As an illustration of the abuses that may arise and the injustice that can be done at the present time, it may be well to call attention to some of the variations in the laws relating to patents in different countries.

The duration or life of a patent varies from a minimum of three years in some of the South American republics to twenty years in Mexico, Belgium and Spain; our own country limits the life of a patent to seventeen years.

In Germany, Austria and Hungary food products and chemical products as such cannot be patented, although the processes by which such products are produced may be patented. In France no patents are granted for medicines and pharmaceutical compositions, and added precautions are taken to prevent the creation of a monopoly in the manufacture and sale of medicinal products. In Denmark medicines and food products are not patentable, and in Switzerland neither the product nor the process for making a chemical substance can be patented.

In our own country both product and process patents are granted for useful inventions quite irrespective of the uses for which the product is intended.

The rights and privileges conferred on individuals under our American laws relating to patents and trade-marks have been repeatedly discussed in so far as these laws are thought to interfere with or to hamper rational progress in sciences relating to materia medica, and attention has been called to many of the more or less apparent abuses.

At the Chicago (1908) meeting of the American Medical Association a special committee of five was appointed by the House of Delegates to study the questions involved, and to cooperate with the committee on medical legislation in preparing and securing the enactment of a bill which would correct the abuses thought to be connected with the enforcement of our patent laws. (THE JOURNAL A. M. A., June 13, 1908 p. 2003).

This committee presented a comprehensive report at the Atlantic City (1909) meeting of the American Medical Association (THE JOURNAL A. M. A., June 19, 1909, p. 2063). The committee, recognizing the fact that questions relating to patents and trade-marks are in a state of great confusion, suggested that redress from existing abuses be sought in court rather than by a change in the existing patent laws.

At the St. Louis (1910) meeting of the American Medical Association (THE JOURNAL A. M. A., June 18, 1910, p. 2079) the committee presented a report in which it was suggested that the subject be left to the Committee on Legislation and that the special Committee on Patents and Trade-Marks be discharged.

Other organizations have discussed the abuses arising from our present system of patent laws and their enforcement, and it is generally agreed that both for the public as well as for the inventor our laws and our system of patent law jurisprudence could be improved on. One well-known attorney in discussing this question from the point of view of the patentee (Louis C. Raegen, *Jour. Ind. and Eng. Chem.*, 1909, i, 203) asserts that this country gives the worst protection possible to the patentee seeking to enforce the rights plainly given him by the statutory law; on the other hand, by trick and device not found in the statutory law or in the patent laws of any other country, it enables him to hamper trade in the most effective manner possible.

The relation of our patent laws to our trade-mark laws and to corresponding laws in other countries is not generally appreciated and much educational work is needed. For instance it should be pointed out that names that are free in one country may be protected in another so that the publicity given to scientific investigations made in one country may be used for advertising purposes in connection with a proprietary article in another country.

In this connection it might be well to state that in France the word "adrenalin" has been denied registration for fear that a monopoly in the manufacture and sale of a pharmaceutical product might be created if an exclusive right were given to the name by which such product is generally known, while in our own country the same name is applicable only to the product of one firm. On the other hand, the

word "antipyrin" which is now included in the Pharmacopeia of the United States and generally accepted as a generic name for a well-known chemical, appears to be protected in some of the countries of Europe and applicable only to the product put out by the original manufacturers.

The abuses arising from this variation in the trade-mark laws of different countries should be studied with a view of suggesting means for overcoming the troublesome questions arising in connection with the nomenclature of synthetics and other new remedies for which arbitrarily coined words are being used.

One other point that is worthy of serious consideration is the fact that practically all of the abuses that are evidenced in connection with patents or trade-marks and new remedies are due to the *abuse* rather than the rational use of the remedies under consideration. For a patent establishes a monopoly; a monopoly permits of excessive profits; excessive profits lead to extensive advertising; extensive advertising leads to misuse of the patented article.

To recapitulate briefly the observations and suggestions herein offered your committee would recommend:

1. That for the present at least no effort be made to test the validity of a product patent which has been declared valid in one or more courts.

