Taylor said "might best be termed a medical salad." Hyssop, dittany, Peruvian bark, orange peel, anise, coriander seed, gentian, yarrow, nutmeg, thyme, rose leaves—these were but some of the ingredients that were alleged to have been added, in quantities not disclosed, to the port wine. The amount of alcohol, however, was not unknown; it comprised about 16 per cent. by volume. The dose was a wineglassful, "equally efficacious before or after meals." The judge continued:

"As a medical salad this combination might be in great demand. The manufacturer says that it is a palatable mixture. No doubt every taste and palate should be tickled by the many different flavors. If it abhor the thyme for instance, it may find solace in the yarrow. Coriander seed would be delightfully reminiscent of home cooking, the esthetic will recognize the rose leaves. These and the six or more other ingredients in the above list added for their distinctive flavoring virtues and delightful aroma must indeed be designed to satisfy every demand. From cinchona and Peruvian bark, quinin is extracted and the manufacturer suggests that this and the gentian are valuable ingredients as cures for alcohol-

that he had prescribed Kennedy's mixture as a "tonic." Said the judge, further:

"There is some dispute on the evidence as to whether or not there is so much quinin in the mixture that the use of it in doses beyond that prescribed on the label would be or would not be dangerous. A number of reputable witnesses swore that they consumed from half to almost a whole bottle without feeling any effects of quinin, and with the result obtainable ordinarily from drinking port wine. It is to be noted that on the label it is suggested that the use of this tonic port wine produces 'a feeling of buoyancy only attributable to perfect health.' I cannot conceive that any sober-minded person suffering from any known ailment and knowing the contents of the mixture and that it contained the list of drugs which I have enumerated, would take it. It may be that the manufacturer has in some way neutralized in the mixture the effect of the different drugs contained in it. To me it seems that it is simply port wine, plus an obnoxious mixture, and I cannot overlook the fact that the secret of its manufacture lay dormant in Kennedy's mind until the abolition of the license system, and that the time was then most opportune for its manufacture, and I have no hesitation in holding that the purpose in the manufacture is simply to have put on the market port wine available for purchase without a medical prescription and to circumvent the different provincial enactments preventing the sale of intoxicating liquor. The claim that it cannot be used as a beverage is absolutely refuted in the testimony, and in the quantity sold. . . ."

"On the facts I cannot find that it contains sufficient medication or any treatment to prevent its use as an alcoholic beverage. In fact, my view is that it would have little or no sale except as an alcoholic beverage."

THE JACKSON SENTINEL, MAQUOKETA, IOWA

What "2" Do---You want to know when there is no specific for Influenza

A germ is ill. The chilly blasts of fall appear. A sudden drop of temperature--and he still has summer underwear, summer clothes. He chills, he "catches cold," his nose runs and his lungs do not adapt themselves quickly and he goes to bed with a temperature. This occurs in thousands of homes, in every state, in every country, every spring and fall. When winter arrives he has become acclimated and he has adapted winter inner and outer clothing.

Business has been dull of late--among physicians. It should be otherwise. With thousands going to Europe, business should be rushing for the few with the many who remain--but it isn't. Something is wrong. The army and navy can exist on these drugs, why can't we do the same at home? And they do. The difference is they take the three themselves without treatment, physicians or prescription. This puts the doctor business at the gallery.

If it doesn't naturally exist, the doctors artificially make it exist. A new fad, fancy and frill--the Spanish Influenza. Congress has appropriated \$1,000,000 to combat it. Half of the nation are going to be affected, so say physicians. Some claim food brought back something that was of one male and one female, some weeks ago when it got chilly and he has spread the multi-multiplicate of them two or three all over the United States within three weeks. Some travelers!

Note carefully! Comprehend well! For this is the final and last word--

"EVERY CASE OF INFLUENZA SHOULD GO TO BED AT ONCE UNDER THE CARE OF A PHYSICIAN"

And say you, dumb and ignorant worm of the earth, what do they do?
Note carefully! Comprehend well! For this is the final and last word--

"THERE IS NO SPECIFIC FOR THE DISEASE"

They tell you to go to bed. They tell you to call a physician. When HE arrives--THERE IS NOTHING HE CAN DO. Yet he asks for pay and lazzies upon his services being taken. It's a wonderful profession--that of PRACTICING MEDICINE.

The Chiropractic Way to Avoid "Spanish Influenza"--Be Sure Your Backbone is Normal. Refuse to Be Panic Stricken. See Your Chiropractor at Once. Get a Spinal Analysis--and Keep Smiling!

Chiropractor James F. McGinnis.

