

mutual recognition of university degrees, especially medical degrees, shall be established without delay throughout Pan-America.

I invite your consideration of these ideas which I have jotted down as they occurred to me. It is my opinion that the American Medical Association is the body best fitted to launch this vast movement which will prove so eminently useful to the entire world. For this reason the physicians and the medical faculties of the United States ought to secure the opinion of their government, and if it approves the idea, an appeal should be made to each one of the American republics.

Why do we remain so distant? Why do we not know each other better, since a better acquaintance will promote the welfare of the countries in which we live and in which we are working to prevent and cure disease?

DR. F. VALLÉS VARGAS, Buenos Aires.

[COMMENT.—We are, of course, in sympathy with the lofty and far-reaching aims of our South American correspondent. It must be pointed out, however, that the goal he has in mind can be reached only by long and persistent labor, and that there are serious obstacles in the way. From our State Board Number, it will be seen that reciprocal relations are not yet an accomplished fact even among all the states in this country. In addition, before any such vast plan can be taken up, it will be necessary to have full information as to the character of medical education in all the countries involved, which may require an inspection of the medical schools, and some sort of uniformity established in the medical curriculums. With this end in view, the Council on Medical Education has been trying for some time to get data for Latin American countries similar to that now available for the United States. While this information has been forthcoming from some countries, it is still lacking for others; and we hope that the letter published above may serve to stimulate interest in this matter and make easier the collection of information on medical education in South America. The only countries from which such information has been received are Argentina, Bolivia, Brazil, Columbia, Mexico and San Salvador, and for some of these the information is quite incomplete.—ED.]

#### PRAGUE FOR POSTGRADUATE MEDICAL EDUCATION

*To the Editor:*—Last January I wrote you from Prague, informing you that I had been located in France for six months, being associated with the Czecho-Slovak army, having charge of the American Red Cross Hospital in Cognac; also that early in January the convalescent men were ordered back to their homes in Prague, and that I was asked to accompany them.

After reaching Prague, I gave up my position in the hospital and assumed another duty, which I consider to be of great importance both to the United States and the Czecho-Slovak Republic, especially from the medical point of view.

I proposed to look into the possibility of organizing a clinic for the development of specialists at the University of Prague along lines similar to those formerly held in Vienna and Berlin; knowing that for some time to come the medical men from the United States would not be going back to these German cities.

The surgeon-general of the Czecho-Slovak government believed this to be a good idea and consequently ordered me on a "Special Mission" to the United States to invite medical men who desired to come to Prague to study and to explain what they had to offer.

Feeling that this matter could be enlarged on, I asked to be allowed to study the situation in the other allied countries and therefore made a trip to Italy (Rome), France (Paris and Lyon) and England (London). In these cities I studied carefully the possibilities of medical education and believe that in London is the future for such education abroad.

I hope I may have the opportunity of presenting the results of my investigations in these different cities, comparing them,

one to the other, as well as all of them to our own postgraduate schools.

When I reached London, I examined THE JOURNAL at the library of the Royal Academy of Medicine, but found that the letter which I had sent from Prague had not appeared. Thinking that it might have been lost in the mails, I write this one, because I believe that the medical men in America are interested.

There are several men from America in Europe working along the same lines, among others Colonel Lloyd of New York, Capt. Lee Mastin Francis of Buffalo, also Dr. Franklin of London, England. In fact there are classes already doing good work, both in Paris and London.

JOSEPH E. BECK, M.D., Chicago.

Lieutenant-Colonel, Medical Corps, Czecho-Slovak Republic.

#### COMPULSORY DISPENSARY SERVICE

*To the Editor:*—Cooperation has become the watchword of our time. It might be considered by those who busy themselves particularly with the welfare of the people and of the medical profession, whether or not much good could be accomplished by obliging every physician in a community, whenever it can be done, to fill a hospital or dispensary appointment. This should not be a matter of privilege but a matter of duty. It would work out to the benefit of the public, as well as of the individual physician, who would enjoy a continuous postgraduate course. The details might be worked out by the American Medical Association. I respectfully submit this suggestion.

EMIL AMBERG, M.D., Detroit.

### 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.

#### SIOMINE

*To the Editor:*—What, if any, advantages has siomine over potassium iodid?

H. F. W.

ANSWER.—The advantage claimed for siomine over sodium iodid is that it can be administered in solid form, thus avoiding the taste of iodids which it is claimed is sometimes responsible for nausea. The following statement of the action and uses of siomine appears in New and Nonofficial Remedies, 1919, p. 146:

Siomine is decomposed in the intestine with formation of hexamethylenamine and iodide, the rate of absorption and excretion being essentially the same as that of inorganic iodides. It therefore produces the effects of ordinary iodides, from which it differs only in that it can be administered in solid form. The administration of siomine provokes the luctin reaction.

No therapeutic claims are made for the hexamethylenamine component of siomine, this being present only to render the substance insoluble.

While ordinarily the hexamethylenamine content of siomine may be ignored, the drug should be discontinued if any signs of hexamethylenamine intolerance should arise, such as vesical irritation or hematuria.

#### COLLOSOL MANGANESE

*To the Editor:*—Has anything been published on the efficacy of "Collosol Manganese" in malaria? I recently read the Council's report which indicated the fakishness of the "Crooke's Collosols," but I also was told that the War Office of England had requested a study to be made of colloidal manganese in malaria.

J. B., Columbus, Ohio.

ANSWER.—Stephens, Yorke, Blacklock, Macfie, Cooper and Carter report in the *Annals of Tropical Medicine and Parasitology* (Feb. 28, 1919, p. 345) the results of their investigation for the English government and conclude: "Collosol Manganese in the doses used is of no value in the treatment of simple tertian malaria."