

alcohol, glycerin, a trace of oil of wintergreen and vegetable extractive." No alkaloid or similar active principle was found and the extract had little distinctive taste or character, all its properties pointing strongly to its consisting largely of taraxacum, with some other extract containing a small quantity of tannin.

VENO'S SEAWEED TONIC.

The label on this preparation, according to our contemporary, states that the remedy "contains in a pleasant and agreeable form the active principle of seaweed . . . is prepared on an entirely new principle and is free from poisonous and mineral drugs." Analysis shows that the mixture contains "a small proportion of undissolved sediment, which, when collected and examined, agrees in all respects with the insoluble portion of leptandrin. Glycerin, a little phosphate, alcohol and a trace of chloroform are present and vegetable extractive. Careful examination of the latter gave evidence of the presence of the constituents of cascara sagrada, senna and rhubarb."

MUNYON'S KIDNEY CURE.

The label on this preparation is said to bear the words: "Cures Bright's disease, gravel, all urinary troubles, and pain in the back or groins from kidney diseases." It is stated that the pills were found to vary much in size, the average weight being 0.6 grain. Analysis showed them "to consist of ordinary white sugar; no trace could be detected of any alkaloid or other active principle, or of any medication. The sugar was determined quantitatively and found to be just 100 per cent. of the weight of the pilules."

Tucker's Asthma Cure.

This nostrum, which is applied by a special atomizer, is discussed by O. Anselmino (*Pharmaceutische Centralhalle*, Dec. 6, 1906), who states that he has determined by experiment the amount of fluid which is delivered by various instruments. His experiments show that at a single inhalation comprising 100 compressions of the rubber bulb about 0.15 gm. (2.5 minims) would be sprayed from the Tucker apparatus. Professor Strübing has shown that the amount may reach 0.40 gm. (6 minims), an amount which is of no small moment considering the composition of the remedy. The two analyses of Tucker's liquid for inhalation which have been made differ materially. That of Aufrecht, made in 1903, gives the following composition:

Cocain hydrochlorate	1 per cent.
Potassium nitrate	5 per cent.
Glycerin	35 per cent.
Bitter almond water	35 per cent.
Water	25 per cent.
Vegetable extractives (probably from stramonium)	4 per cent.

Bertram in 1905, on the other hand, found:

Atropin sulphate	1 per cent.
Sodium nitrate	4 per cent.
Vegetable extractives dissolved in water with some glycerin	0.52 per cent.

Anselmino found at one examination that hydrocyanic acid was present, but a second sample contained none. The former sample also contained a nitrite, but no potassium nitrate. The amount of alkaloid was 1 per cent., the greater part of which was cocain.

The inconsistencies in the analyses, they say, are partly due to the fact that proprietary remedies often vary in their composition from time to time and partly to difficulties inherent in the analysis of complex mixture. While atropin and cocain can be identified by characteristic qualitative tests, their quantitative determination is very difficult and, when the quantities are so small, it is practically impossible.

Bertram has proposed the following formula as a substitute for the inhalation liquid:

Atropin sulphate	gr. ii	15
Sodium nitrite	gr. viii	6
Glycerin	gr. xxx	2
Distilled water, to make	℥ss	15

Mix and dispense in a bottle of dark glass. To be sprayed from an atomizer and inhaled for three minutes.

Anselmino thinks, however, that a 1 per cent. solution of atropin is not safe for frequent inhalation, as atropin poisoning may occur.

Correspondence

Hypertrophy of the Turbinate.

BROOKINGS, S. D., March 4, 1907.

To the Editor:—After reading with interest the article of Dr. Kuyk in *THE JOURNAL* of March 2, in which he describes his method of dealing with hypertrophy of the inferior turbinate, I am prompted to describe a method which has proved successful in my hands. The observations of Dr. Kuyk on such points as excessive removal of tissue, the destruction of the function of mucous glands, etc., are wise. I would discard entirely the cautery for this work and make use of methods which are more truly surgical. The class of cases in which the cautery is still advised I believe can be treated more satisfactorily and with fewer objectionable results by the method which I have been using. I refer to those chronically swollen turbinates which shrink under the application of adrenalin and give free breathing space. The turgescence is accounted for by a dilated condition of the turbinal cavernous tissue.

Submucous cauterization of such a turbinal seems to be even less rational than the old method of cauterizing through the mucosa. For some time I have made use of a submucous operation with a saw knife, a sketch of which is shown.



