either or both of these preparations as of use except in inflammatory conditions of the genito-urinary tract, especially gonorrhea.

If one is to believe the advertisements, however, the combination of these drugs in Sanmetto is a wonderful medicine. One might even conclude that there are few conditions in which it cannot be given with profit. For instance:

"In Nervous Diseases, especially Neurasthenic cases with origin in some sexual or genito-urinary disorder, for its action as a vitalizing tonic and reconstructive, restoring nutrition to germ plasma, relieving pathological conditions and for soothing and sustaining the nerves controlling the parts."

Bear in mind in reading the foregoing statement and the following that we are concerned with two drugs whose effects are exerted on mucous membranes especially of the genito-urinary tract.

"In Gestation Cases, showing tendency to albumin and convulsions, for toning the pelvic organs, clearing up the urine and cleansing the urinary bladder and outlet. In the Lying-in-Room for relieving the affections of urethra and bladder, painful stranguy of the urethra and painful micturition due to the pressure of fetal head upon the neck of the bladder and upon the urethra during labor, and infection, either septic or gonorrheal."

"In Weakness of the Kidneys, causing loss in tone and general health and impairment of Eyesight—for strengthening the kidneys and bladder and toning the nervous system; and also for aiding in the constitutional treatment of Gonorrheal Infection of the Eyes."

"In the treatment of the Prostate, Testes, Mammæ, Ovaries, and Urethra, Kidneys and Bladder, for its soothing, slightly antiseptic, aphrodisiac, toning and restoring action to the mucous membrane and glands. By its use the parts affected in many cases returning to their normal condition."

While the reference to its aphrodisiac action and to the restoration of parts to the normal may have little interest to physicians, it may be counted on to appeal to the sexual neurasthenic. In premature senility:

"Sanmetto . . . is unexcelled as a vitalizing tonic to the withered glands of the reproductive system, promoting their normal secretory activity."

These claims are not only absurd but also harmful; they tend to perpetuate a hypochondriacal state of mind in the class of patients appealed to—the sexual neurasthenic. There is, however, a more serious side; the tendency of certain other claims made for the preparation are vicious and dangerous as well as misleading. The advertising claims are likely to induce some physicians—those who accept advertising "literature" as dependable—to belittle the importance of serious diseases of the sexual organs and to be content with Sanmetto, which, even if it gave as good results as other balsamic remedies, would be, at best, only a halfway measure. Thus in an advertising pamphlet physicians are given this advice as to the treatment of gonorrhea.

"To provide the needed rest the patient should be instructed to simply keep the parts clean with warm water for the first week and let the discharge continue until you can control it by internal medication. I wish to emphasize the fact that there is no way that any acutely inflamed portion of the genito-urinary tract can get the rest required so completely as by administration of Sanmetto. . . . After the acute gonorrhea has begun to subside the Sanmetto should be aided by mild astringent injections."

If there is any well-established fact in medicine, it is that gonorrhea is a serious disease—serious alike to the sufferer and to the community—and one which needs careful attention from the very first. To claim, either directly or by implication, that it can be cured by such a mixture designed to act on the kidneys, bladder and nervous system is false and dangerous doctrine.

The physician who prescribes Sanmetto prescribes a secret medicine for conditions which he is presumably competent to treat with simple remedies of which he knows the origin and action and which he can vary to suit the needs of the individual.

Sanmetto is a secret nostrum the exploitation of which is an invitation to haphazard, uncritical therapy and a menace to public health.

[EDITORIAL COMMENT:—Next week in commenting on another of these "ethical proprietaries" we shall take occasion to refer to the "pseudochemical" company which supplies physicians with Sanmetto.]

TUBERCLECID—AN ADVERTISING DODGE

Public Health Reports, Feb. 12, 1915, calls attention to the shameless attempt by the promoters of the nostrum "Tuberclecid," an alleged cure for tuberculosis, to secure credit for their fraudulent preparation by representing that the government authorities were to test it. This effort and the character of Tuberclecid were exposed in *THE JOURNAL* and in our pamphlet on "Consumption Cure Fakes." It is said that "the advertising literature . . . appears to indicate that an investigation of the curative value of this compound has been or is being made by direction of the President." Inquiries are constantly being received by the U. S. Public Health Service regarding "Tuberclecid," prompted no doubt by the advertising matter referred to and perhaps by other means best known to the promoters. The report declares that no investigation of the preparation in question has been made or is contemplated, and that, in fact, such investigation was specifically declined. The Public Health authorities again warn the public that "there is no drug known, however rare or expensive it may be, that has any special curative action on this disease, and all remedies advertised as such are to be avoided."

