grenous processes, etc., in lupus, acne, eczema, psoriasis, scabies, erythemata, adenomata, angiomata, papillomata, etc. The use of the ointment is further recommended by systemic inunction in septicemia, pneumonia, erysipelas, cerebro-spinal meningitis, septic rheumatism, septic neuritis, etc. The Council voted that the preparation be not accepted for inclusion with New and Nonofficial Remedies because no evidence has been submitted that the vanadium and selenium are absorbed or that they produce any of the effects claimed.

When the preceding report was sent to Schering and Glatz, the firm expressed surprise that evidence of the absorption of selenium and vanadium should be requested. On June 8 the firm wrote that within a few days one or more tests would be sent by which the presence of selenium and vanadium in the urine could be demonstrated. These tests were not received. So far (November, 1914) no evidence of the value of the preparation either in carcinoma or in any of the very long list of other diseases in which it is recommended has been submitted, and, the pharmacologic evidence that such a preparation would be of value in such conditions being practically nil, the Council authorized publication of this report.

(To be continued)

IODIA

Report of the Council on Pharmacy and Chemistry

The following report on Iodia was adopted by the Council and its publication authorized.

W. A. PUCKNER, Secretary.

Iodia is put on the market by Battle and Company, under the claim that it contains potassium iodid in combination with iron phosphate and vegetable "principles." It is ext. v. gantly recommended for use in many and varied conditions. For instance, it is "an unexcelled altero-reconstructive," "almost a specific" in eczema and rheumatism and "a highly efficient form of iodine," which will not produce iodism!

The therapeutic effects of iodids result from a chemical transformation by which molecular iodine is set free in the tissues, thus producing a mild degree of iodism. It follows, then, that a preparation which cannot give rise to the symptoms of iodism cannot be expected to produce the therapeutic effects of the iodids. The claim that Iodia is therapeutically efficient without producing iodism therefore justifies suspicion, to put it mildly.

In view of the exaggerated tone of the advertising, together with the fact that a report from the Chemical Laboratory of the American Medical Association showed marked discrepancies between the formula and the composition of Iodia, it seemed desirable to investigate this product. The report of the laboratory, which is given below, shows conflict with Rule 1 (secrecy of composition) and with Rule 2 (false claims of standardization). A discussion of the claims made for Iodia follows the report.

LABORATORY REPORT

The composition of Iodia is given thus:

"Formula.—Iodia is a combination of active principles obtained from the green roots of *Stillingia*, *Helonias*, *Saxifraga*, *Menispermum* and aromatics. Each fluid drachm also contains two and one-half grains Iod.-Potas. and one and one-half grains Phos.-Iron."

We are told that:

"Its several ingredients are selected with scrupulous care, and the most exacting methods are constantly employed to insure absolute uniformity and maximum therapeutic potency."

This "formula" is an absurdity: First, the amounts of the "active principles" of the plants named are not given; second, these "principles," with the possible exception of *menispermum* alkaloids, have not been isolated; and, third, ferric phosphate and potassium iodid are incompatible! Incidentally, there are no methods whereby it is possible to secure "absolute uniformity" of a mixture such as Iodia is claimed to be.

Qualitative tests demonstrated the absence of iron and the absence of all but traces of phosphorus compounds (0.015 gm. phosphorus per 100 c.c.). Minute traces of alkaloids, possibly from *menispermum*, were found (that amount being about 0.004 gm. per hundred c.c. of the preparation). Therapeutically this quantity is entirely negligible. Determinations of iodid demonstrated the presence of only about 60 per cent.

of the amount of potassium iodid claimed. The "formula" for Iodia is false and misleading.¹

DANGEROUS RECOMMENDATIONS

One of the Iodia labels reads:

"INDICATIONS.—Syphilitic, scrofulous and cutaneous diseases, dysmenorrhea, menorrhagia, leucorrhea, amenorrhea, impaired vitality, habitual abortion and general uterine debility."

Such recommendations are likely to lead to self-drugging in conditions that are not only dangerous to the individual but also a menace to the community. The preparation thus conflicts with Rule 4 of the Council. After admitting the need of efficient iodid medication in certain stages of syphilis and after exaggerating the frequency and severity of symptoms of iodism, an advertising circular entitled "Practical Therapeutics" asserts:

"Iodia then is the preparation of iodid of potassium to be preferred whenever it requires to be administered in large doses or for prolonged periods of time . . ."

"Not only does the association of the iodid of potassium with the vegetable alteratives offer a measure of protection against iodism but the latter exert depurative effects on their own account . . ."

