infections"; for rhinitis with the claims that acute coryza can be aborted within twenty-four hours; for pneumonia in which it is advised for all stages; for laryngitis, for bronchitis, and for asthma.

No acceptable evidence was submitted as to the value of the product in the treatment of any of the foregoing conditions. In view of what is known about non-specific reactions, it seems likely that any influence which this vaccine may have on the divers conditions enumerated by the manufacturer, is due to this, rather than to the combination of organisms used in its preparation.

On the recommendation of the Committee on Serums and Vaccines, the Council declared "Sherman's Mixed Vaccine No. 40" ineligible to New and Nonofficial Remedies because the therapeutic claims made for it are unwarranted (Rule 6) and because the combination, in view of its complexity, is irrational and detrimental to sound therapy (Rule 10).

Correspondence

PROCAIN AND NOVOCAIN IDENTICAL

To the Editor:—It appears that in certain quarters the attitude is taken that the local anesthetic sold as procain is not identical with that marketed as novocain. The Subcommittee on Synthetic Drugs of the National Research Council believes it important that this misunderstanding should be corrected and hence offers the following explanation:

The monohydrochlorid of para-amino-benzoyldiethyl-amino-ethanol, which was formerly made in Germany by the Farbwerke, vorm. Meister, Lucius and Bruening, Hoechst A. M., and sold under the trademarked name "Novocaine," is now manufactured in the United States. Under the provisions of the Trading with the Enemy Act, the Federal Trade Commission has taken over the patent that gave monopoly for the manufacture and sale of the local anesthetic to the German corporation, and has issued licenses to American concerns for the manufacture of the product. This license makes it a condition that the product first introduced under the proprietary name "Novocaine" shall be called procaine, and that it shall in every way be made the same as the article formerly obtained from Germany. To insure this identity with the German novocain, the Federal Trade Commission has submitted the product of each firm licensed to the A. M. A. Chemical Laboratory to establish its chemical identity and purity, and to the Cornell pharmacologist, Dr. R. A. Hatcher, to determine that it was not unduly toxic.

So far the following firms have been licensed to manufacture and sell procain: The Abbott Laboratories, Ravenswood, Chicago; Farbwerke-Hoechst Company, New York; Rector Chemical Company, Inc., New York, and Calco Chemical Company, Bound Brook, N. J. Of these, the first three firms are offering their products for sale at this time, and have secured their admission to New and Nonofficial Remedies as brands of procain which comply with the New and Nonofficial Remedies standards.

While all firms are required to sell their product under the official name "Procaine," the Farbwerke-Hoechst Company is permitted to use the trade designation "Novocaine" in addition, since it holds the right to this designation by virtue of trademark registration.

In conclusion: Procain is identical with the substance first introduced as novocain. In the interest of rational nomenclature, the first term should be used in prescriptions and scientific contributions. If it is deemed necessary to designate the product of a particular firm, this may be done by writing Procaine-Abbott, Procaine-Rector, or Procaine-Farbwerke (or Procaine [Novocaine brand]).

JULIUS STIEGLITZ, Chicago.

Chairman, Subcommittee on Synthetic Drugs, National Research Council.

COMMENT.—Physicians should adopt the Federal Trade Commission's recommendation to use the official name of the

licensed drugs in connection with all written articles and prescriptions, and if the proprietary brand name is to be used, to place this side by side with the official name.

The official names so far adopted by the Federal Trade Commission are:

Arsphenamine for salvarsan, diarsenol and arsenobenzol, etc.

Neoarsphenamine for neosalvarsan, neodiarsenol and novarsenobenzol, etc.

Barbital for veronal.

Barbital-sodium for medinal and veronal-sodium.

Procaine for novocaine.

Procaine nitrate for novocaine nitrate.

Phenylcinchoninic acid for atophan.

SERUM DIAGNOSIS OF SYPHILIS

To the Editor:—Regarding the communication of Dr. Hindman (THE JOURNAL, May 25, 1918, p. 1561) in which he states that "sodium acetate [recommended by me for preservation of complement, THE JOURNAL, Sept. 22, 1917] forms a precipitate with some guinea-pig serums," let me state, after considerable experience with this method, that no such precipitate occurs from acetate solutions up to 25 per cent. strength. Solutions above this strength may cause a crystalline precipitate, which can be sedimented off and does not interfere in any way with the complement fixation reaction.

