the world. Fraud after fraud has been started by this syndicate, flourished rankly and has gone out of existence only when the accumulated experience of the public has nullified the power of its advertising or when the United States Post Office Department has issued a fraud order against it and denied it the use of the mails. What has Rochester done about it?

LAIRD'S RHEUMATISM FORMULA

During the past week or two, physicians in various parts of the country received a circular letter from one Madison R. Laird, Des Moines, Iowa. Mr. Laird's specialty, as indicated by his letterhead, is "Investments." Possibly Mr. Laird may have found the medical profession somewhat susceptible to inducements that are sometimes held out by those in his line of business. At any rate, he came to the profession, *via* the circular letter, with an offer to sell a prescription for "rheumatism" that was "really amazing" in the "prompt results" to be obtained:

"Dear Doctor:—HAVE YOU A PRESCRIPTION THAT REALLY DOES GIVE RELIEF FOR YOUR CASES OF RHEUMATISM?

"If you have not, please read this carefully.

"For some time I have known of a prescription that is particularly efficient and reliable for the treatment of rheumatic ailments, being especially effective and prompt in rheumatic fever. . . ."

And much more to the same effect. Mr. Laird claimed that he had used it himself "for rheumatism and lumbago" and obtained "complete and almost immediate relief." Also, he confided, some of his relatives "have found it equally effective." In spite of his firm faith in the power of his remedy and his apparent belief that the medical profession had nothing as good to offer suffering humanity, Mr. Laird was, it seemed, unwilling to give the public the benefit of his "secret" but was perfectly willing that physicians should give the public the benefit of it—after Laird had been paid for it!

"Believing this valuable prescription should be known to every doctor, I have decided to sell it to as many as care to send for it.

"I will send you this prescription, with full directions, for \$2.00."

One of the physicians who received the Laird circular and sent it in to THE JOURNAL was Dr. W. L. Wilson of Hinsdale, Ill. Dr. Wilson was asked to cooperate with THE JOURNAL in giving the profession and the public the benefit of Madison R. Laird's marvelous prescription to the extent of sending Laird his check for \$2.00, for which THE JOURNAL would reimburse him. This Dr. Wilson did and in due time sent both the "prescription" and a letter he received from Laird to the Propaganda Department generously stating that he is "glad to contribute the \$2.00 to the cause of advancing the department's work." The "rheumatism formula" was a typewritten affair and disclosed a typical, old-time, shotgun prescription of the polypharmacy period; probably the old prescription-files of half the drug stores in the country contain similar monstrosities. Here it is:

Compound Syrup Sarsaparilla.....	2 ounces
Wine of Colchicum Seed.....	1 ounce
Tincture Guaiac.....	1 ounce
Potassium iodid.....	120 grains
Sodium Salicylate.....	60 grains
Rochelle Salts.....	1 ounce
Water.....	4 ounces

COMPOUNDING.—Dissolve the dry ingredients in the water. Mix liquids separately, adding Tincture Guaiac last. Combine the two mixtures, shaking well together.

DIRECTIONS.—Shake well before taking. One teaspoonful in half glass of water three times daily, before or after meals.

Accompanying this marvelous "formula" was a letter to Dr. Wilson in which Laird said:

"I wish to thank you for your letter; it is one of a very few I have received. [A compliment on the profession's intelligence.—Ed.] Several of the others have been 'roasts' of a sarcastic or amusing character. Some of these learned men have actually been insulted to receive such a proposal from a 'layman.'"

Laird further said that for years he had "been an interested reader of medical subjects, and for a layman have a very good knowledge of medicine." He also modestly acknowledged that his "long service as a civil engineer and

contractor" had made him "a very good first aid surgeon." The letter closed with a description of the marvelous results obtained from the use of this formula in a case of tabes.

"Six months ago this man was almost helpless from Locomotor Ataxia, could hardly walk, did not dare raise his eyes above the level and was entirely lost in the dark, could not find his way home after nightfall."

After using Laird's "rheumatism" medicine:

"... he reported that he could go anywhere he pleased day or night without getting lost and the dizzy symptom had entirely disappeared. He has wonderfully improved mentally and bodily and is entirely another man."

The lesson this anecdote conveys to Mr. Laird is, "We sometimes stumble on facts that surprise us and this is one of them." How true! Equally axiomatic it is that we sometimes stumble on fancies that amuse us—and this is one of them.

Correspondence

The Proper Preparation of Food, and the Proposed Founding of Training Schools for Cooks in Connection with Established Medical Colleges

To the Editor:—A letter written by me to a medical journal, dated May 4 last, which discussed the question of human alimentation and proper food preparation in public places, brings up a question of vital concern and therefore appropriate for careful consideration in the ultimate hope that there may be brought forth a generation of cooks fitly prepared by scientific training for their important work. The suggestion was made that the training schools for nurses, and the revolution thus wrought in that line of work, furnished a fair parallel to what was possible in the dietary and culinary service rendered to the public in hotels, clubs, restaurants and the like, and that adequately equipped medical colleges should undertake to provide this educational and dietetic service.

