

From a leaflet in our files giving directions for the taking of Prescription A-2851 we find the following claims:

"It dissolves the calcareous deposits which cause the painful swelling at the joints and eliminates the uric acid from the system by its alterative action.

"It contains no opiates or narcotic drugs in any form."

The dose for this nostrum, according to the directions, is 1 dram (teaspoonful) three times a day. As, according to the manufacturers, 45 per cent. of this stuff consists of wine of colchicum seed, this means that each dram contains 27 minims of that drug. Thirty minims is considered a full dose. Wine of colchicum seed, or, for that matter, any preparation of colchicum, is so powerful and its toxicity so uncertain that its use in products of the home remedy type should be unhesitatingly condemned. As one author has said in discussing the dangers of colchicum poisoning: "The poisoning is one of the most painful, slow and hopeless poisonings known and a man taking as much as an ounce of the wine of the root or the seed is almost inevitably doomed to a terrible death." In this connection it is worth bearing in mind that the four ounce bottle of "Prescription A-2851" contains, according to the manufacturer's letter, about two ounces of wine of colchicum seed. Yet this stuff is put on the market with no warning of its toxic character. The presence of so potent a drug as colchicum in any nostrum of secret composition sold to, and taken indiscriminately by the public, is unwarranted. The least that Eimer and Amend can do if they insist on continuing to sell "Prescription A-2851" is to warn the public of its dangerous character by using the word poison on the label.

Correspondence

HOW TO SECURE CHEST EXPANSION

To the Editor:—In the section of THE JOURNAL of July 13, 1918, devoted to queries and answers regarding the Selective Service Regulations, Dr. O. L. Williamson of Marianna, Ark., asks what shall be done in the cases of many physically fit negroes who do not know how to expand the chest, and show no chest mobility equaling 2 inches.

I find that if one cannot obtain 2 inches on first trial, it is wise to go on with the rest of the examination. While auscultating the lungs, part of the time I tell the registrant to take deep breaths. The conversation runs somewhat as follows: "Take a deep breath." "Take a deeper breath." "Now breathe all that you can." After concluding this exercise, of which the registrant understands not the purpose, on taking the chest measurement one is very much surprised to find $2\frac{1}{2}$ or 3 inches of expansion, when at first he could not obtain better than $1\frac{1}{2}$ inches. Today I tried this method successfully on a negro and a Russian, both of the laboring class, robust physically, neither of whom could expand 2 inches on first trial. After the lung examination, during which I exacted several deep respirations, as detailed above, the mensuration of the negro was 3 inches and of the Russian, $2\frac{1}{2}$ inches.

In this zone are examined more negroes than in any other one in this end of the state, there being 1,300 negro registrants, besides many examined by us for other boards, principally Southern, Texas especially, there having been a large influx from Dallas and Houston to this locality this year. As Dr. Williamson points out, many of them physically fit every way seem incapable of expanding sufficiently to meet the regulation requirements. The method I have suggested will solve the difficulty in most, if not all, of these cases.

H. P. ASHE, M.D., Pittsburgh.

Examiner, Local Board No. 2.

VARIOUS SUGGESTIONS

To the Editor:—It seems to me that for the period of the war, the graduate schools of the country should be requested to assume the duties of training physicians for the military service before going to camp, for the reason that there will

be but little demand for polyclinic courses in medicine while the great struggle continues. On the other hand, undergraduate schools should confine their attention solely to the training of students who are candidates for the degree of Doctor of Medicine. Their depleted faculties cannot possibly do more than this without the risk of losing their dynamic and inspiring qualities.

Graduate schools with ample hospital facilities should also undertake for the duration of the war the work of reclaiming those young men who are rejected from military service on account of remedial defects. They should further seek to create permanent institutions or departments for the preparation of physicians for the military service after the war.

Finally, there should be an organization made up of members of the Medical Reserve Corps after hostilities cease, the chief aim and purpose of which should be to promote the scientific and practical interests of the military medical service. A serious attempt to inaugurate and maintain an era of activity and progress relating to military medicine and surgery in America would be timely, more especially since we cannot hope to be always so fortunate as regards the incumbent of the office of the Surgeon-General of the Army, as was the case when hostilities began. The interest of the members in the medical profession would not be one whit lessened by their new responsibilities.

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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.

VENEREAL DISEASES IN THE PRESENT WAR

To the Editor:—Please give me a list of references to articles on venereal diseases in the present war. If you answer in THE JOURNAL, please omit my name.

ENQUIRER, Cincinnati.

ANSWER.—The following is a list of references on this subject:

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- Tullidge: Venereal Disease in European Armies, *Mil. Surgeon*, July, 1916; Venereal Diseases and War, *Med. Rec.*, New York, Sept. 22, 1917.
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- Merz, H.: Skin Diseases in the Swiss Army, *Cor.-Bl. f. Schweiz. Aerzte*, Jan. 27, 1917.
- Bates, G.: Venereal Disease Problem from Military Standpoint, *Pub. Health Jour.*, February, 1917; Military Aspects of Venereal Diseases, *ibid.*, February, 1918.
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- Botti, A.: Venereal Diseases and War, *Riforma Med.*, Jan. 5, 1918.
- Callender, G. R.: Problem of Venereal Disease in the Army, *Mil. Surgeon*, January, 1918.
- Clark, J. B.: Straddle Stand for Prophylaxis and Treatment of Venereal Diseases in the Army, *THE JOURNAL*, Jan. 12, 1918, p. 90.
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- Peacock, A. H.: Problem of Venereal Disease in the Army, *North-west Med.*, January, 1918.
- Spencer, J. C.: Venereal Diseases in the Army, *California State Jour. Med.*, January, 1918.
- Hazen, H. H.: War and Syphilis, *Am. Jour. Syphilis*, January, 1918; Dermatology and War, *Med. and Surg.*, February, 1918.