Correspondence

"THE GROUND GLASS OBSESSION"

To the Editor:—The editorial with this title (*THE JOURNAL*, March 23, 1918, p. 852) I fear is far from the truth, especially in this part of the country. I wish you really knew how much there is going on along this line. Enclosed are a few cuttings; these are absolutely authentic reports from headquarters. If it stopped at ground glass it might be easy; but steel filings, stone, sand of a very irritating kind, aluminum or wire filings, and brassy metal powders have all been found, and chemicals, such as potassium bitartrate. In fact, it is a growing evil, and it does not stop at flour stuffs. We reported to the attorney's office cases of delicatessen canned goods all "doctored," and had a big round up this week after a most serious finding. I regret the necessity of asking you to withhold my name from publication for this time, but I am an old member and am on war and secret service work, and after the continual fires and explosions here, we cannot be too careful. In fact, we are not sufficiently careful in our subways and other important points. Hence, I advise research in lines scarcely dreamed of, and I am sure Prof. E. M. Chamot of Cornell can bear me out in this. There is urgent need of work of a microchemical nature, for example, in the steel and wood work of aircraft. In these, supports have been cut and lead substituted in such a way as to be undiscovered except by metallomicro-analysis. In one instance this resulted in three machines coming down and killing our boys. Hence, as a matter of government, war and medical necessity, *THE JOURNAL*, our standby and support in this great medical, scientific and serious work, should urge closer and more careful work and far more methods of discovery to combat this powerful and wide awake enemy.

AN ARMY SURGEON.

THE USE OF IODIN IN THE PREPARATION OF THE PATIENT FOR DELIVERY

To the Editor:—The use of tincture of iodine in the preparation for abdominal section has become so general that its value as an antiseptic is well established. That its use in obstetrics has not become more general is surprising, especially when its many advantages are considered. The maintenance of asepsis even in the normal delivery offers many problems that are not encountered in surgical work.

The main objection to the use of iodine in this connection seems to be that first, many skins in the region of the vulva cannot tolerate its use, and secondly, many patients complain bitterly of burning and smarting subsequent to its application.

During the past few months at the Grace Hospital we have used several preparations or strengths of the tincture and have concluded that tincture of iodine, one-third strength, or tincture of Iodine, U. S. P., one part, Alcohol, two parts, offers a preparation that is almost ideal for use in obstetric work. Tincture of iodine of this strength has been used in the preparation for delivery of nearly 200 patients, and in no instance have there been any signs of dermatitis or any complaint of undue smarting or burning on the part of the patients. I have also used this preparation as a final procedure for delivery in private practice practically as a routine measure during the past four months.

At the hospital our technic of preparation of the patient for normal delivery is as follows: At the onset of labor the usual bath and enema are given, and the patient is clipped and shaved at the vulva. At the time of delivery or vaginal examination, the vulva and inner thighs are washed carefully with sterile green soap and sterile warm water. The vulva and thighs are now irrigated from above with 2 quarts of mercuric chlorid, 1:1,000, poured from a pitcher. If delivery is not to follow immediately, a sterile towel is wrung out in the mercuric chlorid solution and folded over the vulva. If, however, delivery is to follow shortly, the skin and vulva are dried by means of a cotton sponge on a stick and the prepara-

tion of iodine described above is applied by this same means. An area about 9 inches square should be covered beginning at the labia, then to the mons, the inner surface of the thighs, and lastly the anus. Every point within the area should be covered by the stain. The sterile drapings are now put in place by the physician or nurse so that only those parts of the vulva and thighs that have been stained are exposed.

By means of this painting or staining and only by this means are we positive that every part of our field has been treated by a suitable antiseptic. We can see just what has been covered.

I feel that the iodine in this connection gives a finishing touch to our preparation that makes for better technic, and that this extra precaution against infection gives added assurance to the obstetrician.

In cases of precipitate birth in which, owing to lack of time, the proper preparation is impossible, it is nearly always possible to use the iodine at least.

It seems to me also that if the iodine preparation could become more general in patients in poor surroundings, among midwives and the like, owing to its staining properties disinfection might be made more thorough.

HERBERT THOMS, M.D., New Haven, Conn.

OPPOSITION TO THE NEW YORK HEALTH INSURANCE BILL

To the Editor:—*THE JOURNAL* (April 6, 1918, p. 1017) states that on the hearing on the New York health insurance bill, the bill had "the unanimous endorsement of the State Federation of Labor, the Women's Municipal League, Women's Trade Union League, and the Consumer's League of New York."