It is generally accepted that in certain stages of syphilis the only hope of success lies in efficient iodine medication. The exploiters of Iodia state that a dose of the nostrum contains $2\frac{1}{2}$ grains of potassium iodid; actually it contains only $1\frac{1}{2}$ grains. To urge physicians and the public to depend on this product for efficient iodid medication constitutes an unwarranted therapeutic exaggeration (Rule 6) which approaches criminality. The reason Iodia does not produce iodism is that, in the doses recommended, the iodine action is extremely feeble.

Likening the human body to a factory and discussing the "break downs" which are likely to occur, a circular entitled "Always Trustworthy" says:

"When administered in proper dosage, Iodia stimulates organic functions, promotes the elimination of waste products, and re-establishes metabolic activity. It increases the solvent properties of the blood, and arrests abnormal tissue metamorphosis. In other words, it lends material assistance to weakened cells and curbs those unduly active. Iodia, obviously, has a wide range of indications. It has been most generally and successfully employed, however, in Syphilitic, Scrofulous and Cutaneous Diseases, Rheumatic and Gouty Ailments, Dysmenorrhea, Menorrhagia, Leucorrhea, Amenorrhea, Impaired Vitality, Habitual Abortion and General Uterine Debility, and wherever a reliable altero-reconstructive is required."

These recommendations show that in addition to the objections already given, this nostrum is an unscientific shotgun mixture. This brings it in conflict with Rule 10 (unscientific articles inimical to the medical profession and the public).

It is recommended that Iodia be refused recognition.

Correspondence

Priority in Discovery of Drainage Apparatus

To the Editor:—In THE JOURNAL, Nov. 7, 1914, p. 1667, I observe an article by Dr. Lucian W. Smith of Lafayette, Ind., on "Suprapubic Prostatectomy with Special Reference to Drainage."

As to the drainage apparatus which is the point of the article: A reference to the *Annals of Surgery* for April, 1896, also for October, 1899, will show the same thing described in full as my invention. Or rather, I credited the principle—though far less simply carried out—to Dr. Snow, a dentist of Buffalo, who first employed it many years earlier; and ever since then dentists everywhere have made use of it to empty of saliva the sublingual space during dental operations.

In the *Annals* articles quoted my device will be found also employed for estimating the amount of urine passed and for washing out the bladder.

1. It should be noted that the discrepancies here reported between the actual and the claimed composition of Iodia were pointed out more than thirty years ago by A. B. Lyons (Detroit *Lancet*, October, 1882, vi, 157-8), who found that Iodia was deficient in iodine content and practically free from iron.

To quote from only one author, where if desired several could be cited, on page 416 of Dr. G. E. Brewer's work on surgery the same device is illustrated for his article on suprapubic cystotomy, and is credited to me.

I have no doubt that Dr. Smith thought of this quite independently, and is simply unfortunate in that another writer happened to be born earlier. Indeed, so simple and at the same time practical and efficient is this mode of draining any cavity from its top instead of its bottom that the wonder is that this idea is not reborn yearly!

Let me remark, in conclusion, that I make the necessary loop in the exit tube from the reservoir by tying a simple knot in this tube. This makes it self-retaining. And the smaller the loop and the nearer down toward the floor it is placed, the better does the apparatus work. The Y-connection entering from the tube to the bladder should join as closely above the loop aforesaid as it conveniently can.

A valve at the lower end of the exit tube is not necessary. Any little weight, such as a door-key or a pebble fastened to the tube-end, holding it under water, is alone needed.

ROBERT H. M. DAWBARN, M.D., New York.

Alphonso Corti Correspondence

To the Editor:—Apropos of your interesting account of Marquis Alphonso Corti (*THE JOURNAL*, Nov. 7, 1914, p. 1676), I enclose a letter on file in the correspondence of the late Prof. Joseph Leidy which may interest your readers. Some years ago on a visit to Milan and Turin I got in touch with members of his family now living in Milan. I had hoped to obtain Professor Leidy's replies to the Corti correspondence. Though I understand some of his correspondence was preserved, there was unfortunately nothing of scientific interest.

JOSEPH LEIDY, M.D., Philadelphia.

Turin, August 1, 1852.

My Dear Sir:—Having seen from your interesting observations on the microscopic structure of cartilage that you occupy yourself with microscopic anatomy—I am not aware of any one else doing so in America, I avail myself of the very kind offer of Mrs. White, returning home from here, to send you a copy of the first part of my research on the organ of hearing of mammalia. I was obliged to make my studies principally on domestic animals because it is very difficult in Europe to obtain wild animals, which will be easier for you in America. As you will see that my discoveries on that subject are not without interest to physiology—I wish I might induce you to repeat my observations and extend them over a larger number of wild animals.