The tissues are anesthetized with a non-ischemic anesthetic, such as alypin. The mucosa is made clean as possible and just before making the incision the site is swabbed with a 1 per cent. solution of alphozone. The saw knife is inserted in the anterior end of the turbinal and carried as far back as may be desirable, hugging close to the bone. With a few sawing sweeps of the knife the adjacent cavernous tissue is broken down and the knife withdrawn, leaving a single opening of the size of the width of the knife. Free bleeding will occur, which will effectually settle any doubt as to possible infection, if ordinary asepsis has been observed. The nostril is then packed tightly with compressed cotton tampons. In two or three days' time the tissues have healed and remain permanently contracted without any external disturbance.

The advantages claimed for this method, which is recommended only in such cases as are mentioned above, are: 1, It is a clean operation; 2, it is simple in technic; 3, it takes but a moment of time, lessening pain and shock; 4, the after-treatment is so simple that there is practically none; 5, the pain and discomfort following cautery or open operation are almost entirely absent; 6, the function of the mucosa is not impaired.

No claim as to originality of the operation, other than the use of the saw knife, is made, the idea being to obtain the advantages of the submucous cauterization without the reaction and disturbance of function of mucosa which may follow.

J. G. PARSONS.

The Relation of a Scarlet Fever Epidemic to the Milk Supply.

EVANSTON, ILL., Feb. 17, 1907.

To the Editor:—As a matter of information you may be interested in knowing why the Evanston Branch of the Chicago Medical Society *unanimously* passed a resolution stating that in the opinion of its members almost the sole source of contagion in the recent epidemic of scarlet fever was infected milk.

Last August there were several cases of scarlet fever which we were satisfied came from infection in the milk supply of a certain company which obtained its milk from a point in a neighboring state. For a short time this company gave milk from another source, and furnished affidavits and statements to show that we were mistaken. Occasional cases occurred until Jan. 13, 1907. At that time this company was supplying less than one-seventh of the milk for Evanston, and from its Evanston depot. It also supplied from this depot Wilmette, Kenilworth, Rogers Park and Edgewater. On January 14, 15, 16, 17 and 18 there were reported over a hundred cases of scarlet fever in this territory. Whole families came down at once, and

even those supposed to be immune showed symptoms. It was noticed that nearly every case used milk from the company in question, and Dr. Parkes, our commissioner, at once prohibited more milk being brought from the locality previously referred to. I think no milk was brought here from that point after Thursday, January 17, and immediately there was a falling off in new cases. Within a week there were in Evanston city 137 cases, of which 99 per cent. showed connection with this particular milk supply. These cases were scattered, not being limited to any section of town (except as hereinafter stated), nor to any church, school or social set. The west side of town, inhabited chiefly by mechanics and laborers, gets its milk supply from local herds, and very little other milk was sold there. Consequently few cases occurred there.

The Chicago authorities did not prohibit the Wisconsin milk for more than a week after Dr. Parkes acted, and as a consequence when the epidemic was subsiding in Evanston it was increasing in Chicago, until in two days more cases were reported than ever before.

Finally, though the company in question has tried to make us believe that every precaution was taken to prevent infection we are convinced—to put it mildly—that they were mistaken. We have evidence that employes at the out-of-state plant and people on the farms from which the milk came were sick with scarlet fever.

When Dr. Parkes prohibited the receipt of milk from the suspected plant, the company attempted to ship butter and condensed milk in bottles from that station. The Department of Agriculture informs me that bulk condensed milk, while heated to a degree sufficient to kill tubercle bacilli, is not sufficiently heated, probably, to kill other pathogenic germs.

HENRY B. HEMENWAY, M.D.

1243 Chicago Avenue.

Fig Packing in Smyrna.

FESIN, EGYPT, Feb. 14, 1907.

To the Editor:—During a trip to Turkey last fall I learned some interesting and disagreeable facts concerning the fig packing industry, especially at Smyrna. Nothing about the factory was clean, neither the packers, the rooms nor the utensils. The season, of course, is short and the packing employes are enlisted from the street rabble and are said to include many women of questionable character. Those who have visited oriental cities know what the hygiene and physical conditions of the packers must be, coming from the most insanitary homes and belonging to a class where diseases of the most loathsome and infectious types run riot. The figs are packed by hand (the stems being bitten off with the packers' teeth) and are molded with their hands and mouths. During the process of packing the figs are dipped in sea water. This water is taken from the bay at the very shore and is decidedly filthy. Last year the Turkish government prohibited the use of water taken near the shore, but this, like all other orders of the Turk, was simply a device of the officials to extort money from the proprietors for the privilege of taking water from the most convenient place. Between the packers' mouths and hands and the polluted waters of Smyrna Bay one may judge what wonderful possibilities there are of contracting diseases from eating "choice Smyrna figs."

