content) of the tissues may result in pathologic variations from a mere puncture to extensive laceration and destruction, there is but one law governing any and all injuries.

This law, however, has very little to do with the clinical course of an injury, but the military surgeon will be in a position so to apply the laws of bacteriology as not only to explain but to control most infections. One cannot but express wonder at a paragraph in the article under consideration when the author endeavors to seek an explanation why infected compound fractures of the arm heal better than like injuries of the thigh. Dr. Hoguet indulges in speculation about better supply of blood and easier drainage. Any one familiar with the elements of anatomy knows that the thigh can show at least as good a blood supply as the arm, and when it comes to the question of effective drainage, I cannot recall that the mere thickness of a group of muscles ever interfered with the introduction of a drainage tube. If the author had but considered a simple experience on the battlefield, namely, that a soldier hit in the arm can immobilize his limb by pinning his affected sleeve to his tunic and still be about, and thereby retain good vitality, especially during transport, while a combatant sustaining a like injury in the thigh must necessarily remain recumbent and often suffers during transport from ineffective immobilization (oh, for that significant little word "rest" in military surgery!) thereby sustaining additional trauma, if not contact infection, easily resulting in a veritable ideal condition for "life-saving" amputation all speculation would have proved unnecessary.

In this respect at least the experience of the present war in Europe is not likely to bring out anything not already well known to military surgeons.

GUSTAVUS M. BLECH, M.D., Chicago.

Bureaus of Information for American Postgraduate Study

To the Editor:—While recently in New York, I noticed the large number of physicians seeking postgraduate work who daily arrived at the various clinics and hospitals and who, being unable to go to Europe, had turned to the home clinics in the United States. No doubt all of our large centers have received their share of these postgraduate students and workers.

It occurred to me that each large city having postgraduate facilities or extensive medical centers might do well to have a centralized and well-organized bureau of information for the benefit of the stranger, where the newly arrived physician might obtain, with the least loss of time, such information as would assist him in locating the particular line of clinical and special instruction desired in the shortest time.

In New York I saw a number of physicians visiting a number of hospitals, clinics and instructors before finding the most adaptable place for their desired studies, and doing this at an enormous expense of time, when one considers that usually the busy physician has short enough time in the post-graduate centers.

I would suggest a get-together movement on the part of the leaders in post-graduate schools to establish a bureau of medical information, either as a part of the medical society or part of the medical committee of the chamber of commerce, and as soon as such is developed, thoroughly advertise the fact to the profession. A small registration fee might be charged the visiting physicians, for which their problems might be taken under advisement and assistance given in the matter of finding appropriate living accommodations within easy access of the clinic or hospital to be attended.

Physicians in New York usually feel that the stranger requires several days before he becomes oriented in the city. I know I would have greatly appreciated such guidance and direction as I herein suggest.

By publishing this letter you may stimulate a movement which I feel would be in accordance with American advance in the systematic upbuilding of our clinical centers, whose value is certainly second to none, even European centers of overcongestion, which are at present inaccessible.

C. O. JASTER, Elyria, Ohio.

Formula for Cleaning Glassware

To the Editor:—I wish to call attention to the fact that I have had great success during the last few months in cleaning stained slides and glassware by using a preparation consisting of equal parts of a 6 per cent. solution of sodium hydroxid and a 2 per cent. solution of calcium carbonate. Boil the slides in this mixture for one minute. The slides are then rinsed in cold water and wiped.

ABE H. KAPLAN,
Laboratory Department,
City and County Hospital, St. Paul.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

LITERATURE ON DIPHTHERIA ANTITOXIN

To the Editor:—Please give me references to the latest articles on the administration of diphtheria antitoxin. M. F.

ANSWER.—The following is a list of references on this subject:

- Park, W. H.; Zingher, A., and Serota, H. M.: Schick's Reaction and Its Practical Application, *Arch. Pediat.*, July, 1914; abstr., *THE JOURNAL*, Aug. 22, 1914, p. 704.
 Rolleston, J. D., and MacLeod, C.: Intramuscular Injections of Antitoxin in Diphtheria, *Brit. Jour. Child. Dis.*, July, 1914; abstr., *THE JOURNAL*, Aug. 29, 1914, p. 807.
 Woody, S. S.: The Use of Antitoxin in Diphtheria, *THE JOURNAL*, Sept. 5, 1914, p. 861.
 The Proper Dosage of Diphtheria Antitoxin, editorial, *THE JOURNAL*, Dec. 12, 1914, p. 2134.
 Lund, A., and Uspensky, N.: Dosage of Antitoxin in Diphtheria, *Med. Obozr.*, 1913, lxxix, No. 1; abstr., *THE JOURNAL*, June 7, 1913, p. 1843.
 Value of Immunizing Doses of Diphtheria Serum, Query and Minor Notes, *THE JOURNAL*, Jan. 11, 1913, p. 147.
 Park, W. H.: Antitoxin Administration, *Boston Med. and Surg. Jour.*, Jan. 16, 1914; abstr., *THE JOURNAL*, Feb. 1, 1913, p. 398.
 Reiche, F.: Antitoxin Treatment of Diphtheria, *Med. Klin.*, Jan. 5, 1913.
 Schöne, C.: Diphtheria Antitoxin and Proper Dosage, *Deutsch. med. Wchnschr.*, Feb. 20, 1913.
 Kraus, R., and Baecher, S.: The Relations Between Antitoxin Content and the Curative Action of Diphtheria Antitoxin, *Deutsch. med. Wchnschr.*, June 5, 1913.
 The Presence of Diphtheria Antitoxin in the Blood of Normal Persons, editorial, *THE JOURNAL*, June 6, 1914, p. 1810.
 Diphtheria Antitoxin, editorial, *THE JOURNAL*, Sept. 5, 1914, p. 873.
 Otto, R.: Diphtheria Antitoxin in Bacilli Carriers, *Deutsch. med. Wchnschr.*, March 12, 1914; abstr., *THE JOURNAL*, April 18, 1914, p. 1291.
 Joseph, K.: Danger and Prophylaxis of Anaphylaxis from Diphtheria Antitoxin, *Deutsch. med. Wchnschr.*, March 12, 1914; abstr., *THE JOURNAL*, April 18, 1914, p. 1291.

ETHER DRINKING

To the Editor:—Please give me information concerning the drinking of ether as a habit. A. R. Y.

ANSWER.—The use of ether as an intoxicant, referred to in a few text-books and some journals, is a rather uncommon practice. Most of the reports relate to observations of this habit in Ireland, where it is limited to restricted well-defined districts and in which it is almost universally practiced. Ether drinking began in these places about the middle of the last century. A certain formality is observed by some drinkers, such as the taking of a mouthful of cold water before and after the drug is swallowed; the ether is taken both diluted and pure. The real habitué, however, scorns the use of water as well as the diluted drug. The quantity taken for one debauch is from 2 drams to 1 pint. Just as in the case of alcoholic drinks, the tolerance to the drug and the amount to produce intoxication vary.

The effects are similar to those of alcohol, but they come on and wear off more rapidly, leaving little or no discomfort; hence the tendency to repeat the intoxication, which is regarded by some as pleasurable, so that there may be as many as half a dozen to twenty periods of ether-drunkenness during twenty-four hours. Quantities of ether as large as 1 liter a day are mentioned by various writers, as being consumed in this way. There is a very interesting report by