It ought to be of interest to the readers of a purely medical journal to hear that this bill was opposed by every county medical society in New York State as represented by Dr. Henry Lyle Winter, chairman of the Committee on Economics of the state society, and also by Dr. James F. Raney, chairman of the Legislative Committee of the state society. The New York County Medical Society had four representatives to voice its opposition. The city of New York was represented by its new health commissioner, Dr. J. L. Amster, also in opposition to that bill. These are facts that others like myself, members of the American Medical Association and patrons of *THE JOURNAL*, are entitled to know as matters of vital interest and important news.

JOHN P. DAVIN, M.D., New York.

PREVENTION OF BLOOD CLOTTING BY DAKIN'S SODIUM HYPOCHLORITE SOLUTION

To the Editor:—We wish to record here very briefly a few facts with regard to the action of Dakin's solution on clotting. The solution used was obtained from the War Demonstration Hospital (Rockefeller Institute) freshly prepared every morning. Dog's, cat's and rabbit's blood flowed from an artery directly into Dakin's solution, one part of Dakin's solution to every five parts of blood. Such blood remains unclotted for ten or more days. For older solutions larger proportions must be used. The addition of a sufficient quantity of a calcium salt does not produce clotting. Neither does the blood become clotted by the addition of a foreign body, nor does fibrin form by whipping. The solution in this proportion produces a gradual laking of the red cells. When blood is drawn into an oxalate and centrifugalized, a clear plasma is obtained; when Dakin's solution is added to such plasma and the oxalate then neutralized by calcium salts, a clear, unclotted solution is obtained which can be kept for some time.

The addition of a tissue extract (thromboplastic substance, Howell) causes clotting of blood with Dakin's solution at any time. Blood which runs into Dakin's solution over body tissues is likely to clot. Whipping of blood kept fluid by Dakin's solution does not prevent subsequent clotting by tissue

extract. The prevention of clotting by Dakin's solution is evidently due to its action on the thrombin. Dakin's solution does not seem to prevent clotting of guinea-pig's blood in the proportion effective for dogs and rabbits. Blood of rabbits which received epinephrin clots in Dakin's solution within twenty-four hours.

The blood of dogs or rabbits which received intravenously Dakin's solution in the proportion of 7.5 c.c. to 1 kg. of body weight, drawn within four hours of the injection and kept at room temperature, remains fluid for several days. As a rule, such animals succumb sooner or later to such an injection. The sodium hypochlorite solution which we received from the hospital was slightly alkaline, but a simple alkaline solution equal in alkalinity to such a solution did not prevent clotting.

Our observations have among others the following practical significance: Dakin's solution employed in wounds with capillary bleeding does not sustain the continuation of a hemorrhage. This is probably on account of the presence of tissue fluid which neutralizes the anticoagulating effect of the solution employed. A detailed report will appear in the *Journal of Experimental Medicine*.

T. S. GITHENS, M.D., and S. J. MELTZER, M.D.,
New York.

Department of Physiology and Pharmacology, Rockefeller
Institute for Medical Research.

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.

CHRONOLOGIC SCIENTIFIC DATA

To the Editor:—I am desirous of obtaining information as to the exact dates of certain events in medical history. If possible, please furnish me with the information requested below:

1. Exact date on which Dr. O. W. Holmes published his paper, discussing the contagious nature of puerperal fever.
 2. Exact date in 1888 on which the Pasteur Institute was established.
 3. Exact date in 1885 on which Pasteur began inoculation against hydrophobia.
 4. Exact date in 1894 on which the use of diphtheritic serum was announced.
 5. Exact date on which typhoid vaccination was announced.
 6. Exact date on which chloroform was first used as an anesthetic.
 7. Exact date in May, 1905, on which the discovery of the organism causing syphilis was announced.
 8. Exact date on which American Medical Association was organized.
 9. Exact date on which American Red Cross was organized.
- R. C. WILLIAMS, M.D., Assistant Surgeon, U. S. P. H. S., Miami, Ariz.

ANSWER.—1. Feb. 13, 1843, Oliver Wendell Holmes read to the Boston Society for Medical Improvement his paper on "The Contagiousness of Puerperal Fever," which was published in the *New England Quarterly Journal of Medicine and Surgery*, April, 1843.

