	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