licensed to practice in the state of New York by the New York State Medical Society; for 45 years a practitioner of Fulton, N. Y.; a member of the Oswego County Medical Society and a delegate in 1854 to the American Medical Association; for 15 years a censor of the New York State Medical Society; in 1843 hospital brigade surgeon for the Forty-eighth brigade of the Militia of the State of New York, with the rank of major; given an honorary medical degree by the regents of the State of New York in 1858; in 1887 president of the New York Central Medical Society, died at his home in Fulton, August 18, aged 92.