2. That the inadequacy of our present patent laws in so far as they pertain to drugs and medicines, and particularly their enforcement, be brought to the attention of the medical profession with the view of securing the interest and cooperation of physicians in an improvement of present conditions.

3. That the Council on Pharmacy and Chemistry request the cooperation of the Council on Health and Public Instruction in a comprehensive and comparative study of the patent laws of the leading countries of the world and subsequently to aid in bringing to the attention of the profession and of the public the abuses arising from proprietary rights in names or in products used in connection with the healing art.

Correspondence

Artificial Respiration in Asphyxia Neonatorum

To the Editor:—My attention was attracted to an interesting article on asphyxia in the Therapeutics Department of THE JOURNAL (Sept. 23, 1911, p. 1056). After the author has discussed asphyxia livida and asphyxia pallida with appropriate methods for their treatment, he proceeds by saying that "next, the 'Byrd Dewey' method of artificial respiration should be tried," and then he gives the method of operation, not in accordance with the "Dew method." This leads to a desire on my part to make some important incidental statements.

In March, 1893, I read a paper before the New York Academy of Medicine in which I established a new method of artificial respiration in asphyxia neonatorum, which I regarded as absolutely original with myself, having practiced it for a great many years. In calling Dr. Clifford Edgar's attention to my paper and asking him to participate in its discussion at the academy, he told me of a method proposed by Dr. Byrd of Baltimore, which was very similar and which he had published in his book. I had never before seen or heard of Dr. Byrd's method and cannot now describe his procedure.

The directions for my method are to grasp the infant with the left hand, allowing the neck to rest between the thumb and forefinger, the head falling far over backward, straightening the mouth with the larynx and trachea, at the same time serving to raise and hold open the epiglottis. The upper portion of the back and scapula resting in the palm of the hand, the other three fingers should be inserted in the axilla of the baby's left arm, raising it upward and outward. Then, with the right hand, if the baby is large and heavy, grasp the knees in such a way as to hold them with the right knee resting between the thumb and forefinger, the left between the forefinger and middle finger. This position will allow the back of the thighs to rest in the palm of the oper-

ator's hand. If the infant is small and light it will be found easier and more convenient to hold it in the same way by the ankles instead of by the knees, allowing the calves instead of the thighs to rest in the palm of the hand. The next step is to depress the pelvis and lower extremities so as to allow the abdominal organs to drag the diaphragm downward, and with the left to bend the dorsal region of the spine gently backward. This causes the ribs to move upward and outward, opening up like the segments of a fan, thus enlarging the cavity of the thorax both laterally and vertically, exciting inspiration. Then, to excite expiration, reverse the movements, bring the head, shoulders and chest forward, closing the ribs on each other and at the same moment bring forward the thighs, resting them on the abdomen. This movement arches the lumbar region backward, and so bends the infant on itself as to crowd together the contents of the thoracic and abdominal cavities, resulting in a most complete and forcible expiration. While this movement is a powerful one, the operator can, by his manipulations, accomplish it without shock and render it as gentle as he pleases. These movements should be repeated from ten to fourteen times a minute. In some instances it will be found desirable by mouth-to-mouth inflation to fill the lungs. This will often aid the introduction and expulsion of air. This method is prompt, reliable, easy to perform and perfectly safe; it possesses all the advantages of the Schultze method and none of the disadvantages.

ADVANTAGES OF METHOD

1. It is most efficient in all cases in which artificial respiration in asphyxia neonatorum is indicated.
2. Years of experience have proved its unquestioned value.
3. It can be practiced with ease and readiness to the operator.
4. Its movements are easy and can be resorted to at any moment and anywhere.
5. While its inspiratory movement will be found, by experience, to be even more efficient than in most other methods, the expiratory movement is far more complete and satisfactory than in any other method.
6. Nearly or about all of the air drawn in can be exhaled. This is a great advantage.
7. Owing to the force and at the same time to the absolute control which the operator has over the expiratory movements, he is able to compress the contents of the thoracic cavity to just exactly that degree deemed by him wisest and best, thereby favoring and hastening the general circulation, since by every act of compression the blood is forced from the heart and large blood-vessels, the valve opening for the forward flow and closing on any recoil or backward movements.
8. This method can be employed before cord is cut, where it seems important to save as much blood as possible to the infant.
9. The operator can sit or move from place to place about the room, greatly to his relief from fatigue, still continuing the respiratory movements.
10. If thought best, the movements can be kept up while the infant is immersed up to its chin in hot water.
11. By elevating the buttocks and depressing the head and shoulders, the expulsion of mucus can be effected as in the Schultze method.
12. This method can be readily alternated with other methods when thought best.

