

allowed me three different patents on the chemical combination of acetic and salicylic acids with phenetidin; as well as patents on twenty odd other definite chemical compounds, and in not one of them is there mention of a trade name—a custom followed by foreigners.

This subject of infringement is quite musty and absurd. The owners of the phenacetin patent undertook to prove it in 1901, and dropped it. Thermol is a chemical combination of acetic and salicylic acids with phenetidin.

As to impurity, the subject on which he is unable to specify, my former letter showed that by washing thermol thoroughly in a solution of muriatic acid—which instantly combines with free phenetidin and makes the same very soluble in water—that then all the poisonous and heart depressing qualities are washed away.

On the subject of iodomuth, the critic first stated that: "According to analysis, it is merely bismuth gallate, with a small quantity of free gallic acid; no iodine could be traced in the examined specimen." He now hedges and states: "If the iodine is so firmly bound to the molecule that it can not be demonstrated by any ordinary chemical reagents." Having had rope enough he now exposes "the black flag in business." Iodomuth contains no free iodine in an irritating form. It does contain sufficient iodine to be a practical useful chemical. All iodine bearing products do not depend for their activity on the fact of the iodine being *in statu nascendi*. Why could not the critic detect the presence of iodine in iodomuth? Is it because his knowledge is so deficient? or, is he carrying "the black flag in business." Prof. C. P. Grayson, of the University of Pennsylvania, when he referred to iodomuth in his treatise on "Diseases of the Nose, Throat and Ear"; the renowned von Ruck, who has reported the saving of lives by its use, and many other physicians, who are not chemists and make no pretense to be, have common sense enough to detect the physiologic action of iodine, and to readily prove its presence in a visible manner by the mere dissolving of iodomuth in nitric acid solution, and at once obtaining the blue iodine reaction with a solution of starch. There is not a specimen of iodomuth to be found in the country that will not give the iodine reaction when so tested.

"*Falsus in uno, falsus in omnibus*" was the reason put forth by the critic for slurring iodomuth before investigating it. After such a virulent false statement, which his ignorance of chemistry can not excuse, can any reliance be placed on his statement about ur-a-sol, or acetyl-methylene-di-salicylic acid? Under the heading of thermol he states that the melting point is quite a physical test. The difference in the melting point between ur-a-sol and the plain methylene-di-salicylic acid is about 200 F., or the difference between the freezing and the boiling points of water. With such a remarkable deficiency of observation, is it any wonder that the critic could not detect the presence of an acetyl group? I could tell him some more, but this is not a chemical journal.

My previous answer shows that I shirked no issue in regard to ur-a-sol. I asked what impurity it contained. This the critic can not answer. I cited an authority of character, who had demonstrated the presence of an acetyl group. I also referred to the inability of the critic to produce "methylene salicylic acid."

The critic's rank egotistical statement "My analyses are so perfect, my statements are so incontrovertible," is so ridiculous that he exposes his purpose—"the black flag in business."

When you come to a knowledge of the reason for these attacks you will understand why the critic so signally failed to keep truth by his side. His betrayal of the courtesy of the American Medical Association will reap its own reward. "You can not fool all the people all the time." Nor can the certain foreign chemical houses with offices in New York City stop me from making thermol, iodomuth, ur-a-sol, or guaialin nor any of the other organic chemicals which I have created.

S. LEWIS SUMMERS,

General Manager of the Organic Chemical Manufacturing Company and President of the Liberty Chemical Company.

[This correspondence must now stop.—Ed.]

Sanatoria for Consumptives.

OTTAWA, ILL., June 20, 1904.

To the Editor:—It is apprehended that the greatest obstacle we will encounter in securing an appropriation for state sanatoria will be the difficulty in convincing the public in general, and legislators in particular, that tuberculosis can be cured in this climate. The belief that certain attributes of the atmosphere, such as rarity, dryness, equable temperature, etc., etc., are necessary, has become so firmly established that it need not be surprising if we find it difficult to convert the skeptical to a contrary belief.

In anticipation of this obstacle, it is the opinion of those who have given the subject most attention that an object lesson, which shall demonstrate the improvement or cure of a few cases in this climate, will have greater weight than an argument based on what has been done for a multitude of cases in other states. With this end in view, I have been induced to start a tent colony at Ottawa.

The site selected is ideal in every respect for the open-air and dietetic treatment of tuberculosis. It is on a high bluff overlooking the City of Ottawa, the Illinois and Fox River valleys, in the midst of some of the most beautiful scenery of this justly-famous region. The water supply is excellent and drainage perfect; it is easily accessible by trolley cars; the camp will be lighted by electricity and connected by telephone; milk will be supplied from the dairy, one-quarter mile distant; there is an abundant supply of fresh eggs, fruits and vegetables in the immediate vicinity—in fact, everything is present to make tent life not only comfortable, but even luxurious. The tents will be large and of the best material, thus insuring protection from the elements. Trained nurses and other help will be provided.

