

induces refreshing sleep, and checks the decline of mental and bodily vigor.

"Manola can be depended on in all cases of loss of strength and weight in old and young alike."

A wonderful remedy, truly, that will do all this. Evidently Ponce de Leon in his search for the fountain of eternal youth labored under the insuperable disadvantage of being born 400 years too soon. Had he but known, the fluid he sought, which "indefinitely postpones senile decay" and "checks the decline of mental and bodily vigor" was to be found, not in the untrodden wilds of Florida early in the sixteenth century but in the "laboratory" of a nostrum manufacturer four centuries later.

Had this advertisement appeared in a newspaper and had one of Dr. X's patients consulted him regarding taking this "patent medicine"—for now it would be a "patent medicine"—he would most certainly have told the patient that it was foolish to believe such rubbish and not to waste his money on the stuff. And yet "Dr." Hartmann in his wildest flights of Perunaese oratory has never transcended in mendacious assertiveness the claims made for this "strictly ethical preparation."

Three years ago¹ we exposed the methods by which this nostrum was exploited, and concluded: "Here we have the doctor not only used as an unpaid peddler for a secret remedy, but also as a club to make the druggist fill his shelves with the stuff. . . . Certainly, it can not get much worse, unless the nostrum manufacturers get the doctor to go on the street and peddle their stuff on a percentage."

Manola illustrates another point: One of the curses connected with the nostrum business is the fact that many of the preparations are exploited by pseudo-pharmaceutical and pseudo-chemical companies. The Manola Company is reported as a side affair, and controlled by those who own the Luyties Homeopathic Pharmacy Company of St. Louis. What is the reason for creating a special company to exploit this nostrum? Is it because physicians might be prejudiced and not willing to buy from a homeopathic concern, or is it because the concern itself wishes to retain at least the outward semblance of decency?

The above case brings out another evil inseparable from nostrums. While the great majority are useless and most of them innocuous, they do harm in a negative way. The layman, depending on the advertisements in the newspapers and believing what the advertisements state, takes a "patent medicine" and delays consulting a physician until too late. In the case of a physician, he, too, believes what the advertisement says, takes it for granted that he is doing what is right, neglects to study his case, to make a correct diagnosis, and to follow up the treatment by careful study of the case as it progresses.

In a case like the above nothing can relieve the physician of his responsibility; he can not fall back on the advertisement. In the case of the patient taking a "patent medicine," he depends on his own judgment. In the case in question, the patient depended on one whom he believed knew what should be done. And the physician was false to his trust!!

Correspondence

Collapse Following Injection of Diphtheria Antitoxin.

KÖNIGSBERG, GERMANY, July 14, 1908.

To the Editor:—Dr. F. W. Thomas' article on "Sudden Collapse Following Injection of Diphtheria Antitoxin," in THE JOURNAL, July 4, leads me to report a similar experience.

J. F., a boy of 13, fairly tall and well developed, had always been in good health. On Jan. 27, 1907, I was called to see his sister, aged 11, who was suffering from an ordinary attack of faucial diphtheria. I gave her at once 3,000 units of antitoxin. The next morning at 10 o'clock I called and administered 1,000 units to each of the other two children—that is, to J. F. and his sister of 6 years—as an immunizing dose.

Immediately after I had injected the dose in the subcapsular region of the boy he fell over, unconscious and pallid, in a cold sweat, with pupils dilated and with no radial pulse. I gave him hypodermically strychnin, gr. 1/30, and whisky, induced artificial respiration and after ten minutes (it seemed hours) he recovered consciousness. He was intensely weak and, of course, remembered nothing of what had occurred. When asked if the pain of the injection had made him faint he said that he had scarcely felt it. I left him about 11:30 a. m. At 2:30 p. m. I was called again hurriedly and found him just about recovering from a similar attack. He had attempted to walk up to the next floor when, without warning, he fell at the foot of the stairs. With the usual restoratives he recovered and, though under observation for several days, had no further trouble.

His little sister of 6 years and the one of 11 years had no such experience, although receiving part of the same batch of antitoxin.

What happened? Were the serum at fault, the other two children ought to have shown some effects from it, and, as antitoxin is always manufactured in large quantities, we should have learned of other similar cases in the district. My belief is that I emptied the entire contents of the syringe into the lumen of a vein, and that the collapse was entirely due to the sudden entrance of a large quantity of foreign fluid into the blood stream. This explanation fits Dr. Thomas' case, too. He had the unpleasant symptoms only after the first injection, although he gave five more within the next twenty-two hours. His patient's poor previous condition accounts for his having recovered more slowly than did my patient. It is also to be assumed that Dr. Thomas used the same quality of antitoxin in all his injections.

Considering the enormous number of times this drug is administered, it is surprising that such accidents have not occurred more frequently. With a crying and struggling child we are apt to plunge the needle almost anywhere and as quickly as possible press the piston home. As the ordinary dose contains one to five cubic centimeters of serum the sudden entrance of this amount into the blood current is bound to have a profoundly depressing effect on the heart. A far safer way would be to take from two to three minutes while injecting and thus avoid experiences such as the above, which are far from pleasant.

ISAAC M. HELLER.

Surgery of Ureteral Calculus.

BOSTON, MASS., July 28, 1908.

To the Editor:—In my article, "The Surgical Treatment of Ureteral Calculus in the Female," in THE JOURNAL, Sept. 28, 1907, there is a short historical summary of the various operations for the removal of stones in the ureter.

I find that I have quite unintentionally omitted in discussing the vaginal route for the removal of stones, to give to Dr. Arthur T. Cabot, of Boston, Mass., due credit for having been one of the pioneers in this field. It was really owing to Dr. Cabot's work that the vaginal route was popularized. In 1884, Emmet ("Principles and Practice of Gynecology," 1884, p. 796) removed a stone through the vagina of a woman by vaginal incision. Emmet found the stone close to the bladder opening of the ureter. At that time Emmet stated that stones situated near the cervix, high up in the vault of the vagina, had better not be approached by the vaginal route because of the danger of opening the peritoneal cavity. Cabot (*Am. Jour. Med. Sc.*, January, 1892, ciii), however, found by dissections that it was safe to attack stones under the broad ligament, and he reported a case in which this operation was done. To quote from his article, "In the female we have even readier access to this part of the ureter through the vagina. The ureter in the last two or even in some cases three inches of its course runs in the broad ligament in close relation to the upper part of the vault of the vagina, where it can be reached and incised without danger of opening the peritoneum." I find also that I have given to Kelly ("Operative Gynecology," Oct. 2, 1906, p. 541) the credit for using a hook to facilitate the removal of the stone. Cabot (*loc. cit.*) was the first to recommend this maneuver, and he reports a case in which it was of service.

EDGAR GARCEAU.

1. THE JOURNAL A. M. A., May 6, 1905, p. 1462, and Propaganda for Reform in Proprietary Medicines, Fourth Edition, p. 91.