The contention in the letter named was that the physical aspect of people, as seen in city streets, supports the view that there is something wrong in the general manner of food preparation by public caterers, and a single paragraph of this letter will be quoted in illustration:

Stated generally, the appearance of the crowd in the street tends to confirm this view, not one in five looking either healthy or happy. The facial complexions of persons of all ages and conditions—anemic, chlorotic, icteric, cachectic, in many forms and every degree—would be shocking if not so common as scarcely to arouse comment, and seem to point to a deeply rooted cause or causes operating adversely at the very basis of nutrition and producing effects that are ultimately recognizable by observing medical men in profound disorders of the entire digestive and assimilative tract; among which may be named dyspepsias and diarrheas, indigestion, intestinal ineria, cancers and constipation, hepatitis, appendicitis, colitis and the like.

In THE JOURNAL, May 22, 1915, Graham Lusk discussed the preparation, proper proportioning and serving of foods, especially in connection with a catering concern that has a chain of such establishments in all large cities in this country; and while it may be said that the calories computation is perfect on paper, yet in actual everyday working the ignorance, inadequacy or inadvertence of the cook will nullify every provision, and this conclusion has been reached only after repeated patronage tests of the establishments belonging to the system that is operated in this city.

My criticism of the local catering concern in question would be directed toward the methods of handling the starches served, the half-baked breads and pastries and poorly cooked vegetables—the meats, stews, soups, etc., being as a rule better cooked but often spoiled by overseasoning.

In reply to an inquiry by me as to the possible remedy, Lusk said:

I think that instruction along proper food lines might be taken up by the dispensaries of medical schools. The medical schools, however, could in my judgment scarcely establish schools of cooking; that should be a part of the curriculum of every public school. I remember in the course in the School of Mines at Columbia which I took you work with small cupel furnaces assaying ores during a period of four months,

giving knowledge which never can be forgotten. It seems to me that cooking schools of the public schools might be associated with municipal lodging houses and the product of such cooking schools could be sold at very nearly cost. Every girl should be taught how to prepare simple foods in a cleanly and proper manner, with full regard for the nutritive value of the article involved.

The public bread supply in St. Louis is a palpable reproach in respect of both integrity and decency; when fraud in half-baking, short-weight or loading the loaf with moisture is not in evidence, foul-fisted handling in delivery is to be seen in every direction. My suggestion would be that instead of the city government attempting to regulate the business of public bread production by legislative penalties, the better way would be for the city regularly to produce a loaf standardized in every respect of weight, quality, baking, price, etc., and by publication inform bread-buyers of those producers who fall below the standard in their goods, and if the people wished counterfeit stuff they would then buy with their eyes open. Years ago bread was baked at the poorhouse for the supply of other institutions that was of uniformly fair quality, and doubtless the same could be done again. In Canada the dominion government relies solely on publicity as a check on the sale and use of misbranded or adulterated goods that enter into household consumption by the inspectors making purchases in the open market; the results of analyses, special findings, etc., then being published, and a well-informed people soon learn to put the frauds out of business.

GEORGE HOMAN, M.D., St. Louis.

Transverse Incision in Operation for Appendicitis

To the Editor:—Since the publication of my paper on this subject (THE JOURNAL, Sept. 11, 1915, p. 939), my attention has been called to the fact that the incision at the outer side of the sheath of the rectus, which is an essential part of the transverse incision, was first proposed and described by Dr. Robert Weir in the *Medical News*, Feb. 17, 1900, p. 241. Dr. Weir proposed this as an extension of the McBurney incision, but described definitely the incision in both the anterior and posterior sheaths of the rectus, and the drawing of the rectus back into its sheath. I scarcely understand the mental process which caused me to omit giving Dr. Weir full credit for this important part of the procedure. Like many others, I had practically abandoned McBurney's incision, using chiefly the vertical incision, which is now, I believe, more used than any other. The transverse incision, with Weir's technic at the inner side, is destined by reason of its natural advantages, if properly studied and understood, to become the operation of choice.

A. E. ROCKEY, M.D., Portland, Ore.

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.

ODOR OF URINE IN PARALYSIS OF VESICAL SPHINCTER

To the Editor:—I have an incurable case of paralysis of the vesical sphincter, and I am anxious to give something to eliminate the foul odor of the urine in this case. What do you suggest?

W. BURNETT WEAVER, M.D., Miamisburg, Ohio.

ANSWER.—It is uncertain from the question whether the foul odor complained of is due to decomposition of the urine within the bladder from infection or simply to the decomposition of the urine after it escapes. In the former case it would be necessary to overcome the infection if possible, and it is difficult to give a definite line of treatment for a specific condition when the specific condition is not known. Hexamethylenamin in sufficient doses will prevent or rather retard the decomposition of the urine, provided the urine is of acid reaction, but it will have practically no effect on a foul decomposed alkaline urine, nor is there anything known which, taken by mouth, will entirely eliminate the foul odor

in such conditions. If the urine is kept acid in reaction and hexamethylenamin given to delay its decomposition, by scrupulous cleanliness, the odor may be reduced to a minimum.