Our government has taken the right course regarding pure-food products in the United States. It certainly would be well to now turn its attention to those of foreign production and importation.

H. B. HANSON.

The Contro-Lateral Sign in Sciatica.—Moutard-Martin and Parturier reported at the last meeting of the Soc. Méd. d'Hôp. de Paris that in 5 cases of sciatica they noticed a hitherto undescribed sign of the affection. The patient reclines without a pillow, and the thigh on the sound side is raised and flexed on the pelvis as he lies still. At a certain point the flexion causes a sharp pain in the buttocks on the affected side. The pain is generally at the sciatic point, but not always, and it was noted with both neuralgia and neuritis of the sciatic nerve. They call it the "induced contro-lateral pain," and regard it as an important differentiating sign.

Book Notices

ATLAS AND TEXT-BOOK OF HUMAN ANATOMY. By J. Sobotta, Professor of Anatomy in the University of Würzburg. Edited with additions by J. P. McMurrich, A.M., Ph.D., Professor of Anatomy in the University of Michigan. Vols. I and II. Vol. I, Bones, Ligaments, Joints and Muscles. With 320 Illustrations, mostly in colors. Cloth. Pp. 258. Price, \$6.00 net. Vol. II, Viscera, including the Heart. Cloth. Pp. 194. Price, \$6.00 net. Philadelphia: W. B. Saunders Company, 1906.

In this book the text and atlas, which were published separately in the original German, are combined. Two volumes of convenient size have already appeared, covering bones, ligaments and muscles in the first, and viscera, including the heart, in the second. The vessels, nerves, etc., remain to be treated in forthcoming parts of the work.

The book is designed for students and practitioners rather than for specialists in anatomy, and is well adapted for its purpose. The illustrations are numerous and well selected. There are many lithographic plates which, in color and outline, reproduce more closely than those in most atlases the actual appearance of dissecting room preparations. There are also a large number of extensive sections of the body in various planes. These are well illustrated and are valuable in showing the relations of viscera and other structures in their natural positions undisturbed by dissection. The representation of the individual bones of the skull each in a color of its own, in which it appears consistently throughout the series of pictures, is a good feature which should be of material help in the study of these structures. The text is simple, clear and concise and has been translated into good English by Dr. W. H. Thomas. A number of brief additions inserted in small type by the editor of the American edition add materially to its interest, and should stimulate the student to further anatomic study. Occasionally the results of recent anatomic investigation are introduced in this way, as for instance an account of the auriculo-ventricular muscle bundle of the heart, Vol. II, page 173.

The nomenclature is based on the B. N. A., the names adopted by the committee of the International Anatomical Association, which met in Basel in 1895. This nomenclature is much the best which has yet appeared. It was published entirely in Latin, and while something may be said in favor of translating the names into English in books for the use of English-speaking students, such changes are always at the expense of conformity with international usage. In this book some attempt has been made to adapt the Latin names to our vernacular. Many of them are translated into English, many are dropped, other names being substituted for them, while some are partly translated and left partly in their Latin forms. Some of these changes make the names more readily intelligible, but some are at the expense of accuracy, e. g., "greater tubercular ridge" for "crista tuberculi majoris," Figure 114. The ridge is not tubercular. "Obturator foramen" is used instead of "foramen obturatorum," Vol. I, page 96. It is not logical to speak of a foramen as obturator, even though the term has been extensively used in English books. Changes are sometimes at the expense of clearness, for instance, the use of the name "ulnar lateral carpal ligament," instead of "ligamentum collaterale carpi ulnare," Figure 203.

The terms of direction and position are sometimes different from those of the B. N. A. Thus the latter uses "externus" always to indicate position near the body surface, and "lateralis" always to indicate position relatively distant from the median plane of the body. Lack of uniformity in the application and spelling of anatomic names is to be regretted, because the subject of anatomy is one especially adapted to develop in the student habits of accurate work and of accurate and definite statement of fact. While the changes made are of some advantage in that the names are more intelligible, the disadvantages seem more than sufficient to offset them, and on the whole the retention in texts and atlases of the international nomenclature unaltered would seem preferable. In this country we are in a transition stage in the matter of anatomic nomenclature, as is noted in the editor's preface, and we are still compelled to consider the older forms made familiar by