

and sell both the methylene disalicylic acid and the acetyl methylene disalicylic acid. Which of the two was tested? There is a vast difference between them. Here, again, Professor Sadtler verified the correctness of our chemical by testing at the time of applying for patents.

Should the Heyburn Pure Food Bill become a law, it will not interfere in the least with the sale of our products in any state of our union.

Let us state in closing that this most evident partisanship is unfair. Why is not the purity of the products of our foreign competitors questioned? Perhaps they fear that the brains which produced the ideas that are responsible for these new chemicals, which have been abundantly confirmed by the United States Patent Office, might take away from them some of the profits that they have been reaping in the American market.

The able clinicians who study the physiologic actions of their remedies are able to learn the therapeutic efficiency of the same. Yours very respectfully,

S. LEWIS SUMMERS,  
Organic Chemical Manufacturing Company.

#### Death and Blindness from Wood Alcohol.

CHICAGO, April 23, 1904.

*To the Editor:*—The following circular letter has been sent to members of the Section on Ophthalmology of the American Medical Association and to some other physicians who would be most likely to furnish the desired information. If any of your readers, who have not received the circular, will assist in the investigation, by sending a report of unpublished cases, it will be gratefully received and acknowledged:

In my judgment the time has arrived for placing preparations containing wood alcohol on the list of poisons. It would also, in my opinion, be appropriate if the initial steps were to proceed from the Section on Ophthalmology of the American Medical Association. As representative of that body in the House of Delegates I am gathering evidence to prove the toxicity of methylated preparations, a short account of which I propose to lay, first of all, before the Section, and then, by resolution, before the House itself. In that way pressure can be exerted on the various states in the hope of inducing appropriate legislative action.

Will you kindly assist in this work by sending me a short account of any unpublished case of death or blindness, personally known to you, that has followed the ingestion of wood alcohol? I especially desire particulars as to the form of the poison—whether taken as Columbian spirits, Jamaica ginger, essence of lemon or peppermint, cologne spirit, etc., or as ordinary beverages adulterated with methyl alcohol. The results of analyses of these preparations will be of especial value in this investigation.

Occasional descriptions of methyl-alcohol intoxication are published in the smaller general medical journals or mentioned only in the local press. Clippings from these sources would also be welcome.

103 Adams Street.

CASEY A. WOOD.

#### Use of Ether at Battle of Wilderness.

BOSTON, April 23, 1904.

*To the Editor:*—I am sorry to see in THE JOURNAL of this date a "magazine written" article, mainly for the purpose of repeating the old falsity that W. T. G. Morton discovered and introduced ether anesthesia, when he himself at first acknowledged that Dr. C. T. Jackson gave him the prescription with directions, later given to Massachusetts General Hospital and by it given to the world.

JACOB L. WILLIAMS, M.D.

MARSHALL, TEX., April 25, 1904.

*To the Editor:*—It would appear to one of your southern subscribers and a son of one of those "rebels" "who did not generally fire on those wearing the ambulance badges," that the article in THE JOURNAL, April 23, entitled "The First Use of Ether as an Anesthetic at the Battle of the Wilderness in the Civil War" is more of a laudatory article on the exceptional valor of the pension drawers than one of interest to medical men. What is said of ether would not occupy ten lines in the article, which is made up of heroic federal and vanquished rebel.

Believing THE JOURNAL to be non-partisan as much for the conquered rebel as for the victorious federal, I was surprised and grieved to find any such article in its pages.

CHARLES E. HEARTSILL, M.D.

## Queries and Minor Notes.

### THE SO CALLED ABSORPTION TREATMENT OF CATARACT.

CONVERSE, IND., April 13, 1904.

*To the Editor:*—Is there any remedy that will remove the opacity of the lens in the condition commonly termed cataract? Is there anything in the so-called absorption or disintegration cure? There are thousands who fall into the hands of the so-called curist. Are any cures wrought from this manner of treatment, and if so, what is it? Some have come under my observation who have apparently been benefited, but would they not have been better without any medications?

M. CATON KIMBALL.

*ANSWER:*—The ordinary forms of cataract are due to structural changes in the lens, whose fibers, previously as transparent as clear glass, are converted into an opaque substance comparable to ground glass. In rare instances, such as in the early stages of cataract from diabetes, the opacity in the lens may be due to exudates thrown out between the fibers, and not to actual destruction of the lenticular tissues. This form of cataract is a rare exception to the rule, and if the disease that gives rise to it progresses (as it commonly does) the crystalline fibers themselves are eventually destroyed and their place taken by opaque material, as in the senile or other common forms of cataract. Bearing in mind these facts one can readily understand how absurd is the "absorption" or any other "cure" of genuine cataract. Neither manipulation of the eyeball nor local applications, however mild or severe, will avail to restore the destroyed lens fibers. One might as well expect to "absorb" an organic lesion of the cardiac valves by rubbing liniment over the left breast. Apparent improvement or cure of cataract by these methods are mostly due (1) to the imagination of the patient, (2) to the fact that the dulled vision arose partly or altogether from a curable eye disease not situated in the lens (some corneal affection, for example), or (3) to the absorption of a diabetic deposit in the lens substance which underwent a partial or total absorption coincident with improvement in the systemic condition. In all these cases the improvement might occur with or without treatment. It must be remembered, also, that improvement in the vision of cataractous eyes sometimes takes place for a time if the local health of the ocular apparatus is improved by rest and soothing applications, or if the pupil be kept dilated by atropia or other mydriatics. Finally, there are such lenticular opacities as "stationary" cataracts; the disease progresses to a certain extent and then, without any particular reason, remains *in statu quo* for many years. Doubtless the "absorption cure" has often received credit for this form of "improvement."

### COMMISSIONS.

RICHMOND, VA., April 21, 1904.

*To the Editor:*—A and B are members of one school and C is a member of another school, A and C being surgeons, while B is a general practitioner. Because A will not divide fees with B, the latter throws his surgical cases into the hands of C, who will divide. How about the ethics involved, and would the membership of B or C in the A. M. A. be affected under the circumstances?

QUERY.

*ANSWER:*—Membership in the American Medical Association depends on membership in the county society, consequently the question with which our correspondent concludes is one that belongs to the county society. The Principles of Medical Ethics of the A. M. A. says: "It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions." (Sec. 4, Article 6, Chapter 2.) We answer with entire disregard of our correspondent's statement concerning "one school" and "another school."

### ATAVISM IN THE NEGRO.

SALEM, MASS., April 24, 1904.

*To the Editor:*—I have been interested in the following discussion: Can an octoroon woman married to a pure white man give birth to a pure negro child, or one of darker skin than herself? May she give birth to a white child with all the facial characteristics of the negro? Is there such a thing as a revert in a case of this character? Authorities seem to disagree and I was informed you might give me some information.

H. A. C.

*ANSWER:*—Such reversions, we believe, are not only possible but probable as occasional occurrences. These reversions are likely not to be complete, but we could not say that such would be impossible. We are under the impression—this also without support of statistics—that they are more common with the white mother and hybrid father than when the reverse is the case.

### PATIENT IS FREE TO CHOOSE PHYSICIAN—CONDUCT OF LOCUM TENENS.

T. O. sends these two queries: 1. A calls B in consultation or to give anesthetic. The family are favorably impressed by B, and when next they need a physician call in B. B takes the case. Is