Aug. 2, 1905, the father called and stated that the son had had no paroxysms since the previous April. This is history. I have no explanation. I have no idea that spectacles are a cure-all for epilepsy.

"There is no special difficulty in the attainment of this knowledge-refraction." How pleasing this must be to the spectacle vendor and the "three-months course" man, a graduate of a diploma mill optical school—it is so easy. As for myself and many other ophthalmologists I can say that after twenty-five years of work, both in America and Europe, no more perplexing problems confront us to-day than those of optical anomalies of the eye.

The position of retinoscopy to-day in the ophthalmologic world, in determining the refraction of the eye, is well stated by Parsons: "Retinoscopy is the most accurate method of refraction." And Jackson: "No other method (retinoscopy) is worthy of being used alone or having sole dependence placed on it."

The statement, "It is often interesting to see how well some of these do their work without being accurately fitted and nothing detrimental to the general health results," is but an illustration of the abuse the human body has endured, and will endure, but we do not often find the medical profession advising neglect and abuse because of this fact. If work is worth doing, it is worth doing well. To condone inexact, unscientific optical work is inexcusable. To be sure, the old world moved on "tolerable" without chloroform, morphin, quinin or antitoxin. The old doctors tell us how they "cut off legs" and had great success before the day of asepsis. The old Egyptians produced wonders without electricity, steam, the telephone or the mariner's compass. Moses and Socrates, Homer and Horace, Praxiteles and Demosthenes lived in those good old days without the telescope, microscope or printing press; notwithstanding all this, the world will, I imagine, cling for some time to these later-day baubles.

It is well known that many hyperopic children soon after birth develop squint, and that an early correction of the strabismus re-establishes ocular equilibrium. Here we find a moderate amount of refractive error producing in a marked degree muscular disturbance. In other cases it may not be squint, but a decided neurotic disturbance which results.

The thousands of individuals with no special ocular symptoms, no "watering of the conjunctiva of the lachrymal sac, inflammation of the edges of the lids, hordeola," who in 1908 went to the ophthalmologists seeking and obtaining relief from headaches, could hardly be convinced that an "almost infallible evidence against the existence of eyestrain in a given case is absence of ocular symptoms."

The dangers of papers of the nature of Dr. Roosa's lies, first, in that they are addressed to the general practitioner and might cause him to think that the last word had been said on this subject, and hence influence him to ignore ocular errors in which there was not marked loss of sight; second, the traveling glass peddler will take advantage of these extreme views to divert refraction into incompetent hands.

In the sharp criticism of the ophthalmologists who differ from us we must remember that we have no oracle of Delphi who by the wave of the pen can read out of the profession whom he will. L. HAYNES BUXTON, Oklahoma City.

The Collargol Report and the Practitioner's Need for the Council on Pharmacy

To the Editor:—The result of the collargol report¹ has been to intensify the feeling of distrust that has been growing during the last few years, of all pharmaceutical products that have not been absolutely proved of value. That sense of awe and unconscious tendency to "uncover" in the presence of an imposing row of new and expensive pharmaceutical products is disappearing. Am I missing important scientific facts, or has the physician become familiar with these products through gazing on artistically labeled packages recently received through the mail or from the hand of an agent, and by reading "incontrovertible facts" in a very dignified piece of ad-

vertising literature, closely resembling a reprint from a medical journal? Am I wrong to shun these bright labeled products, which the manufacturer tells me have certain definite actions, and "proves" it by extracts from papers by well-known men? These abstracts we seldom read, or merely glance at, and usually fail to perceive that they prove nothing and that the author never intended they should. We only see the well-known name and think, "He evidently uses and has had success with this product."

Am I right in using pharmacopoeial drugs, the actions of which are fairly definite and among which we can find something to get any physiologic action which is capable of being produced by drugs? But we know that such products as phenacetin, hexamethylenamin, etc., are valuable additions to our drug equipment, and yet they once were in the awe-inspiring row. How are we to distinguish the good from the bad, as the "literature" of the producers is in a large measure unreliable? The ordinary practitioner has not the facilities nor time to study out the useful new preparations, and why should he be any more ready to take the producer's word for a drug action than he would be to use every new serum or other biologic product before there is proof that its action is harmless, definite and useful? It is not scientific to accept everything that is brought to our attention by the producer. Why can not we have a tribunal to which these new products may be referred and let it throw out the useless and pass on the useful with a statement of definite action? It seems to me that the American Medical Association is the body to handle this problem and that an enlargement of the activities of the Council on Pharmacy and Chemistry would, to a large extent, settle this matter. We want reliable information on every new product that comes out that has any virtue and we do not want to do the experimenting ourselves.

H. S. WILLSON, Crystal, N. D.

Nature and Causes of Eczema

To the Editor:—In reading the article of Dr. M. B. Hartzell, on "The Nature and Causes of Eczema" in THE JOURNAL, Nov. 28, 1908, one can not fail to observe with surprise that only one physician, Dr. Henry C. Baum, Syracuse, in discussing the causes referred to hyperacidity as an internal cause. I have seen many cases of eczema, not due to occupation, local irritation or poisoning through dyestuffs, and in which it seemed reasonable to look for other causes—internal causes, such as the ingestion of acid fruits, *e. g.*, plums, lemons or tomatoes. I have seen several patients who developed acute and extensive eruptions, after eating these acid fruits, and in whom the prompt use of sodium bicarbonate, or salicylate in full doses, internally, rapidly relieved the symptoms. Many cases of eczema may be classed with rheumatism, neuralgia and urticaria, as diseases due to uric acidemia, or hyperacidity of the blood.

W. A. WATERS, M.D., Columbus, Miss.

Function of Adrenal Cortex

To the Editor:—In an editorial (March 13, 1909, p. 892) you refer to Dr. Guthrie's cases of infantile gigantism, in all of which, using this observer's own words, "adrenal tumors existed." As Dr. Guthrie fails to explain this phenomenon, I beg to state that six years ago I pointed out ("Internal Secretions," Vol. 1, 1903, ed. 1, p. 192 et seq.) that the overgrowth of acromegaly and gigantism was produced through the intermediary of the adrenals. I urged at the time that the adrenal secretion, after reducing the amount of oxygen in the pulmonary air became the constituent of hemoglobin which deals out this gas to the tissues and thus sustains (in so far as the rôle of oxygen is concerned) oxidation, metabolism and nutrition. That lesions of the adrenals *per se* capable of greatly exciting their functional activity should, under these conditions, likewise cause excessive nutrition and overgrowth, as in Dr. Guthrie's cases, is self-evident. I may add that these interesting cases contribute additional evidence to the many data, experimental and clinical (see *New York Medical Journal*, Feb. 20, 1909, p. 362), which have emphasized the correctness of my interpretation of the functions of the adrenals.

C. E. DE M. SAJOUS, Philadelphia.

1. THE JOURNAL A. M. A., Mar. 13, 1909, pages 862, 893 and 903.