the Bureau of Chemistry showed that this preparation was a dark brown liquid carrying tar, chloroform, sugar and water. It was falsely and fraudulently recommended as a cure for all diseases of the throat and lungs, consumption, pneumonia, croup, asthma, etc. In June, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 9877; issued Feb. 21, 1922.*]

Apollo Brand Sexual Pills.—The S. Pfeiffer Mfg. Co., St. Louis, Mo., shipped in November, 1920, a quantity of "Apollo Brand Sexual Pills" which were misbranded. The Bureau of Chemistry reported that analysis showed these pills to contain extracts of nux vomica and damiana and phosphorus. The aphrodisiac effect claimed by inference for this product in the name was declared by the government to be false and fraudulent and in August, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 9894; issued Feb. 21, 1922.*]

Giepsi Vemela.—The Giepsi Vemela Co., Douglas Ariz., shipped a quantity of this product in February, 1921, which the federal authorities charge was misbranded. The Bureau of Chemistry reported that analysis showed the preparation to consist of vegetable extractives, sugar and water. The stuff was falsely and fraudulently recommended as an effective treatment and cure for tuberculosis, sore throat, weak stomach, tumors, ulcers, buboes and various other conditions. In October, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 10036; issued May, 1922.*]

McMullin's Tonic.—In the early part of 1921 the Tilden McMullin Co., Sedalia, Mo., shipped from Missouri to Colorado a quantity of "McMullin's Tonic" which was misbranded. The Bureau of Chemistry reported that analysis showed this stuff to contain alcohol, glycerin, iodids, carbolic acid and water. The stuff was falsely and fraudulently labeled as a relief for consumption, asthma, catarrh, bronchitis, etc. In August, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 9886; issued Feb. 21, 1922.*]

Dupree's French Specific Pills.—The United Drug Exchange, New York City, shipped in October, 1920, and May, 1921, a quantity of "Prof. Dupree's French Specific Pills" which were misbranded. The chemists of the Bureau of Chemistry reported that analysis showed the product to contain aloes, iron sulphate, and a trace of alkaloids with indications of cotton-root bark and tansy. The stuff was sold "For use in the suppression of irregularities of the menses" and false and fraudulent claims regarding the therapeutic effects were made for it. In August, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 9888; issued Feb. 21, 1922.*]

Shores Lung Balsam and Shores Mountain Oil Liniment.—In March, 1920, the Shores-Mueller Co., Cedar Rapids, Iowa, shipped a quantity of "Shores Lung Balsam" and "Shores Mountain Oil Liniment," both of which were misbranded. The federal chemists reported that the "Lung Balsam" contained pine tar, ammonium chlorid, a salicylate, chloroform, glycerin, sugar and water. It was falsely and fraudulently represented as an effective treatment and cure for sore lungs, bronchitis, whooping cough, croup and throat trouble.

The "Mountain Oil Liniment," according to the federal chemists, contained cajeput, wintergreen, sassafras, cedar

oils, camphor, ammonia, borax, washing soda, plant extractives, capsicum oleoresin, alcohol and water. This was falsely and fraudulently represented as an effective treatment and cure for colds, cramps, colic, cholera morbus, diarrhea, rheumatism, indigestion, sore throat, mumps and other things. In addition to these false and fraudulent claims the product was further misbranded in that the amount of alcohol contained therein was not correctly stated. In October, 1921, a plea of guilty was entered on behalf of the Shores-Mueller Co. and the court imposed a fine of \$60 and costs.—[*Notice of Judgment No. 10044; issued May, 1922.*]

Montauk Star Brand Pills.—A quantity of "Montauk Star Brand Pills," offered for sale in the District of Columbia in July, 1921, was charged by the federal officials with being misbranded. The Bureau of Chemistry reported that analysis showed the pills to contain iron sulphate, aloes, and a trace of strychnin. The preparation was sold under the claim that it was "For use in the suppression of irregularities of the menses." These and similar claims were declared false and fraudulent and, in October, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 9908; issued March 6, 1922.*]

