

charged (combined) form as in chlorid (Cl^-) is not known to have any germicidal effects; it is active only when it is in a positively charged form as in the free state ($-\text{Cl}^+\text{Cl}^-$) or in hypochlorites and derivatives (HO^-Cl^+). A recent specimen of Platt's Chlorides has also been tested for hypochlorites. The chemical laboratory again reports the absence of active chlorin (Cl^+) compounds; further it points out that hypochlorite could not be present as the product contains considerable iodid which would be incompatible with hypochlorite.

The question naturally arises: Is this misinformation concerning Platt's Chlorides a case of deception or is it merely ignorance due to the fact that the household phrase "chlorid of lime" resembles the name calcium chlorid, the latter being present in Platt's Chlorides? The evidence points to deception because the label on the bottle states (in accordance with the requirement of the federal law) that calcium chlorid in Platt's Chlorides is *inert* material!

Platt's Chlorides has been the subject of previous reports. The Council on Pharmacy and Chemistry declared it "inadmissible to New and Nonofficial Remedies because its composition is uncertain and indefinite and because the claims made for it are exaggerated and misleading."

Correspondence

NUTRITION IN RICKETS

To the Editor:—Dr. A. F. Hess, in his Cutter Lecture at Harvard a few weeks ago, remarked that "advance in our knowledge of rachitis promises to be greater during this decade than through the preceding 250 years." He asserts that the dietary deficiencies play a very significant part in the etiology of rachitis.

A number of years ago, when I was connected with the West End Children's Hospital and Dispensary, Boston, we were having a large number of rachitic children in our daily clinics, a majority of them from among the colored population. The superintendent, Dr. H. C. Haven, informed me that he had made quite an exhaustive study of rachitis with especial reference to the causes of the disease, and he came to the conclusion at that time that environment, lack of sunlight and fresh air were the probable causes. He stated that among the colored in Africa, in a climate to which they are adapted, there are no cases of rachitis.

Three winters later while in the South, I studied the children of that warm climate who were in the fresh air and sunshine practically the year around, and I failed to find a case of rachitis among them. I have no doubt that with a properly regulated diet with plenty of sunlight and fresh air, we have the best treatment for rachitis extant. Surely sunlight is the enemy of disease.

C. S. SCOFIELD, M.D., Richford, Vt.

"A PRACTICAL TROCAR AND CANNULA FOR REMOVING ASCITIC FLUID"

To the Editor:—I have just read with interest the article contributed by Dr. William W. Duke (*THE JOURNAL*, July 8, p. 134) in which he describes and illustrates an improved trocar and cannula. He concludes his article by saying, "The advantages of this cannula would appear to offset its only disadvantage, slightly increased cost." This quotation impels me to write of an improvement I had made in a cannula about fifteen years ago, and following somewhat the lines of Dr. Duke's instrument, but which can be had at practically no added cost to the instrument in common use.

Two oval openings near the end of the cannula were made corresponding to the size of the inlet, and perfectly smooth, so that they could not interfere with the entrance of the trocar

into the cavity to be drained. To avoid weakening the lumen of the cannula, these openings were not placed opposite each other, or on the same level.

When the cannula is in place, there is a continuous flow of the fluid until complete evacuation is accomplished.

Dr. Duke's instrument has, however, a distinct advantage in its added length, which affords a wider range of usefulness.

J. HARRIS PIERPONT, M.D., Pensacola, Fla.

"THE ALLEGED INSUSCEPTIBILITY TO INTOXICATION BY POISON IVY"

To the Editor:—In *THE JOURNAL*, July 15, is a current comment in which the statement is made that, "contrary to the theory of 'desensitization' by internal administration of tincture of rhus, it appears that the susceptibility may be increased with successive intoxications."

The question of desensitization by internal administration of the tincture of the drug is unrelated to the question of increasing susceptibility to successive external exposure to the plant. It is to be regretted that destructive criticism of the treatment by desensitization should be published without adequate clinical testimony, for many patients may, as a result, be deprived of the value of this treatment.

In October, 1919, I published a short paper in *THE JOURNAL* on "Desensitization of Persons Against Ivy Poison." Since that time I have treated in the neighborhood of fifty patients who were susceptible to ivy poison, and most of whom were subject to yearly attacks. In not a single patient has ivy poison developed since, when the treatment was carried out prior to exposure; in a number of cases the patient escaped an attack of ivy poisoning during the season when the medicine was taken, but was attacked the following season when the medicine was omitted.

In my opinion, it is possible in practically all persons to prevent attacks of rhus dermatitis by taking, internally, ascending doses of a 1 per cent. solution of the tincture, beginning with a drop, well diluted, and increasing to sixty drops a day. The uniform success that I have observed with this treatment convinces me absolutely that persons can be desensitized during the period of administration of the drug, and usually for about a month after the cessation thereof.

JAY FRANK SCHAMBERG, M.D., Philadelphia.

POSTGRADUATE STUDY IN VIENNA

To the Editor:—The American Medical Association of Vienna wishes to announce the restoration of friendly understanding between their organization and the teaching-body of the University of Vienna. A committee, elected by the association, after an investigation of charges of discrimination against Americans, which were reported by members of our association, finds that these charges could not be substantiated.

We further wish to state that, through the efforts of our committee, working with a like committee from the teaching-body, sufficient numbers of book courses in English in all branches may be had at prices of from \$3 to \$5 an hour for the group taking such courses.

JOHN J. GELZ, M.D.,
BERNARD KAUFMAN, M.D.,
WILLIAM WILSON, M.D., Vienna.

Public Health in Spain.—In a recent lecture, Dr. César Juarros, the Madrid neurologist, discussed sanitary conditions in Spain. Tuberculosis has shown an increase in its mortality from 7,700 in 1911, to 8,200 in 1915, 9,800 in 1920. Typhoid fever showed a similar increase from 4,500 in 1911, to 5,100 in 1915, and 6,998 in 1920. A similar situation prevails as regards malaria and smallpox.