2. Nov. 13, 1888.
3. July 6, 1885.
4. *Deutsche medizinische Wochenschrift*, Dec. 4, 1890.
5. *Deutsche medizinische Wochenschrift*, Nov. 12, 1896.
6. Nov. 10, 1847.
7. Published simultaneously in the *Deutsche medizinische Wochenschrift*, May 4, 1905, and in the *Berliner klinische Wochenschrift*, May 29, 1905.
8. The American Medical Association was organized when a convention, representing all the organized medical societies, "resolved itself into the American Medical Association." This action was taken, May 7, 1847.

9. There was a Red Cross organization in the United States as far back as 1869. It was incorporated in 1881 and again in 1893 and in 1900. In 1904 the American Red Cross was entirely reorganized, and Jan. 15, 1905, Congress passed an act incorporating the present American National Red Cross and establishing the conditions that should shape its career. The incorporation papers for the Red Cross organization in 1881 were filed, October 7, at 3 o'clock.

CONTRACT SURGEONS

To the Editor:—Kindly give me some information about contract surgeons in our Army. Do salaries vary or are all paid the same amount? What is the salary? Would a specialist be assigned to his specialty in this contract service, or to any kind of work where he would be needed?
A. G.

ANSWER.—According to the Act of Feb. 2, 1901: "In emergencies the Surgeon-General of the Army, with the approval of the Secretary of War, may appoint as many contract surgeons as may be necessary, at a compensation not to exceed \$150 per month." According to the Manual for the Medical Department, contracts are entered into only by the Surgeon-General or by his authority. They are either general or special. A general contract obligates the contract surgeon to take station and change station as ordered. He is furnished quarters and receives pay as stipulated in the contract, and the travel, fuel and light allowances of a first lieutenant. He is expected to give his entire time to the public service. If the exigency requiring the employment of a contract surgeon is likely to be temporary, contracts are made for a term of three months or less; if its longer continuance is probable, the term is one year. In either event, it is subject to annulment when the services of the physician are no longer required.

Special contracts are for local service only at stations designated where the amount of service called for is not sufficient to warrant the assignment of a medical officer. No travel is required under such contracts. The physician contracted with is not expected to take station at the post or to give up his private practice except so far as it is necessary to do so in order to carry out his public duties. He is not furnished quarters or other allowances.

CONTRIBUTIONS FOR BELGIAN AND FRENCH PHYSICIANS

To the Editor:—A number of times recently I have noticed requests for surgical instruments to be donated and sent to various fields of usefulness. A woman whose husband was a prominent physician here up to the time of his death wishes to know where to send the balance of his instruments that they may be of the most service. They are in good condition, are for the greater part of the old style ebony handle days, are mostly bone amputating sets, etc., and include an old fashioned light wooden splint outfit.

C. W. ELLYSON, M.D., Waterloo, Iowa.

ANSWER.—The instruments may be sent to Dr. W. W. Keen, 1729 Chestnut Street, Philadelphia. Dr. Keen has asked those who have surgical instruments to spare to donate them to the civilian physicians of Belgium and France. Even old fashioned instruments can be disinfected, and they will prove of the greatest use when these physicians return to their devastated homes.

Medical Education and State Boards of Registration

COMING EXAMINATIONS

ARKANSAS: Little Rock, May 14. Sec., Regular Board, Dr. T. J. Stout, Brinkley; Sec., Homeopathic Board, Dr. W. B. Hughes, 900 Scott St., Little Rock; Sec., Eclectic Board, Dr. C. E. Laws, Ft. Smith.

GEORGIA: Atlanta and Augusta, May 30-June 1. Sec., Dr. C. T. Nolan, Marietta.

HAWAII: Honolulu, May 6. Sec., Dr. G. A. Batten, Box 375, Honolulu. MASSACHUSETTS: Boston, May 14-16. Sec., Dr. Walter P. Bowers, Room 501, No. 1 Beacon St., Boston.

NEVADA: Carson City, May 6. Sec., Dr. S. L. Lee, Carson City.

NEW YORK: Albany, Buffalo and Syracuse. May 21-24. Sec., Dr. W. J. Denno, Education Bldg., Albany.

Scarcity of Mercury in Denmark.—S. Lomholt writes to the *Ugeskrift for Læger* of Copenhagen to warn of the necessity for strict economy in the use of mercury. He says that most unexpectedly it has been found that the supply is cut off by the new American blockade policy, just when the supplies on hand were unusually low. He doubts whether the condition can be much improved, as mercury is used in the manufacture of munitions. No one seems to have foreseen the possibility of a scarcity of mercury. He suggests that mercury be given in treatment of syphilis by intravenous injection instead of the wasteful inunction method, with which only about 1 per cent. is absorbed.