In regard to his observation as to the possibility of getting a negative reaction in a weakly positive case, on account of the sharp reaction or possible overaction of acetated complement, allow me to suggest that this is a matter entirely of exact technic.

In my experience, which has been entirely with guinea-pig serum, I found that in using acetated complement in which the complementary unit has been stabilized, one must be much more exact in the technic (as excess would give overactivity) than in handling an unpreserved complement in which the complementary activity is constantly diminishing, especially in warm weather.

Therefore the unit not only of the guinea-pig complement but also of the amboceptor, the antigen and the complementary unit for each individual batch of red cells (see my note, THE JOURNAL, Nov. 17, 1917, p. 1728) must be determined by titration. If, then, the patient's serum is inactivated to do away with its varying content of complement which would act as excess, one will not, when using titrated units of acetated complement, get any negative reactions in weakly positive cases.

B. W. RHAMY, M.D., Fort Omaha, Neb.

Captain, M. R. C., U. S. Army.

THE CONTROL OF VENEREAL DISEASE IN THE ARMY

To the Editor:—Owing to the great interest awakened in the morbidity of venereal diseases incident to the prime necessity of a supply of healthy, vigorous manhood with which to win the war, the public is now learning how vitally necessary it is to keep undefiled the spring of that stream not alone by sanitary regulations of extracantonment zones but also of the cities and towns from which our soldiers enlist or are drafted.

We all know the report, how well founded I cannot say, that Germany sent a flood of prostitutes to infect and disable the French and British troops; but whether Germany had anything to do with it or not, the soldier in the hospital from a venereal disease is just as much a noncombatant as a soldier disabled in combat. Moreover, he occupies and demands shelter, medicines, transportation, beds, bedding, nurses and doctors, all of which tax the military resources and to which he should not be entitled since he takes an oath to defend the United States against all their enemies and not to go to bed sick and to that extent aid Germany.

Now that we are alive and anxious to do, for military reasons, what we would not do for purely moral reasons or public health reasons in time of peace, we see plainly

that prostitution is pro-German and that every one engaged in the occupation of prostitution or aiding or abetting it by pandering or renting rooms or buildings for its practice is an enemy of the Republic and pro-German.

I believe, therefore, that as a legal measure two things would cut to the root: 1. Punish all landlords, hotel managers, boardinghouse keepers and other persons who maintain places for the practice of prostitution by a term of years in a penitentiary. 2. Punish all prostitutes by restraint in internment camps for treatment and segregation during the war. I do not suggest fines because the traffic is already burdened with high rentals and graft bribes and could no doubt stand more, because those whom this act is designed to reach will gladly pay a nominal fine, viewing it very lightly, too, as a tax laid by the state on the traffic, which is a matter to our minds unthinkable.

FRANK THOMAS WOODBURY, M.D.,
Camp Gaillard, C. Z.

Lieutenant-Colonel, M. C., U. S. Army.

"THE VALUE OF THE WASSERMANN REACTION"

To the Editor.—Referring to the article "The Value of the Wassermann Reaction: A Reply," by Drs. Larkin, Levy and Fordyce (*THE JOURNAL*, June 1, 1918), may I ask the courtesy of a few lines of space; although Dr. Symmers needs no protector, the responsibility for publishing Dr. Symmers' article which they criticize being entirely mine. At a future date Dr. Symmers will answer the points which the authors criticize.

The article by Dr. Symmers was read and approved by me as director of laboratories of Bellevue Hospital at that time. Dr. Symmers had nothing to do with the performance of the Wassermann reactions. The methods employed in the pathologic department of Bellevue Hospital are well known, as a description was published by Dr. Cyrus W. Field, and they thus became public property. I might add that Dr. Field and myself were members of the committee appointed by Dr. Haven Emerson several years ago to bring harmony of methods into the various laboratories, public and private, of New York City, and that, therefore, we believe ourselves to be entirely familiar with the details of the technic of the Wassermann reaction. The laboratory at Bellevue Hospital was one of the first to make routine Wassermann examinations, and for several years every patient entering Bellevue Hospital and remaining for a period of three days or longer was thus investigated, so that many thousands of reactions have been made. Bellevue Hospital was fortunate, moreover, in having the expert services of serologists of repute, such, for example, as Dr. Cyrus W. Field, and their co-workers were always men of training and ability.

