Very few drug products have attracted so much attention as this one.

A really satisfactory hypnotic and sleep-inducer, which Calmine certainly seems to be, has been awaited expectantly for many years. Of course, we have always had agents of this sort—a new one has come out at frequent intervals—but none of them have “filled the bill”; they have been prescribed only because there was nothing better to be had.

Now this new and wonderful discovery is nothing but Veronal-sodium (sodium diethyl-barbiturate) under another name. It is the sodium salt of the more or less favorably known hypnotic, Veronal (diethyl-barbituric acid). It is also sold as Medinal, and differs from Veronal only in that the combination with sodium has made it more readily soluble, and thus, it is claimed, its absorption is more prompt. Veronal is protected abroad by a trade-mark and in this country by a patent, and this, undoubtedly, is responsible for the introduction of this sodium salt under these fanciful names, because Veronal could not be sold without infringing on the patent. This in turn induced the manufacturers of Veronal, in self protection, also to put the sodium salt on the market, and now we have it under the name of Calmine. This probably is only the beginning; soon we may look for it under a host of other names and the usual result will follow: thoughtless physicians who have had poor results with it under one name will try it under others. Or worse still, physicians will thoughtlessly combine Veronal with Calmine or with Medinal in the same prescription, thus giving a dangerous dose.

Correspondence

The Medical Profession Must Change Its Tactics

To the Editor:—He who is not a frequent visitor to radical clubs, does not come in contact with newspaper men, with “new thoughters,” and does not read regularly the numerous naturopathic, health culture and physical culture journals, and other allegedly advanced publications, can have no idea how the medical profession is ridiculed, maligned, lied about, misrepresented and “knocked” on every possible occasion.

Physicians are pictured as ignoramuses, grafters, butchers, anxious to operate whether there is a necessity or not, “drug dopers,” etc. The medical profession is denounced as a trust and monopoly, and any attempt of physicians to organize or to pass laws protecting the public health is characterized as an attempt at class legislation, a desire for special privileges, inspired by our fear of the competition or by fear of the superior skill of their irregular rivals.

And the average physician who has not given the matter any thought has no idea what effect these unceasing slanders and persistent lies have on the public mind, how suspiciously a large part of the public is beginning to look at the medical profession, how physicians are losing the confidence of the people, how the ground is slipping from under their feet.

As an illustration one need only mention the reception that has been accorded to the suggestion of a federal department of health. The motives that actuate physicians and the objects of such a department were at once misrepresented, the people were made to believe that their freedom to choose a medical adviser was threatened, the forces of reaction and obscurantism, masquerading in some instances under the guise of liberalism, were quickly marshalled and in a short time a society was organized, which now claims a membership of 150,000.

Physicians themselves are to blame. When the irregular, fantastic and pernicious cults began to make their appearance, they paid no attention to them. They thought that these cults amounted to nothing, and would soon dry up and shrivel away of themselves. When the malicious attacks began to appear in the various quack publications, physicians remained silent. They considered it *infra dignitatem* to pay attention to them, and thought that the public would have no difficulty in seeing through their falsity and meretriciousness.

This long and patient inactivity has been due to the false idea that the truth will always triumph and error is bound to die. Yes, eventually. But if error is allowed to grow and spread unhampered, while those who see the truth will not

take the trouble to proclaim it and expose the error, then it may take centuries before the correctness of the truth and the falsity of the error will be perceived.

In this as in every line of human activity prevention is immeasurably superior to cure, and the right way to fight is not to permit it to get a firm foothold. Error and superstition are hard things to uproot after they have attained the dignity of a universal belief.

It is time that the medical profession change its tactics and assume a wide-awake, militant attitude. It is time that physicians actively attack error wherever it shows its head. By reading papers before lay audiences, by participating in discussions, by writing to the newspapers, by refuting the false arguments of false prophets wherever they appear, they can do much toward destroying the influence of the quacks and the irregular cults. In short, medical men must throw off their exclusiveness, and must go out to the public and take it into their confidence.

The truth is with physicians—that they know; only they must not hide their knowledge under a bushel, and expect that without any effort on their part its light will penetrate into the darkest recesses of ignorance and quackery.

W. J. ROBINSON, M.D., New York City.

Reporting the Case of Another

To the Editor:—I wish to call attention to the reporting of cases that do not belong to the one reporting them, and to protest against the practice. THE JOURNAL (Dec. 31, 1910, p. 2296), contains an article entitled “A Case of Diaphragmatic Hernia.” The patient referred to entered my service at Cook County Hospital, Chicago, and was operated on by me for obstruction of the bowels. The case report has been published without my knowledge or consent.

LAWRENCE RYAN, Chicago.