It is not intended to demonstrate how cheaply patients can be maintained, but how comfortably and well; therefore, those of the better class need have no hesitancy about making application for admission. In fact, this is the class whom we are seeking to secure.

The expense to patients will be the actual cost of maintenance, no charge being made for medical services. The service will be equal to that of a first-class hospital. It is estimated that it will cost \$10 per week to maintain patients according to the standard which has been established. The cost of equipment is included in this estimate. Those familiar with hospital management will appreciate the reasonableness of the above estimate, particularly in view of the fact that these patients must be provided with the most nutritious and highest-priced food in much larger quantities than is required for the normal person. I have been much embarrassed by the report that has been published stating that the cost will be about \$18 per month. For obvious reasons this is impossible. The statement did not originate with me.

In order to make the demonstration most effective in influencing the next legislature, it is desirable to commence immediately. Those interested in this work will confer a great favor by assisting me in securing a few patients at once. The success of the experiment will be fully reported from time to time through the usual channels. Physicians, the friends of patients and others interested will be welcomed as visitors to the camp.

Inasmuch as my motives are not selfish, I ask the moral support of the profession in making this enterprise a success.

J. W. PETTIT,

Chairman Committee on Tuberculosis, Illinois State Medical Society.

Removal of the Normal Appendix When Exposed.

NEW YORK CITY, June 14, 1904.

To the Editor:—In the discussion at the Atlantic City session on the removal of normal appendices in the course of other work, I opposed the idea on three points: Removal of the appendix delays the other operation, adds a little to the danger, and, if the idea is taught by competent men, it will be carried out by those who will manage to get a death rate out of it. Immediately after the meeting I joined a group of physicians

who expressed surprise at my stand, and who said that they were under the impression that I favored the removal of normal appendices anyway, as a prophylactic measure to be applied generally. As with other surgeons, a good many stories about me and my work "go the rounds," and many of them have a basis of fact. I would not correct any that are amusing, or simply injurious to me personally, but when a cause is at stake, and when one may be quoted as authority, it is best perhaps to say that I have never, in speaking or writing, advocated the removal of the normal appendix. "Leave the appendix alone until it is infected, and then lose no time in having it inspected" is the couplet that expresses my views. If we are to get the lowest possible death rate in any sort of surgical work, we must let the patient off with the least attack of surgery that is possible, under the guidance of a good sense of proportion.

It is the little things in surgery that make the differences in statistics, precisely as in a commercial house, and the one who eliminates the greatest number of trifling elements of loss is the one who is likely to be most successful. Beside the reasons given above against the removal of a normal appendix, from another standpoint the idea is impracticable, because there are few mothers who would take a fine, healthy boy away from his toys and carry him to the surgeon with instructions to "please cut my darling a little," and older people who go about on their own responsibility seeking to have the appendix removed are for the most part those who need attention for a psychosis. We all see a case of this sort now and then, but I doubt if there is in New York a single surgeon of responsible position who could be persuaded to operate for the purpose of removing a healthy appendix. Perhaps the thought that I advocate it has been reached by a sort of *reductio ad absurdum* from the proposition to have appendicitis work done through short incisions. My contention is simply this: We are to make as long an incision as is really necessary, a foot long if one needs it, but one should do the most difficult work with very little surgery if one has trained himself to do that. A formula that is going the rounds and that has been ascribed to me, "An inch and a half, a week and a half, an instrument and a half, and a dollar and a half," has been made up by others as a bit of fun, based on my use of the first two parts some time ago, and even the second part was added by one of my house surgeons at the hospital.

Yours truly, ROBERT T. MORRIS.

The Prophylaxis of Tetanus.

BRIDGETON, N. J., June 18, 1904.

To the Editor:—An article in THE JOURNAL, June 18, regarding the prophylaxis of tetanus leads me to suggest a method of cleansing all punctured wounds by nails and splinters, as well as those caused by Fourth of July foolish exuberance. For years I have used hydrogen dioxid solutions diluted with sterile water made alkaline by sodium bicarbonate, or have used them alternately. As the tetanus bacillus is anaërobic, theoretically the oxygen given off would be deterrent; secondly, I have found that if used freely all foreign matter will be removed, usually without curetting, although this may be done if necessary. Caustics are unnecessary, often harmful. A more sensible packing would be loose gauze, with glycerin to promote exosmosis and drainage. The wound should be cleansed with hydrogen dioxid several times daily.

THOMAS G. DAVIS.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

MATERNITIES FOR THE UNMARRIED.