In regard to the matter of careless postmortem observations, I may state that, as director of laboratories of Bellevue Hospital, I saw most or nearly all of the necropsies and personally corrected all postmortem records during the thirteen years of my incumbency. Any fault that is to be found with the observations is largely mine, and I am willing to assume the responsibility for it, although in fairness to Dr. Symmers it should be stated that, during practically the whole of the Wassermann era, he has been actively associated with me at Bellevue Hospital and has acted in an advisory or supervisory capacity in a great many additional post-mortem and microscopic investigations.

The assumption of Drs. Larkin, Levy and Fordyce that because no mention of histologic examinations was made in the paper by Dr. Symmers, this branch of activity at Bellevue Hospital is neglected, is unwarranted, since it has always been one of the rigid rules of the laboratory to keep pieces of the viscera of all bodies coming to necropsy, and in the great majority of cases the histologic preparations still form part of the laboratory records. I should also like to call attention to the fact that Drs. Larkin, Levy and Fordyce have been guilty of the negligence of which they accuse us, namely, they do not state the methods by which they have come to the conclusion that they were dealing with syphilis. More-

over, in detailing the remarkable successes which they have had, clinically and pathologically, with the Wassermann reaction, they neglect to detail the serologic methods employed, while at the same time they severely criticize Bellevue Hospital for a like omission, in spite of the fact that a report of our methods has been published.

CHARLES NORRIS, M.D., New York.

Formerly Director of Laboratories, Bellevue and Allied Hospitals.

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.

SLOUGHING OF GUMS AFTER INSTALLATION OF GOLD BRIDGE

To the Editor.—A perplexing problem presents itself here in my office which is associated with that of a dentist, Dr. J. Wallace. His patient was referred to me because of a sloughing of the mucous membranes of the mouth taking place thirty-six hours after a gold bridge had been placed therein. The sloughing seems most pronounced at the immediate point of contact with the gold, which was 22 carats fine. Phosphoric acid enters into the cement, but at the crown margin the sloughing is not pronounced. The symptoms are those of pronounced salivation. The cement used is Fellowship Cement. Could you shed some light on the subject? Many have used this cement without any ill effects, and this is the first case of this nature to come to my attention.

D. H. PETTINGELL, M.D., Ely, Nev.

ANSWER.—From the meager description of the case, it is difficult to solve the problem offered. However, it is certain that neither the 22 carat gold nor the cement used was a cause of the sloughing of the gums. If a local anesthetic was injected into the gums during the fitting or setting of the bridge, it may have caused the destruction of the adjoining tissues. This may follow the use of local anesthetics containing suprarenal products. It was rather soon for an infection to result, though the fitting of the abutments may have preceded the setting of the bridge several days. If this were the case, the gums may have been infected in the primary operation. The description leads one to think of what is known as Gilmer's disease—acute ulcerous gingivitis, or, as it is sometimes called, "trench mouth." Acute ulcerous gingivitis is due to the *Bacillus fusiformis*. It is a rather uncommon affection of the gums, commencing with ulceration of the gum margins about a few teeth. The gums are destroyed rapidly, leaving a grayish deposit not unlike that found covering the so-called "mucous patches." There is extensive salivation, slight rise in temperature, and fetid breath. The treatment is indicated by the nature of the organism causing it, which is an anaerobe; that is, an oxidizing agent such as hydrogen peroxid, with a weak solution of potassium permanganate to offset the odor. Calomel in small doses is indicated.

Incineration.—The incineration of dead human bodies is a practice which, while desirable from the modern point of view, grows slowly on account of lack of popular knowledge concerning it, or on account of religious, superstitious or social prejudices. It needs the impetus of a strong, continuous propaganda to make it the sole method of disposing of the dead. Figures furnished by Dr. Charles Scott Miller, chief of the division of vital statistics of the bureau of health and charities of Philadelphia, show that from 1876, when the first crematory was built in the United States, to and including 1915, the total number of bodies incinerated in the United States was 110,012, and only since 1913 has the annual figure reached the 10,000 mark. In 1913 the number was 10,183, in 1914 it was 11,239, and in 1915 it was 12,767. At present about half the states have crematories. The tremendous impetus given by the war to the study and practice of better sanitation should include a better knowledge and extension of incineration of the dead. While distinctly a sanitary question in some of its aspects, the matter of incineration of the dead, when rightly understood, should appeal even more strongly to sentiment as compared with earth burial.