BOVINE AND HUMAN TUBERCULOSIS

To the Editor:—Will you direct me to the latest literature on bovine tuberculosis as it affects human beings?

E. R. VAN DER SLICE, M.D., Kearney, Neb.

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

- Park, W. H., and Krumwiede, C.: Relative Importance of Bovine and Human Types of Tubercle Bacilli in Different Forms of Human Tuberculosis, *Jour. Med. Research*, December, 1911; *ibid.*, September, 1912; *abstr.*, THE JOURNAL, Jan. 27, 1912, p. 306; Oct. 5, 1912, p. 1322.
- Establishment of the Exact Significance of Bovine Tubercle Bacilli in Human Disease, editorial, THE JOURNAL, Feb. 17, 1912, p. 482.
- Eagle, R. T.: Tuberculous Cow, *Texas State Jour. Med.*, July, 1912.
- Fraser, J.: Possible Test in Differentiation Between Human and Bovine Types of Tubercle Bacillus, *Brit. Med. Jour.*, Nov. 23, 1912; *abstr.*, THE JOURNAL, Dec. 21, 1912, p. 2287.
- Bertarelli, E.: Transmission of Bovine Tuberculosis to Man, *Gazz. d. osp.*, Nov. 26, 1912.
- Bertarelli, E.: Italian Contributions to the Study of the Relations Between Human and Bovine Tuberculosis, *Gazz. d. osp.*, Dec. 1, 1912.
- Keiller, V. H.: Relative Importance of Human and Bovine Tuberculosis Infections in Man, *Texas State Jour. Med.*, December, 1913.
- Wankel, J.: Differentiation of Human and Bovine Tuberculosis by Means of Theobald Smith's Reaction Curve, *Deutsch. med. Wchnschr.*, Dec. 11, 1913.
- Calmette, A.: Rôle de la tuberculose bovine dans la contamination de l'homme; la question du lait, *Ann. de med.*, Paris, 1914, i, 253.
- Ravenel, M. P.: Bovine Tuberculosis, *Illinois Med. Jour.*, June, 1914.
- Raw, N.: Human and Bovine Tuberculosis: Treatment by Special Kinds of Tuberculin, *Jour. State Med.*, July, 1914; *abstr.*, THE JOURNAL, July 25, 1914, p. 354.
- McCleave, T. C.: Relation of Bovine Tuberculosis to Early Tuberculosis in Children, *Am. Jour. Dis. Child.*, September, 1914, p. 210; *abstr.*, THE JOURNAL, Sept. 26, 1914, p. 1135.
- Beitzke, H.: Fatal Case of Bovine Tuberculosis in Man, *Berl. klin. Wchnschr.*, Aug. 17, 1914; *abstr.*, THE JOURNAL, Oct. 3, 1914, p. 1239.
- Brooks, H.: Effects of Heredity in Bovine Tuberculosis, *Am. Jour. Med. Sc.*, November, 1914.

BRAN BREAD

To the Editor:—Heretofore I have been inclined toward constipation. Recently I have been eating bran bread, which helps considerably. Can you give me the formula for making this bread? Please omit name.

X. Y., Fort Wayne, Ind.

ANSWER.—The following is suggested for bran bread: Prepare the two following mixtures:

2 cups of wheat flour
2 cups of graham flour
2 cups of bran flour
1 teaspoonful salt
$\frac{1}{2}$ cup sugar
1 level teaspoonful baking powder
2 cups milk
1 cup molasses
1 egg
2 level teaspoonfuls of soda
$\frac{1}{4}$ cup hot water
1 cup raisins

Thoroughly mix the foregoing liquid and solid mixtures, and bake in a moderate oven for one hour. This makes two loaves.

THE DOCTOR'S BAG

To the Editor:—Some time within the past two years I saw an article in THE JOURNAL regarding a list of articles which the general practitioner should carry in his bag in order to make a diagnosis. Can you give me any reference to it?

H. BRYAN, M.D., Shanghai, China.

ANSWER.—The article is entitled "The Doctor's Bag," published in the Miscellany department of THE JOURNAL, Feb. 27, 1915, p. 767.

REFERENCES TO RHUS

To the Editor:—I am doing a little research work on the rhus group, including sumach, ivy, etc. Can you direct me to the literature on the subject?

J. A. VAN DER HULSE, M.D., Akron, Ohio.

ANSWER.—A very complete bibliography on the poisonous species of rhus, by L. E. Warren, will be found in the *Midland Druggist and Pharmaceutical Review*, 1910, xlv, 149, 218 and 288. Since then Dr. von Adelung has published an important paper in the *Archives of Internal Medicine*, February, 1913, p. 148.