

unless it is changing my dorsal position into a ventral. I have thoroughly covered every claim for the operation which you make and gave this information to the medical profession as early as May, 1892. Look the matter up. I inclose a reprint from the *Philadelphia Medical Journal* that will afford all the data necessary.

[Signed]

Very truly,

"JOHN S. PYLE."

To the above letter I sent the following reply:

"NEW YORK, May 24, 1901.

"Dr. John S. Pyle:

"Dear Sir:—In reply to your letter I would state that while writing my recent article I was already cognizant of what you had published. As, however, the operative method you reported in 1892 belonged to Zuckerkandl, who first published it in 1889 (*Wein. Med. Presse*), I saw no good reason for mentioning you among the original workers in the field. I really do not see that I have anything to apologize to you for. If I were in your place, however, I should feel like making an apology to Zuckerkandl.

Yours truly,

[Signed]

"EUGENE FULLER."

Dr. Samuel Alexander of this city tells me that some time ago Dr. Pyle wrote him also, complaining that something he (Alexander) had written in connection with perineal prostatectomy encroached on his (Pyle's) operative territory. Dr. Alexander further informed me that he at the time wrote Dr. Pyle, giving references to the literature on the subject which showed that Dr. Pyle's operation was not original with him. Dr. Pyle's photograph in his article which appeared in the *Philadelphia Med. Journal*, April 1, 1899, shows that his incision is an exact copy of the Zuckerkandl incision.

In the light of my letter to Dr. Pyle, and of Dr. Alexander's correspondence with him, it hardly seems to me that that gentleman has any justification in still ignoring Zuckerkandl and in persisting in his claim to originality. In referring to such action, Dr. Pyle in his letter to me states:

"This is, indeed, unjust and unprofessional if the facts are known to the new claimants."

I have given Zuckerkandl full credit in my article for his work. I am perfectly willing to leave to the medical profession the settlement of the question of credit in this connection. If one will try both the Zuckerkandl operation (the one Dr. Pyle does) and the one I have advocated, he will then be in the proper position to see the radical difference between the two procedures.

Yours respectfully,

EUGENE FULLER, M.D.

Normal versus Decinormal Salt Solution.

AFTON, IND. TER., June 20, 1901.

To the Editor:—In THE JOURNAL of June 15 is a communication from Dr. C. S. Minnich on normal salt solution; he concludes that the solution meant is the "decinormal," not "normal." "Normal" means "the rule," the general average; if a man, a horse, or a cow has the normal number of teeth, it has the number which is the rule for the species; if a man has in his blood-serum sodium chlorid to the amount of 0.6 to 0.8 per cent., then he has the normal amount; normal for a chemist's test solution or reagent, and normal for human blood are two wholly different "normals;" universal agreement could be made whereby the normal and decinormal of the chemist could be changed; but environment has been unable to change the blood serum of terrestrial animals very much from the sea water, which was their original habitat.

Professor Fish, of Cornell, in his recent article on the blood, in the "Reference Hand-Book of the Medical Sciences," places the soluble inorganic salts at 6.4 parts per 1000, "the principal salt is the chlorid of sodium;" (Edition of 1901, vol. ii, p. 35.) Flint, "Physiology," Fourth Edition, p. 21, places the inorganic salts at 6 to 8 parts per 1000. Samuel M. Brinckner, in "Foster's Reference-Book of Practical Therapeutics," vol. ii, p. 321, says: "In the serum of the normal (not decinormal) human body sodium chlorid is found in the proportion of 0.6 per cent. This has been named the normal or physiological salt solution." Now, assuming that the general average, the

standard, or the normal is 0.6 per cent. and the weight of a pint of distilled water at 60 F. is 7291 grains, then 0.6 per cent. is 43.746 grains of sodium chlorid to make a "physiological" or "normal" salt solution; this is 87.5 grains to a quart, which happens to be nearly the same as Dr. Minnich's "decinormal" solution of 89.9 grains, but he again proves himself inexact, for 89.9 grains is the amount for a liter, and a liter is 1.0565 of a quart; more, by nearly 6 per cent. Chemical knowledge is a fine thing, but one must not try to impose arbitrary chemical standards on nature, who fixed her "normals" at a time when the memory of man "runneth not to the contrary."

Very respectfully,

R. H. HARPER, M.D.

The X-Ray in Quackery.

To the Editor:—In the issue of March 2, there was published an interesting editorial headed: "The X-ray in Quackery," which was quite prophetic. Here is the essence of a letter sent me by an upright, intelligent physician from Iowa, which explains itself: "Within a few miles from my office lives a priest-physician who claims to have an improved x-ray machine by means of which he told a patient that he had an attack of cystitis, and another that he had a cancer in the stomach and that a few nodules had developed within the last ten days, etc."

The physician, who is anxious to do good work and desired to secure the best apparatus to become as perfect a diagnostician as possible, consulted me concerning the possibilities of the x-ray. It is scarcely necessary to inform you that I denounced the priest as a quack and assured my medical friend that there is no machine discovered as yet, which can "transform a human being into glass."

The time is not far distant when the following "Ad." will appear in the newspapers:

"The Microscope outlived! By means of our special improved x-ray machines, in a few seconds we can watch how your food is digested in the stomach and how the cells in the brain collapse! Do you suffer from indigestion or headache—come to our laboratory—we will let you see yourself as if you were made of glass!"

What a bad world to live in! Barnum was right: The people want to be humbugged—the quacks are accumulating bank accounts, while the scientific and conscientious practitioner is probably worrying how to meet his rent.

This is all abnormal. There are ways and means to crush quackery if the American physicians were united, but that, so far, is an Utopian dream. *Sic transit gloria mundi!*

Respectfully yours,

GUSTAVUS M. BLECH, M.D.

The Virchow Fund.

NEW YORK CITY, July 1, 1901.

To the Editor:—Some months ago a committee consisting of Dr. Reed, President of the American Medical Association, Dr. Bowditch, President of the Congress of American Physicians and Surgeons, Dr. Weir, President of the New York Academy of Medicine, Dr. Welch, of Johns Hopkins University, and the undersigned secretary, published an appeal to the American medical profession requesting contributions to the Virchow fund which was established ten years ago in honor of Rudolf Virchow's 70th birthday, which was reached Oct. 13, 1891. The fund was created for the purpose of fostering biological, anthropological and general medical research. A large German Committee, with national committees formed all over the globe, has undertaken to increase this fund in honor of the coming 80th birthday of the great medical reformer.

Whatever contributions will be raised should be sent to Germany on the first day of September in order to be received and acknowledged by the central committee in due time. As our former notices may have been overlooked by such as are anxious to show their appreciation of the great master and to aid the cause represented by his life-long labors, we herewith repeat our appeal.

A. JACOB, M.D., Secretary,

110 West 34th Street.