[A proof of the above letter was sent to Dr. Bamberger, who replies:]

To the Editor:—In reply to Dr. Ryan's letter the full facts of the matter are all that I want to state. On July 24, 1910, the patient in question entered the surgical service of the Cook County Hospital, of which I was senior resident surgeon, and Dr. Ryan, staff surgeon. I made the diagnosis of intestinal obstruction, and urged immediate operation. With Dr. Ryan, I participated in the operation, and I had full charge of the entire tedious postoperative treatment. Six months elapsed and no report of the case had been made, and I did not think that any objection would be made to my reporting it, since I was so closely connected with it. If I have unintentionally slighted Dr. Ryan, I take this means of asking pardon, and I am most willing to have Dr. Ryan, if he so desires, be given his share of credit in the report of the case. You will favor me by publishing this letter in the JOURNAL.

ARRIE BAMBERGER, Chicago.

Anesthesia in Traumatic Surgery

To the Editor:—The discussion under the above heading (THE JOURNAL, December 24, p. 2226), is a matter of very great importance to the surgeon, and has a bearing on the little-understood condition designated as shock. This condition, I believe, is sometimes misnamed, and does not receive the attention it should at the hands of the investigator.

In my earlier years I used chloroform almost exclusively, and my experience agrees with that of Dr. Lathrop, in that many patients showed improvement, as to shock, shortly after the anesthetic had been started. This occurred oftener with chloroform than with ether. I nearly always operated at once, without waiting for shock to pass off. This was done on the theory that the general anesthetic should relieve the shock, by narcotizing the receptive apparatus. Crile's nerve blocking has the same end in view, differing only by narcotizing the nerve, to prevent transmission of the painful impressions; and as is well known only large nerves may be thus blocked, while many smaller nerve fibers, not being blocked,

may to some extent at least defeat this object. Given a traumatic injury, with coincident loss of blood and the patient apparently in shock, how much of his condition is due to loss of blood, and how much to true shock?

A case in point: I have now a convalescent patient who was brought into the Allegheny Heights Hospital in an unconscious condition; leg was badly crushed, pulse small, rapid and thready. I amputated the leg without an anesthetic, which procedure did not add at all to the shock, because loss of blood was a greater factor in this case than pure shock. This is a point in which I hope this communication may arouse some interest.

On a purely theoretical basis one has difficulty in understanding just how chloroform or ether could add to shock. They are both supposed to owe their anesthetic action to their ability to dissolve out lecithin from the brain cells, the details not being well understood. Practically, the fact remains, that too much anesthetic is a bad thing. When the times comes, that the same care is exercised in the selection of skilled anesthetists, and the same position given them, as to responsibility, etc., that is attached to the surgeon, then we may expect better results, not only in traumatic surgery, but in all surgery.

IRVIN HARDY, M.D., Davis, W. Va.

The Culture of Cancer Cells in Vitro

To the Editor:—In THE JOURNAL (Oct. 15, 1910, p. 1379; Oct. 29, 1910, p. 1554, and later), Carrel and Burrows have published reports of very interesting experiments on the growth of normal and pathologic tissues outside of the body and on the culture of cells.

I desire to inform the American medical public that on Dec. 10, 1909, I communicated to the Royal Medical Academy of Turin (*Gior. d. r. Accad. di med. di Torino*, 1909, No. 12) that I obtained in a semihardened horse-serum medium a development *in vitro* of mouse adenocarcinoma fragments. A second report on the same subject was made on March 11, 1910, and the results of several experiments were published in the Italian medical periodical *Pathologica* (Oct. 15, 1910). In the first communication I reported that small fragments of cancer placed in the serum had enlarged and changed their form after from ten to eighteen days and that at the microscopical observation a number of well-preserved elements and of karyokinetic features were seen. In the second report I was able to confirm this fact and to report karyokinetic features demonstrated after the tissues had been seventy days *in vitro* (37 C.). In the note published in the *Pathologica* I wrote that fragments kept under those conditions were really alive, because they could be grafted into fresh animals.

I am very glad that Drs. Carrel and Burrows have independently obtained the same results that I obtained and have been able to extend their experiments so as to get cultures in series. I am going on with my researches, from which I hope I shall obtain new results that may extend those I have already obtained and confirm the American observations on the possibility of the transplantation in series.

DR. GUIDO VOLPINO, Professor of Bacteriology.
Turin University, Turin, Italy.