I should be very happy to keep up a scientific correspondence with you on physiology and microscopic anatomy. I am at the beginning of my scientific career, and I will direct all my endeavors to the physiological anatomy of animals.

My already long letter will perhaps have annoyed you. Excuse me for it; but science and more than any other the study of nature brings men near to each other and will probably later bring me on a visit to your native country, the most wonderful both for its political institutions and for its natural productions.

You will greatly oblige me with an answer [and], believe me, My dear sir,

Your obedient servant,

ALPHONSO CORTI,
at Turin, Kingdom of Sardinia.

I enclose two short German articles of mine and two Italian ones of my friend Dr. d. Filippi, Professor of Zoology and Director of the Zool. Mus. here.

To Dr. Joseph Leidy,
Philadelphia Academy of Sciences.

The Neglect of Vital Statistics.—If the unborn historian of hygiene in the twentieth century shall find one anomaly more curious than any other, it will be that the twentieth century, opening with prodigious resources immediately available, ran a third or half its course before these resources became so standardized that each unit of power might be accounted for in a definite scheme of vital statistics.—J. S. Fulton.

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.

SEWER AND WATER PIPES IN THE SAME TRENCH

To the Editor:—In a town where it is exceedingly expensive to dig ditches owing to the rocky formation, would it be advisable or objectionable to lay the sewer pipe and the water pipe in the same ditch?

CHARLES W. SULT, M.D., Flagstaff, Ariz.

ANSWER.—The proximity of sewer pipes and water pipes is not altogether free from objection, but if the water pressure is constant and the sewer pipe is laid with tight joints there will probably be little risk under ordinary conditions. Careful construction should obviously be insisted on to reduce so far as possible the likelihood of an "accident."

ARTICLES ON ABDERHALDEN'S METHOD

To the Editor:—Can you refer me to any articles treating of the diagnosis of disease by means of Abderhalden's serum reaction?

J. D. BLYTHING, M.D., Bettendorf, Iowa.

ANSWER.—A list of articles on the serodiagnosis of pregnancy was published in *THE JOURNAL*, Oct. 12, 1912. In the issue of September 6, p. 788, the technic was described and a full list of references was given; Dec. 6, 1913, p. 2087, a list of references to articles appears; and May 16, 1914, p. 1576, a list of references to the use of the test in psychiatry, together with a description of the technic, was published.

CEDAR POISONING—SOFTENING HARD WATER

To the Editor:—1. Lumber mill men frequently consult me for "cedar poisoning" on their hands. Is there such an ailment? If so, please give etiology, treatment and differential diagnosis from eczema and syphilis. I was of the impression that oil of cedar was soothing and mildly antiseptic.

2. Give a method of rendering hard water soft other than by boiling. This question was asked in a medical examination. The inhabitants of Kansas let the water freeze and then melt the ice. The result is soft water. Will you please explain why this is true? L. H.

ANSWER.—1. There are a large number of substances which produce irritation of the skin known as dermatitis venenata. The lists of these substances given in the works on dermatology are not complete but they do not include cedar. The diagnosis of such an affection would be most easily made by noting the recovery on removal of the supposed cause and the recurrence on renewed exposure. The diagnosis of eczema would be made by comparing the characters of that disease, which would probably persist after the cedar oil was removed.

2. Hard water can be softened by mixing it with a definite quantity of milk of lime which converts the carbonic acid into calcium carbonate and causes the precipitation of the calcium carbonate originally present in the water. When water freezes, the salts present in it are left behind so that the ice is very nearly pure water.

NARCOPHIN

To the Editor:—Can you give me any data concerning Narcophin advised by Prof. Krönig as an anesthetic in obstetrics? I understand it is a proprietary double salt of morphin and narcotin but have no record of its percentage composition.

C. E. DAKIN, M.D., Mason City, Iowa.

ANSWER.—The manufacturers state that Narcophin is a double salt consisting of morphin meconate and narcotin meconate in molecular proportions, containing about 30 per cent. of morphin alkaloid. They claim that it is a scientific substitute for opium and that it has advantages over morphin; specifically that it is much less liable to produce respiratory disturbance or nausea. Examination made in the A. M. A. Chemical Laboratory essentially verified the claims made in regard to the composition of Narcophin (*Reports of the A. M. A. Chemical Laboratory*, 1913, vi, 92). The Council on Pharmacy and Chemistry, however, was unable to accept the therapeutic claims made for the preparation and voted not to accept it for inclusion in New and Non-official Remedies.