Correspondence

A Treatment for Morphin Addiction

To the Editor:—The Chicago House of Correction and the Emergency Hospitals have, during the past fifteen years, been called on to treat over 3,000 cases of narcotic drug addiction, principally morphinism. The large number of cases has given an opportunity for developing a treatment which we have found worth while. Many physicians have requested us to publish our formula, and, with the introduction of the Harrison law, the largely increased demand for such a treatment has caused us to describe the treatment. This must be regarded as a preliminary report.

When patients are received in the hospital they are given a preparatory dose of saline cathartic. The basis of the medicinal treatment is the following:

Scopolamin hydrobromid	gr. 1/100
Pilocarpin hydrobromate	gr. 1/12
Ethyl-morphin hydrochlorid—(dionin)	gr. ss
Fluid extract cascara sagrada	℥ xv
Alcohol	℥ xxxv
Water	qs. ad 3 i

The dose is varied according to the extent of the addiction. Patients vary from 1 or 2 grains to as many as 60 to 90 grains a day of morphin. When more than 10 grains of morphin per day are being taken, 60 minims of the above mixture is given every three hours day and night for six days. On the seventh day the dosage is reduced to 30 minims, the eighth 15 minims, and on the ninth 15 minims three times a day instead of every three hours day and night. On the tenth day the mixture is discontinued and strychnin nitrate, one-thirtieth of a grain, three times a day, is used. On the eleventh day strychnin nitrate, one-sixtieth of a grain, is given, and this is continued for a week. During the first five days only light diet is given, but patients are encouraged to take liquids freely.

If a patient is using less than 10 grains of morphin a day, the dose should be 30 minims of the mixture to begin with. If he is using less than 5 grains, 15 minims is used as a starting dose. During the first three days the patients suffer from insomnia, and in about 10 per cent. of the cases vomiting; this is to be expected. If the pulse goes below 40 or over 120, the mixture is stopped for a single dose. If there is collapse, one-half grain of ethyl morphin hydrochlorid or one-fourth grain morphin is given hypodermically. In about 4 per cent. of the cases a scopolamin delirium may develop. In such instances the mixture should be given without scopolamin for two doses, and then continue with scopolamin in one two-hundredth-grain doses.

During the treatment no other drugs should be used. After the fifth day the patients will have no further desire for morphin. Up to this time they care very little for food, but after the fifth day they develop a ravenous appetite and will gain weight rapidly. Extremely emaciated patients will gain a pound a day for the first thirty days.

As stated, the results of the treatment have been, to our mind, quite efficient, and have been found on comparison to secure more lasting results than the Lambert-Towns atropin treatment. The patient should be directly under the physician's care, but after eleven days, the strychnin treatment of seven days may be safely entrusted to the patient.

The final results are, of course, dependent on the cause of the addiction. If, since the beginning of the habit, the cause has been removed, the patients are permanently cured and do not return to the habit. Where the cause persists, whether it be functional neurosis, a degenerate mentality or criminality, the patient occasionally returns to be treated anew. The treatment of the cause should be borne in mind at the time any corrective treatment is undertaken.

CHARLES E. SCELETH, M.D., Chicago.

[COMMENT.—Dr. Sceleth is medical superintendent of the House of Correction and Sceleth Emergency Hospitals, Chicago. In these two institutions, which are practically one, all police cases in the city of Chicago are handled, and cases of drug addiction are referred practically and invariably by other hospitals to them. Ethyl-morphin hydrochlorid is the hydrochlorid of the ethyl ester of morphin. The product was first introduced by Merck & Co. under the trade name "Dionin." See New and Nonofficial Remedies, 1914, p. 209.]

Pyorrhea Dentalis and Alveolaris

To the Editor:—In their article on this subject (THE JOURNAL, Feb. 13, 1915, p. 553), Bass and Johns state positively what they mean, since they define what in their opinion takes place; for they say: "Pyorrhea dentalis and alveolaris is one of the most prevalent diseases of man. In our studies we have found it present to some extent in more than 95 per cent. of all adults examined. Something of its importance may be suggested by the fact that more than half of all the permanent teeth lost are lost from this disease. Each tooth lost represents a suppurative process in the mouth of at least a few or usually many years." One would naturally inquire, Were the patients selected because of pus about the teeth, were they taken from dispensary clinics or were they observed in the office of a reputable practitioner of dentistry? Most adults in dispensaries, poorhouses, insane asylums, etc., have uncleanly mouths and teeth, with calcic deposits and pus infection. This is not the case with patients who go to the dentists from year to year and range from 5 years and up.