Princess Brand Pennyroyal, Tansy and Cotton Root Bark Compound Pills.—These pills were being offered for sale in Washington, D. C., in July, 1921. The government chemists reported that analysis showed the pills to contain aloes. They were falsely and fraudulently labeled as "A Safe, Reliable, Powerful, Yet Harmless, Emmenagogue." In October, 1921, judgment of condemnation and forfeiture was entered and the court ordered that the product be destroyed.—[*Notice of Judgment No. 9919; issued March 6, 1922.*]

Shores Sarsaparilla.—In October, 1920, the Shores-Mueller Co., Cedar Rapids, Iowa, shipped a quantity of this product, which was misbranded. The federal chemists reported that Shores Sarsaparilla contained extracts of plant drugs, including a laxative, a salicylate, a small amount of ammonium chlorid, a trace of alcohol, glycerin and water. The stuff was falsely and fraudulently represented as an effective cure for catarrh, rheumatism, boils, blood and skin diseases, bad breath, eczema, general debility, female weakness, etc. In October, 1921, a plea of guilty was entered by the Shores-Mueller Co. and the concern was fined \$20 and costs.—[*Notice of Judgment No. 10048; issued May, 1922.*]

Correspondence

A DEFENSE OF GROUP MEDICINE

To the Editor:—The communication by Dr. Wilson on the disadvantages and limitations of clinic or group medicine in THE JOURNAL, June 24, provoked in me a decided reaction. Much of the criticism he offered is true, but, as he said, can be applied with equal justice to the consultant and to the general practitioner. Other criticisms of group practice need only to be recognized to be obviated. A properly organized and managed modern clinic in a small city is far from being a "soulless corporation." Its members are conscientious physicians with as definite a clientele as the so-called family physician. What is the evidence that the average consultant or even general practitioner takes into account the individual's "psychologic reaction" any more definitely than does a member of a small group in a small city?

The question whether specialists in the large cities and medical centers should unite into groups is a debatable one. In cities ranging from 5,000 to 50,000 inhabitants, however—and there are 1,275 of these in the United States—the situa-

tion is entirely different. In these smaller communities it is almost impossible for one to confine oneself strictly to a specialty unless one is in a group or in some sort of partnership. General practitioners are everywhere clipping turbinates, removing tonsils, doing cesarean sections and performing every minor and major operation they think they can get away with. With the optometrists competing strongly for the refraction work, it is rare to find even an eye, ear, nose and throat specialist in the smaller cities who is not also engaging in general practice. It is manifestly impossible for an internist, a urologist, a pediatrician, a neurologist, a radiologist or even a general surgeon to make a living in most of these cities. Patients with conditions requiring expert attention are thus often either improperly treated, or are forced to make long, expensive journeys to specialists in distant cities.

On the other hand, it is possible, and has been shown to be feasible for a group of physicians to unite and confine themselves strictly to their specialties, and bring scientific medicine to these smaller communities. A well-organized clinic has a complete library and a well-equipped laboratory with roentgen-ray and other diagnostic apparatus which it is almost impossible for one man to own or operate. Scientific clinical and research work can be done at such a clinic as well as at the leading medical centers. If even 1,000 of these cities should contain such a clinic, think of the rapid advance that would be made in the practical application of scientific medicine.

The concept of the health center elaborated by Billings and others is in many respects ideal, but, like all ideals which require public cooperation, is difficult of realization. In addition, politics is likely to interfere at the most inopportune time, and in a day destroy or vitiate years of labor. Furthermore, no room is made in this régime for the true specialist. In fact, the temptation for the general practitioner to attempt everything would be even greater than at present. It is generally recognized that municipal, county and private hospitals with the so-called open door policy of admitting all licensed practitioners, regular or irregular, to their wards and operating rooms have promoted the growth of the present day "specialist in everything." The case of the community hospital recently cited in *THE JOURNAL* in which all of the practicing physicians in the community were on the staff, and a rotating service was maintained whereby each physician was in charge of the surgical ward for a certain period every two years, and again was in charge of the medical ward for a like period, illustrates the pernicious possibilities of this plan.

I would ask this question: Given a community that can support five physicians, is it better for each to attempt to do everything, or for the five to combine and each confine himself to the specialty for which he is best fitted?

JOHN W. VISHER, M.D., Twin Falls, Idaho.

