Iod-Izd-Oil (Miller's) is refused recognition because the composition is not correctly stated and because the application of a trade name to an established non-proprietary product tends to confusion.

Hexa-Co-Sal-In

Hexa-co-sal-in (Hexa-Co-Sal-In Company, Red Bank, N. J.) is advertised as "a condensation product of familiar composition." The further explanation that it is "colchi-magnesium salicylate with anhydrous hexamethylenamin" does not make this statement much clearer. "Colchi-magnesium salicylate"—not to speak of its condensation product with hexamethylenamin—is unknown in chemical literature. As a matter of fact, an examination made by the Chemical Laboratory of the American Medical Association shows that Hexa-co-sal-in is a simple mechanical mixture of hexamethylenamin, magnesium salicylate and some colchicum preparation. The composition is therefore falsely stated.

The preparation is advertised as:

"Antirheumatic, Antineuritic, Urinary Antiseptic."

"Uric Acid Mobilizer" (sic).

"Intestinal Antiseptic, Mildly Laxative."

"Whenever a salicylate is indicated use Hexa-co-sal-in."

The combination of salicylates, hexamethylenamin and colchicum in a routine formula is certainly inadvisable; where one of the ingredients is needed, the others may be useless or even harmful. The unqualified advice to use hexamethylenamin and colchicum "whenever a salicylate is indicated" is likely to do harm.

The statement of the composition of this preparation is false; unwarranted therapeutic claims are made for it, and the mixture is unscientific. The Council held Hexa-co-sal-in ineligible for New and Nonofficial Remedies because of conflict with Rules 1, 6 and 10.

Correspondence

Eye Headaches

To the Editor:—Dr. W. F. Cheney has recently written an article entitled "Gastric Headaches" (*Am. Jour. Med. Sc.*, May, 1915, p. 656) which should not go unchallenged on account of an apparent backward step in teaching that recurrent headaches, serious causes being excluded, are due to the stomach and not to the eyes. The poor stomach of civilized humanity has been long maltreated for headaches, and it is a pity to revive such treatment.

That a bad stomach can cause a headache is true, but never a headache that puts a patient to bed and out of business. A headache due to an overdose of alcohol is not due to the upsetting of the stomach, but to the action of alcohol on the brain. That going without food and purging will cure an eye headache is true; so will time. There is no anatomic reason for a stomach to cause a one-sided headache (instanced by Cheney), and there is good reflex reason why any headache may cause retarded digestion, nausea and vomiting. Recurrent eye pains can cause all kinds of gastric disturbances, hyperchlorhydria, etc.

In Cheney's Case 1 he took a hardworking office man and made him take more exercise out of doors, i. e., reduced his hours of eye work. The patient improved as to his headaches.

In Case 2 Cheney stopped the man's alcohol and reduced his tobacco, both of which cause a weakening of the eye muscles; the patient got better of his headaches.

In Case 3, the glasses did the girl no good, and there was "a chronic gastritis of the subacidity type." Cheney does not say for what defect glasses were prescribed, whether or not the eyes were reexamined and the glasses found correct, or whether the patient still wore glasses after the stomach treatment began or whether she discarded them. He corrected a diet "which had been in every way improper both in quality and quantity." This regulation of the diet, with the tincture of nuxvomica before meals and cascara at bedtime, stopped the headaches. There is no doubt that a patient subject to eyestrain headaches cannot abuse his stomach with impunity.

This simply means that any toxin absorbed from the stomach or intestines may add the last straw to the resisting power of the eye-muscle balance, and a headache is the result.

I contend that if the eye defect is corrected the stomach, if not deliberately abused, will correct itself. On the other hand, no amount of treatment of the stomach, without correcting the eye defects or reducing the number of hours the eyes are used, or correcting a mal-use of the eyes, thus preventing eye tire, will stop migraine headaches.

A headache that is "periodical" "throughout months and years," "rarely lasting over twenty-four hours," in which "the patient awakens with pain in the morning," "growing more intense as the day goes on," or "it may come on in the evening," "may be so severe and prostrating as to incapacitate for any kind of work while they last," "sometimes nausea and vomiting," or "there may be no disturbance whatever of the stomach," is almost always an eyestrain headache and is probably very rarely a "gastric" headache.

OLIVER T. OSBORNE, M.D., New Haven, Conn.

To Aid the Expression of Dosage by the Metric System

To the Editor:—To facilitate the expression of dosage and solutions in the metric system, I desire to recommend a resort to two expedients with which we are all familiar.

First, as the cubic centimeter is a measure of capacity it should have a name. I propose the word "Ceci" (c.c.).

Second, let us disregard all such intermediate expressions as decigrams, centigrams, hundredths of a cubic centimeter, etc., and read all metric expressions in prescriptions in milles in precisely the same manner as we read our monetary expressions in cents. No one reads \$1.50 as one and fifty-hundredths of a dollar, but as one dollar and fifty cents. Then 1.500 c.c. would be read one ceci, five hundred milles; millececi being understood. And 5.080 grams would be read five grams and eighty milles; milligram being understood.

Also as we never write one dollar ten cents thus, \$1.1, but always thus, \$1.10, so we should always have the three places in our metric prescriptions thus, 1,700 gm. and never 1.7 gram. This for clarity and uniformity.

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

The Sweet Potato as an Aphrodisiac

To the Editor:—In a recent editorial [*THE JOURNAL*, Sept. 11, 1915, p. 957] on the "Sugars of the Sweet-Potato" you cite a quotation from the "Merry Wives of Windsor" as evidence that Shakespeare classed the sweet potato with sweetmeats. Let me suggest another interpretation.

The full quotation reads: "Let the sky rain potatoes; let it thunder to the tune of 'Green Sleeves'; hail kissing-comfits and snow eringoos; let there come a tempest of provocation, I shelter me here (embracing Mrs. Ford)." All three edibles above mentioned were, during Shakespeare's time, considered aphrodisiac, as truffles are today by the laity. The whole situation of the scene together with the allusion to the tune of "Green Sleeves" (a lascivious song) proves the correctness of my contention.

GEORGE MINGES, M.D., Dubuque, Iowa.

Transverse Incision in Operation for Appendicitis

To the Editor:—In reading Dr. A. E. Rockey's paper (*THE JOURNAL*, Sept. 11, 1915, p. 939), I was struck by the fact that no mention was made by the author, or any of those who discussed the paper, of an important point brought out first, I think, by Professor Kocher of Berne, Switzerland: so far as possible to make the incision follow the line of skin cleavage. This line is transverse or nearly so in the lower abdomen, and when followed, the wound heals better, with a much narrower scar, and far less danger of postoperative hernia. This method has been followed by Babcock of Philadelphia for several years, with excellent results.

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