My own researches have shown that every person, after the first teeth have erupted, has an inflammation of the alveolar process to a greater or less extent throughout life; that about 10 per cent. of persons have pus, while 90 per cent. have inflammation and absorption of the bone without pus infection. It would be difficult for the authors to demonstrate that "each tooth lost represents a suppurative process in the mouth." The term "pyorrhea alveolaris" they use offhand in a general way.

They say, "The specific cause of pyorrhea dentalis and alveolaris is endamebas." How do they know that the disease is due to the endamebas? The mere fact of finding them in the pus about the teeth does not prove that they cause the disease or even the pus infection. They are also found in other parts of the mouth and throat. It has been stated by Miller and others that there are at least 150 varieties of germs in the mouth and about the teeth. Why select the least harmful one according to Professor Chiavans (*Dental Cosmos*, August, 1914, p. 948), and give it all the credit for pyorrhea and allow the 149 remaining most violent bacteria to be innocent bystanders? This is a paradox. Why did they not conduct their researches according to the law of Koch, and inject the germs into the mouths of animals, produce the disease and then cure it by injecting emetin?

The authors assert that "the constant presence of endamebas in the presence of the disease, and their absence in the absence of the disease, coupled with their situation in the lesions, and finally the coincident rapid recovery of the disease with the disappearance of the endamebas following treatment with a specific endamebacide, serve to establish the parasite as the specific cause beyond reasonable doubt." This reasoning can hardly be considered convincing by our modern methods of research.

No one up to this date has demonstrated that the inflammation and absorption of the alveolar process is a germ disease. On the other hand, my own researches made on man, monkeys, and many other animals show that the disease is due to irritants, both local and constitutional, and that pus infection is a secondary consideration. Every dentist has produced the disease by faulty manipulation, producing irritation and local inflammation which has progressed until exfoliation of the tooth or teeth has taken place without pus infection. The same is true of constitutional irritants and diseases such as asthma, kidney lesions, auto-intoxication, drug and metal poisoning, and by lowering the vitality of the patient and tissues.

The authors again say: "The infection usually begins around the back teeth and exists for months or years before the patient suspects its nature. The interdental soft tissue is most likely to be injured and to be the seat of the closed ulcers favorable for infection; therefore the disease begins there first in most instances." The experience of every dentist will bear me out by the statement that the "back teeth" are no more likely to be involved than any other teeth in the jaw. The alveolar process about the anterior teeth is thinner, and it is more liable to receive a local injury and become inflamed than that about the posterior teeth. When the cause is due to constitutional irritation, the process about a tooth which has to a certain extent lost its normal function is the one first involved, as a tooth with too much pressure, or one that has no antagonism, or one whose pulp has been destroyed, etc.

It is true that the inflammation may proceed for years or until the tooth becomes loose without the patient being aware of the fact. The first reliable symptom of the inflammation is bleeding of the gums. Under the head of the treatment, emetin is used because it is "such a perfect endamebacide." What becomes of the 149 other germs about the teeth, many of which are of the most pathogenic nature? Why not use iodine and destroy the 150 varieties at one treatment, if it comes in contact with all the germs? The fact is that pus is nearly if not always associated with the calcic and other deposits on the necks and roots of the teeth. Remove this and the pus is destroyed without a germicide. Indeed, when the deposit is deep down on the root of the tooth and an attempt has been made to remove it, if pus is still present it is an indication that the deposits have not all been removed. If the inflammation and absorption have become well established, the disease (not pyorrhea) is rarely if ever cured in the sense that other diseases of the body are cured. It requires constant attention every few weeks. Systemic disease due to focal infection of the mouth is not considered in this paper. To enter into details of my own researches on this subject would require too much space.

EUGENE S. TALBOT, M.D., D.D.S., Chicago.

The Taboo on Adaptation.—It would seem that some persons find the very word adaptation of too questionable a reputation for mention in polite scientific society. Allow me to illustrate by a leaf taken from my own notebook. I once ventured to publish a small experimental work on the movements of the fresh-water Hydra with respect to light. What was my surprise to receive a reproof from a friendly critic, because I had not been content with an objective description of the movements but had also been so indiscreet as to emphasize their evident utility to the animal. I was no doubt too young then—I fear I am too old now—to comprehend in what respect I had sinned against the light.—Edmund B. Wilson, *Science*.