Work in Treatment of Neurasthenia.—In treatment of chronic neurasthenics who are strong enough to undertake some employment, work of some sort should be employed regularly and systematically. It is desirable to get out of the channel in which the patient has lived and to start him in some new occupation. Individuals differ greatly in the amount of work they are able to perform, and it is quite as important to grade the amount of manual labor as the dosage of any remedy that is administered. Whether we employ indoor or outdoor work, and whether it be for diversion or as a training toward a means to gain a livelihood, the main object is "to train the patient's mind to run naturally in a different channel. It is not so much the work as the way one inspires the person to take it up. That form of work, however, is best which interests the patient and leads him on to more and more thought of things outside himself."—W. N. Thompson, in *Yale Medical Journal*.

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.

MEDICAL JOURNALS OF LATIN AMERICA

To the Editor:—Kindly submit to me the names of South American medical journals, preferably of Brazil or Argentina.
G. H. REINHARDT, St. Louis.

ANSWER.—The following are some representative South American, Mexican and Cuban journals:

Revista de la Sociedad médica argentina. Buenos Aires, Argentina. Published three times a year. Address E. Spinelli, 737 Callao, Buenos Aires, Argentina.

Semana médica. Subscription \$5.00. Weekly. Address Emilio Spinelli, 737 Callao, Buenos Aires, Argentina.

Brazil-Médico. Subscription 20 milreis (about \$11), including postage. Weekly. Address Dr. Bulhões Carvalho, 140 Rua do Rosario, Rio de Janeiro, Brazil.

Gazeta médica da Bahia. Subscription 12 milreis (about \$6.60). Address Dr. Oscar Freire, Rua do Garcia n. 190, Bahia, Brazil.

Repertorio de medicina y cirugía. Subscription \$3. Address Dr. J. M. Montoya, Apartado 102, Bogota, Colombia.

Crónica médica. Price 6 soles (about \$3.00), including postage. Semi-monthly. Address Dr. E. Bello, Apartado 50, Lima, Peru.

Revista médica del Uruguay. Subscription \$5.00. Monthly. Address L. Danieri, Calle Arapey 106, Montevideo, Uruguay.

Memorias do Instituto Oswaldo Cruz. Published at irregular intervals. Address Directeur de l'Institut Oswaldo Cruz, Caisse postale 926, Mangueiras, Rio de Janeiro, Brazil.

Revista de medicina y cirugía. Semi-monthly. Subscription \$4.50. Address Dr. J. F. Arteaga, Apartado 155, Havana, Cuba.

Prensa médica. Monthly. Address Dr. Enrique Nunez, Teniente Rey 41, Havana, Cuba.

Crónica médica mexicana. Subscription \$2. Monthly. Address Dr. Enrique L. Abogado. Plaza de San Juan, num. 38, City of Mexico.

PERIODICALS ON OBSTETRICS

To the Editor:—Please give me the names of some good American and British journals on obstetrics and inform me where subscription should be sent, etc.

WALTER HIGGS, M.D., Eveleth, Minn.

ANSWER.—*American Journal of Obstetrics and Diseases of Women and Children*. Monthly; subscription \$5. Published by Wm. Wood & Co., 216 York Street, York, Pa.

Surgery, Gynecology and Obstetrics. Monthly; subscription \$5. Published at 103 State Street, Chicago.

Journal of Obstetrics and Gynecology of the British Empire. Monthly; subscription in United States, 26 shillings, including postage. Published by Sherratt & Hughes, 33 Soho Square, West, London.

PROPORTION OF SODIUM GLYCOCHOLATE AND TAUROCHOLATE IN BILE

To the Editor:—In what proportion do the bile salts sodium glycocholate and taurocholate exist in bile?

F. S. SCHMIDT, Roxbury, Mass.

ANSWER.—The proportion of taurocholate to glycocholate is variable. According to the analyses of Hammersten, it varied between 1 of taurocholate to 2.07 of glycocholate and 1 of taurocholate to 14.36 of glycocholate. The total amount of bile salts varied in three analyses between 9.04 and 18.240 per thousand. In the bile of animals the proportion is also generally variable. In the carnivora usually sodium taurocholate is the predominant bile salt. In many of the herbivora the glycocholate predominates, and in swine it is found almost to the exclusion of the taurocholate.

POTASSIUM CYANATE AND THE BLOOD

A correspondent wishes the reference to an article, which he thinks was published in THE JOURNAL some time ago, reporting experiments on dogs to ascertain the action of potassium cyanate on the blood. We fail to find such an article in the index. The drug was perhaps mentioned incidentally in the text, but was not considered of sufficient importance to be named in the title. Perhaps some of our readers can render assistance.

The Public Service

Medical Department, U. S. Army

Changes for the week ended Jan. 7, 1911.

Woodall, Wm. P., captain, left Ft. D. A. Russell, Wyo., on 30 days leave of absence.

Banister, John M., col., is retired from active duty.

Barney, Chas. N., major, is retired from active service.

Davidson, Wilson T., captain, granted leave of absence for three months.