WIS., June 18, 1904.

To the Editor:—Will you please let me know through THE JOURNAL if there are any respectable places in Chicago, Milwaukee or the twin cities where an unfortunate daughter of respectable parents can be confined and she assured her child will be adopted

in the private home of a good family? Addresses and approximate cost would be greatly appreciated. I feel very strongly that it is in every way much better for an unfortunate good girl to be confined secretly in a good place—not a "baby farm" or "angel factory"—than to have her unfortunate condition known among her friends and she and her unfortunate innocent babe forever disgraced. What is the opinion of most physicians who have given this subject serious thought?

L. I. C.

ANSWER.—There can be no question "that it is in every way much better for an unfortunate good girl to be confined secretly in a good place than to have her unfortunate condition known among her friends." Sufficient suitable provision for this purpose is also necessary to combat the crime of induced abortion. Respectable and competent physicians should provide such places so that unfortunate and helpless girls may not be at the mercy of "baby farms." There is now no difficulty in finding good care for the mother before, during and after confinement. In any large city any good hospital that receives obstetric cases will furnish as good care as can be desired. In Chicago, St. Luke's, Mercy, Wesley, Presbyterian, West Side, German, Passavant and probably other general hospitals have obstetric departments under the charge of competent men. The Chicago Lying-in and Chicago Maternity hospitals also have some arrangements for private as well as for charity cases. The usual rates are \$8.00 per week for ward cases and from \$15.00 up for private rooms. All physicians engaged in the practice of obstetrics as a specialty, like the teachers of obstetrics in the medical colleges, are in the habit of making arrangements for such cases. No doubt similar facilities can be found in Milwaukee and St. Paul and all other large cities. The chief difficulty is in providing for the baby. It is the established policy of all charitable institutions organized for the purpose of caring for women and children to insist on the recognition by the mother of her duties and responsibilities so far as to agree, if possible, to nurse the child for at least a few months. It is well known that the mortality of illegitimate children is greatly reduced if they are fed breast milk in their first infancy. Hence the Illinois Children's Home and Aid Association, which is the recognized institution in Illinois for this purpose of finding homes for all helpless children, makes this an essential condition for its aid. If the mother has no milk, or if she is sickly, or if there are other convincing reasons why she can not do this much for her child, the society will take charge of it at once. Poor women are cared for, with their babies, in the Foundlings' Home or by the Salvation Army. Those who are able to pay are found homes in respectable private houses, where the charge would be from \$6.00 to \$10.00 per week. This period of nursing is important for other reasons. It not only secures a strong and healthy baby and allows time to find for it a good home, but it also enables the mother, when under good care, to recuperate from her pregnancy and labor. The normal puerperium, counting till the genital organs regain their normal condition, lasts, as we know, eight to twelve weeks. It is no harm to a girl who has passed through the anxieties of an illegitimate pregnancy to spend a few months in recuperation. For special cases there are in Chicago respectable institutions like St. Vincent's Orphan Asylum or Chicago Maternity Hospital and Training School for Nursery Maids that will take new-born infants to board for \$3.00 to \$5.00 a week and will seek to get them adopted, and similar arrangements can be found in nearly all large cities. In a large city there is also the possibility of finding a home for a healthy baby of good parentage through the medium of the advertising columns of the daily newspapers. With the co-operation of the mother and her parents an experienced obstetrician can manage a case of the kind very satisfactorily and for the best interests of child, mother, family and society.

THE ST. LOUIS FAIR.

SYLVIA, N. C., June 20, 1904.

To the Editor:—Will you kindly give information through THE JOURNAL relative to opportunities at the St. Louis World's Fair for medical men to study and observe in matters pertaining to the practice of medicine and surgery?

GEO. P. EDWARDS.

ANSWER.—Beside the local hospitals, dispensaries and medical institutions the World's Fair presents a number of exhibits of practical interest to physicians. In the German section of the Educational Building there is a large collection of models in wood and wax of various morbid conditions, of operations and of a normal histologic and anatomic character. There is a large collection of pathologic specimens in alcohol, formalin and Kaiserling, demonstrating the widest range of pathologic conditions. The different varieties of bacteria are shown in cultures. In the same building is shown the pathologic exhibit of St. Louis, comprising a collection of pathologic preparations in Kaiserling anatomic specimens, bacteria in culture—all shown in cases permitting a good view of every feature of the exhibit. In the same section the Illinois University shows a collection of anatomic, of histologic and pathologic specimens. Harvard University, St. Louis University, Washington University, Columbia University, the University of Missouri and Johns Hopkins University show many specimens illustrative of the research and the method of teaching done in these institutions, while many other universities and medical colleges show some important features of their medical instruction. In the electricity building are shown, step by step, many chemico-electric processes.