J. HARVIE DEW, New York.

Transmission of Disease by Books

To the Editor:—I am preparing a paper on "Books As a Source of Disease," to be read before the International Congress of Hygiene and Demography, and in order to obtain data I respectfully request the readers of THE JOURNAL to send me an account of any cases the source of which has been traced to books or papers, or in which the evidence seemed to make books the offender. Furthermore, I would be interested in information about cases in which illness or even death has been caused by the poisons used in book-making. All the

information possible is wanted to present as complete a paper as possible. As in the case of insects which we now know to be "carriers of disease," it is first necessary to collect the scattered evidence in order to show that there is real danger in books; this evidence will lead to better care being taken of libraries, and thus be a factor in preventive medicine.

W. R. REINICK.

1709 Wallace Street, Philadelphia.

Data on Uterine Cancer Patients Wanted

To the Editor:—With the approval of a number of prominent gynecologists of this city, I am gathering statistics on uterine cancer from a new aspect; with the hope that some deductions of value may be made from a long series of cases. I am not a physician myself, but I have printed blanks which I will be glad to send to any physician who will have his patients fill them out. They are printed in the simplest form possible, so that they may be filled out by the patients themselves, thus relieving the physician of that labor, except that he is requested to supply the diagnosis of the case on the last page after the blanks have been otherwise fully filled by the patient. All suggestions of cancer have been studiously avoided, and the blank contains a statement to the patient that a study is being made of nervous disorders.

I will be glad to send as many blanks as are desired, to any physician who will have them filled out for me.

E. ATLEE, West Spruce Street, Philadelphia.

A National Department of Health

To the Editor:—However we may view osteopathy, we must congratulate osteopaths, as was done in the editorial in THE JOURNAL (Nov. 11, 1911, p. 1620), on their change of front regarding the national department of health movement. Their anxiety lest a physician be appointed to the cabinet closes only a small remainder of those fears which impelled them to oppose the Owen bill *in toto*. I think that were there appointed as secretary of health a recognized master of sanitary organization, all these sectarian differences would coalesce in one voice of satisfied approval.

Whether it be premature to suggest and urge a fit man for secretary of health is a matter of forecast. I will risk being called out of order, however, and say that were Colonel Gorgas asked to try to do for the United States what he has done for the Isthmus of Panama, no one cognizant of his record could oppose the choice.

JOSEPH S. LEWIS, Buffalo, N. Y.

Philanthropic Cancer Work

To the Editor:—The remarkably good work, from the standpoint of science as well as philanthropy, which is being conducted by the St. Louis Barnard Free Skin and Cancer Hospitals, should be called to the attention of the medical profession through the columns of THE JOURNAL. It will not be devoid of interest to the readers to learn that in the Middle West opportunities are presented to physicians for the observation and study, at the bedside and in the laboratory, of cancerous disease to an extent not equaled anywhere in this country. The large wards and well-attended outdoor services are supplemented by laboratories equipped for every phase of cancer work which might suggest itself. The pathologic and research work is in charge of a full-time director, aided by competent assistants.

From the standpoint of philanthropy the hospital is unique. Sufferers from cancerous disease unable to purchase elsewhere accommodations and services are admitted free; but no patient has access to the hospital who is able to seek elsewhere the necessary relief and treatment. Everything is free both to the patients and to those physicians who wish to avail themselves of the advantages of the hospital. Necessarily the number of patients who can be admitted is limited, and it is not a home for incurables; but the administration makes every effort to accommodate those seeking admission and extends the benefits of the institution to all who need them.