"Be Sure Your Backbone is Normal"--"Get a Spinal Analysis--and Keep Smiling!" This is "The Chiropractic Way to Avoid Spanish Influenza"--Chiropractor McGinnis says so! Not, of course, that there is any such thing as influenza; it is merely "a new fad, fancy and frill." "If it doesn't naturally exist, the doctors artificially make it exist." Above all--and this is important--"See Your Chiropractor at Once." And this is the sort of stuff that the *Jackson Sentinel* of Maquoketa, Iowa, is willing, for a consideration, to spread the full width of its page, at advertising rates. It's a wonderful "profession"--Chiropractic.

ism. Thus there is a touch of philanthropy, though well concealed, in the salad. . . ."

"The method of manufacture, so far as the manufacturer cares to disclose the valuable secret, would not appear to interfere with the medicinal properties at least of the port wine, into which the combination is added by a method of solution into the alcohol constituent of the wine. It is still port wine, plus something indefinable. The color is that of port wine. One expert on the use of intoxicating liquors said that it tasted to him like ordinary port wine to which had been added a dash of a famous brand of 'bitters.' A number of witnesses who, in the interest of science for the most part, consumed on different occasions from a half to a whole quart bottle at what counsel termed 'a sitting,' deposed that it had a distinctly pleasing taste and produced that feeling of exhilaration which prior to the temperance legislation was recognized as intoxication. As to the aroma, the scientific tests made by counsel in the court room in his efforts to convince the provincial analyst that certain of the exhibits were not in a state of perfect preservation, convince the court that at least in that stage the aroma was strongly reminiscent of a busy bar-room."

Of course the manufacturer claimed that his "tonic port" had valuable medicinal properties and was incapable of being used as a beverage. He admitted that in 1917, the year in which Saskatchewan went "dry," the sales aggregated between \$40,000 and \$60,000, at the wholesale price of 75 cents a bottle. Moreover, like most "patent medicine" makers, he was able to produce at least one doctor who testified in his behalf

Correspondence

IS INFLUENZA TRANSMISSIBLE DURING THE PERIOD OF INCUBATION?

To the Editor:--Sherman Institute is a United States government school for Indian boys and girls under the United States Indian Service, at Riverside, Calif. It is a boarding school, drawing pupils from the western United States, between the ages of 8 and 20, the average being about 15. The entire expense is borne by the United States Indian Service. All of the pupils and about sixty employees are housed in dormitories on the campus, an eighth of a mile square, in an orange-growing district in the city of Riverside, 6 miles from the business center.

September 28, there arrived at the school, in care of a matron, seven Navajo boys and five girls from the San Juan Reservation at Ship Rock, N. M. En route, coming through Arizona, they encountered a woman manifestly ill with influenza. They traveled for several hours in the same sleeper with her.

Monday, September 30, C. D., one of these boys, was taken ill and sent to the school hospital on the grounds. Some intuition suggested to Mrs. Neff, the nurse in charge, that something new had come to the campus and he was immediately isolated for a possible contagion. It was evident later that he had influenza.

The following Wednesday, October 2, influenza burst on us as a storm. On that day, five boys of the party from Ship Rock came to the hospital ill with influenza and with them six other boys and three girls, making fourteen cases the first day. The second day, October 3, twenty-seven were added; October 4, forty-four; October 5, seventy. By the 8th, Tuesday, our total count was 387 cases of typical influenza

INCIDENCE OF INFLUENZA AT SHERMAN INSTITUTE,
RIVERSIDE, CALIF.

	Boys	Girls	Total New Cases	Total to Date
Sept. 30 Immediately isolated	1	...	1	1
Oct. 2	11	3	14	15
Oct. 3	25	2	27	42
Oct. 4	33	11	44	86
Oct. 5	44	26	70	156
Oct. 6	36	41	77	233
Oct. 7	41	44	85	318
Oct. 8	26	43	69	387
Oct. 9	9	30	39	426
Oct. 10	6	17	23	449
Oct. 11-22	33	36	69	518
Totals	265	253	518	
Total pupils present Oct. 1, 1918....	257*	313	517	
Total pneumonias to October 25.....				52
Total deaths to October 25, all from pneumonia.....				8
Total number of employees and members of families on the grounds.				85
Influenza among employees and families (no pneumonias, no deaths).				34
Total influenza patients on campus.....				552

*Several boys came in early in October. Almost no boys escaped entirely.

of the so-called "Spanish" type. The accompanying chart gives the picture of the incidence of the disease. The last column shows how our fifty-bed hospital was filled to overflowing and four dormitory buildings became emergency hospitals in four days.

CORNELIUS VAN ZWALENBURG, M.D., Riverside, Calif.

