

NAL, April 30, 1910, p. 1458, and a list of such products was given.

The Rexall products are sold by the United Drug Company. This organization, like the American Druggists Syndicate ("A. D. S."), consists chiefly of druggists who, not content with the profits derived from the sale of "patent medicines," started a cooperative organization for their manufacture and exploitation. Something in regard to this firm's methods of exploitation was said in *THE JOURNAL*, March 23, 1912, p. 876. Some of the Rexall products will be found mentioned in the second edition of "Nostrums and Quackery." "Rexall Headache Wafers," for instance, are referred to in connection with the federal prosecution of the United Drug Company on the charge of misbranding, and the fine which this company had to pay. "Rexall Sarsaparilla Tonic" was declared misbranded in the annual report of the Connecticut State Agricultural Experiment Station.

ANTIMERISTEM-SCHMIDT

Readers continue to send in circulars they have received in regard to a serum for cancer called Antimeristem-Schmidt. These circulars seem to have been rather well distributed over the country. Physicians should be warned that it is useless to send abroad for this serum at present, because under the government rule requiring a license before serums or allied products can be imported into this country, it will not be admitted to this country. According to our latest information, Antimeristem-Schmidt has no license. The manufacturers who are sending these circulars to the United States seem to have overlooked this fact.

This serum was discussed at some length in this department, March 8, 1913, p. 776, and to that discussion we refer those who desire further information.

Correspondence

Encouragement of Medical Research

To the Editor:—The communication of Professor Hoskins in *Science* (A Plan for the Encouragement of Medical Research, *Science*, Feb. 21, 1913, p. 303), and your editorial (The Encouragement of Medical Research, *THE JOURNAL*, March 22, 1913, p. 906) suggest a means of aiding medical research which is generally neglected.

We have in this country a large number of funds, controlled by medical schools, societies or hospitals, which were established for the purpose of offering prizes for essays, dissertations or theses on various phases of effort in medicine. These are awarded, almost without exception, to the successful one of a group of persons who have submitted essays. Occasionally the essays represent definite and valuable research work, but for the most part the award goes to a man who has submitted an essay based only on a digest of the literature of the subject in question, or occasionally with also a perfunctory outline of experimental work or an analysis of a few clinical cases. Certain notable exceptions might be quoted, but the usual decision of the committee indicates that the object of the founders of these various prizes, if it was the encouragement of research work, is not as a rule attained.

That more representative investigative work is not offered for these prizes is due in all probability to the fact that in these days of rapid progress immediate publication is essential, and few active workers are willing to submit to the delays demanded by the rules of the various prize committees; this is especially the case if the latter dictate the place and method of publication, and, as sometimes happens, demand that expense of publication be defrayed from the prize money.

Two ways of overcoming the present difficulties are apparent. One is somewhat in line with the suggestion of Hoskins. Let each committee that is not hampered by the original conditions of the deed of gift on which the prize is founded give up the idea of the submission of a thesis, and instead award

the prize to the one who, irrespective of locality, has published during the preceding year an investigation which they consider most meritorious in the field of endeavor represented by its prize, with the understanding that the money is to be used in defraying the expenses of the investigation in question or of a future investigation. Thus would worthy effort be recognized and encouraged, the better type of research fostered and financial aid, which is most important, would be given where it is most deserved.

Another method is that adopted by the Committee on Scientific Research and that on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association, the Rockefeller Institute, and the Elizabeth Thompson Science Fund; this is the issuing of grants to individuals for the prosecution of definitely specified work. In the hands of these organizations this method has given excellent results and has been adopted, I understand, by one of the prize committees of the New York Academy of Medicine. I believe that it is possible to apply this method to all the prize funds controlled by our various medical organizations. In some instances the conditions of the original endowment might prevent the adoption of this method, but in most instances, with the consent of the heirs of the original donor, the change could be made.

To establish either or both of these methods satisfactorily it would be necessary, however, for some central body to tabulate and systematize our knowledge of the available prizes or grants, so that investigators in need of financial assistance could apply to this central authority and state their problem and needs. This body could then refer the applicant to the local committee most likely to offer assistance.

The subject is one which might well be referred to the Committee on Scientific Research of the American Medical Association, which body, if cooperation appeared eventually to be possible, might act as the central bureau for the distribution of information concerning the various funds available for research.

RICHARD M. PEARCE, M.D., Philadelphia.

The Indian Medical Service

To the Editor:—In your editorial "Health of the American Indian" (March 15, 1913, p. 832), you state that "the Indian medical service . . . is totally unable in its present status to cope with existing conditions successfully." It may interest you to know what is the present status of the individual physician.

He is directly subject to the superintendent, a layman who may or may not agree with his recommendations concerning sanitary measures. It is the superintendent who renders the department a report on the physician's "efficiency."

The physician in the Indian service is a "health officer" who in most instances is not furnished with a microscope, stains, etc., unless he wishes to purchase them out of his meager salary.

He must be careful not to request any favored employees to do anything that is distasteful to them.

Maybe he did not come from the "best class of candidates;" but let us hope a government check will not be his only reward for his work, for he can say of the American Indian:

I have eaten your bread and salt;
I have drunk your water and wine;
The deaths ye have died I have watched beside,
And the lives that ye led were mine.

AN AGENCY PHYSICIAN.

Another Method of Making Buttermilk

To the Editor:—Ever since Metchnikoff called attention to the health-conserving and life-prolonging properties of the Bulgarian bacillus, various preparations of this bacillus, real or pretended, have been used to make sour milk. As many housewives, however, dislike to add these germ-containing tablets to the milk, and as they are quite expensive and not everywhere available, sour milk is not nearly so extensively used as it should be. I was interested in Dr. Alexander Armstrong's suggestion (*THE JOURNAL*, March 29, 1913, p. 1015) to use a small glass churn to make buttermilk when needed. My wife