THE EDITIO MAGNA OF VESALIUS

To the Editor:—Recently, I had the fortune to secure a copy of "Editio Magna" of Vesalius, the 1543, Operinus, Basle Edition. I believe the copy, which I have, is the finest in this country. It belonged to Lancisi, and was given with his other books to the Library of The Holy Ghost in Rome in 1714. After that time the library was called, "The Biblioteca Lancisiana," and the books were dispersed at the time of the Napoleonic Invasion of Italy. I am anxious to communicate with others, who own copies of this edition, in order that a list and location of these books may be recorded.

HORACE MANCHESTER BROWN, M.D., Milwaukee.

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.

SPINAL AND CISTERN PUNCTURE IN DIAGNOSIS AND TREATMENT OF INTRACRANIAL HEMORRHAGE

To the Editor:—Please describe the fundamental principles of the value of spinal and cistern puncture in the diagnosis and therapeutics of intracranial hemorrhage, mentioned in an abstract (*THE JOURNAL*, May 20, p. 1570).

J. G. BAJANDAS, M.D., Coamo, P. R.

ANSWER.—Spinal puncture has long been used in both the diagnosis and treatment of meningeal hemorrhage. Obviously, no blood will find its way into the cerebrospinal fluid unless the hemorrhage is primarily meningeal or ventricular, or if it ruptures into the subarachnoid space or a ventricle. If the hemorrhage is recent, red corpuscles will be found; if old, the fluid will be more or less straw-colored on account of the hemoglobin or its derivatives dissolved in it. With an intracranial hemorrhage, blood will be found earlier and in greater quantity by cistern puncture than by lumbar puncture. The therapeutic value of lumbar puncture in intracranial hemorrhage, especially of the traumatic variety, has been amply testified to. Thus a French army surgeon, F. Albert (*Lyon chirurgical* 15:328 [March-April] 1918) said: "Lumbar puncture should have a place of honor in all craniocerebral surgical establishments. In all doubtful cases of skull fracture or meningeal hemorrhage it settles the diagnosis. All cases of concussion and cerebral hypertension are accompanied by hypersecretion of cerebrospinal fluid. Lumbar puncture is the treatment, counteracting at one time both cause and effect. It is the only efficient treatment of basal fracture." If this observer had been familiar with cistern puncture, even the French language probably would hardly have sufficed to express his enthusiasm.

Cistern puncture is rather new, and so far has principally been used in cases of spinal subarachnoid block and for injections of arsphenamized serum in paresis. The case reported by Ruggles and Wyatt (*Boston M. & S. J.* 186:572 [April 27] 1922), to which our correspondent refers, demonstrates that bloody fluid may be readily obtained by cistern puncture in a case of cerebral hemorrhage when for some reason or other lumbar puncture gives a "dry tap." That no block existed in this case was shown by the fact that salt solution injected through the spinal puncture needle caused the cistern pressure to rise. To our knowledge, this is the only case of hemorrhage reported in which the combined puncture has been used, and with apparent success, for the purpose of flushing out the cistern and subarachnoid space; but it has been used with benefit in cases of meningitis.

SACHS' ANTIGEN

To the Editor:—In Queries and Minor Notes, it was stated in reply to Dr. Watson's question (*THE JOURNAL*, May 20, 1922, p. 1558) that in Dold's test a cholesterolized antigen is used, prepared according to Sachs' method. Will you describe this method and also how to secure this antigen?

GABRIEL RIGAU, M.D., Yauco, Porto Rico.

ANSWER.—The antigen is thus prepared: A normal beef heart is freed from fat, pericardium and large blood vessels, and then ground up fine in a meat chopper. The minced heart muscle is now mixed with five volumes of 95 per cent. alcohol, and shaken vigorously in a shaking machine four or five hours. After standing at room temperature over night, it is filtered through ordinary filter paper, and placed in the icebox for at least two days; at the end of this time, it is filtered again through filter paper to remove any precipitate that formed while in the icebox. It is now ready, and is stored at room temperature. Before use in the test, it must be diluted with two volumes of alcohol, cholesterolized by the addition of from 0.045 to 0.06 per cent. of a 1 per cent. alcoholic solution of cholesterol, and titrated against a known standard antigen.