AN APPEAL FOR BELGIAN AND FRENCH
PHYSICIANS

To the Editor:—I am writing on the birthday of that splendid patriot and monarch, King Albert of Belgium. I beg to remind my colleagues of the profession that now we shall be able to assist our Belgian and French colleagues who will be going back to their homes—in fact, are now going back to their homes in the territory evacuated by the barbarous Hun.

Money is especially needed now. The large number of instruments that I have acknowledged in *THE JOURNAL* from time to time have gone forward and more will be welcome; but, after all, the needs of these utterly destitute men can best be met by contributions in money. This money ought also to be forwarded as quickly as possible. I shall hope to send a large Christmas gift to Dr. Depage at LaPanne and the committee in Paris for the Belgian and French physicians, respectively. *Bis dat qui cito dat.*

W. W. KEEN, M.D., Philadelphia.

DEMobilIZATION OF MEDICAL OFFICERS

To the Editor:—With the big war over—for all are agreed that the signing of the armistice ended the war—although theoretically we are in a state of war until the peace conference concludes its work, a goodly portion, if not a large majority, of the more than thirty thousand physicians in service are anxious to resume their civil status. While it is recognized that there is an immense work ahead of our military establishment and while the army of occupation will require a considerable number of medical officers, it is to be hoped that the War Department will adopt a policy of at least consulting the wishes of medical officers over 40 years of age, with dependents, and dependent on their professional incomes, before continuing them on the active list. Physicians of this age may resume their civil status after an absence of a year or eighteen months practically picking up their business where they left it, whereas if they are to become a part of the army of occupation or are kept on duty in camps throughout this country for the next year or two, they will practically have to reestablish themselves; no

easy matter for the physician beyond 40 years of age. The writer, always an ardent supporter of organized medicine, and appreciating the efforts of the American Medical Association to secure justice on all occasions for its members, urges *THE JOURNAL* to forcibly bring this matter to the attention of the Surgeon-Generals of the Army and of the Navy. While all due honor and praise should be accorded the younger members of the profession who answered their country's call, it is believed that the greater sacrifice was made by those older men who, in a time of stress, although established in practice and surrounded with young families gave up all that made life dear to them by coming into the military service. These physicians should be returned to a civilian status as rapidly as possible.

(Signed) CADUCEUS.

PROTECTING THE EYES IN INFLUENZA
EPIDEMICS

To the Editor:—The use of an efficient mask to cover nose and mouth has been thoroughly well exploited. Notes are beginning to come in now of nurses and others contracting influenza despite the use of masks and washing of hands. The fact that the eyes are exposed to mouth spray has been generally overlooked, and little reference, if any, has been made to the necessity of wearing some protection for the eyes. It is obvious that the eyes may be directly infected, or that the organisms falling on the eyes may be carried by the tear ducts to the nose, and therefore to the throat and mouth.

I have seen an instance in which diphtheria was contracted by a most careful physician who wore a mask and washed his hands, the fact being that the patient from whom he was taking a culture coughed directly into his eyes. He did not contract diphtheria of the eye, but of the throat. His exposure was limited to one evening when he relieved the regular man in charge of a diphtheria ward. It is well known that in the pneumonic form of the bubonic plague the necessity of precautions to cover the eyes as well as the nose and mouth is thoroughly well established.

H. W. HILL, M.D., St. Paul.

Executive Secretary, Minnesota Public Health Association.

DISCONTINUANCE OF COMPATIBILITY TEST
IN SERUM TREATMENT

To the Editor:—Numerous inquiries concerning compatibility tests, etc., have led us to offer the following suggestions for informal publication:

After consultation with reputable laboratory workers in Boston and New York, it was decided to discontinue the compatibility test of the donor's serum with the recipient's corpuscles. It would seem reasonable to believe that in all probability the donor's serum is so rapidly diffused and diluted in the blood stream that hemolysis and agglutination of a dangerous nature will not follow, whereas untoward reactions might result from introducing cells into a concentrated serum as in transfusion. Moreover, we have repeatedly given so-called "incompatible serums" to patients without the slightest untoward symptoms.

Further experience has led us to pool the serum from our donors. This simplifies the preparation and the administration of serum, and apparently gives more uniform results.

One of us, in a recent visit to New York, found physicians using 25 c.c. amounts of serum. Needless to say, in view of the serum therapy of "type" pneumonias, such dosage would hardly be expected to produce results. Our experience in the treatment of eighty cases points to at least 100 c.c., and as high as 200 c.c. of serum every eight hours, till results are obtained.

May we also suggest that the clinician must always be on the alert for a lobar pneumonia, due to a type pneumococcus, for which type serum might be useful.

L. W. McGUIRE, M.D., and

W. R. REDDEN, M.D., Chelsea, Mass.

Lieutenant-Commander and Lieutenant, Junior Grade, respectively, U. S. Navy.