

Correspondence

"THE GROUND GLASS OBSESSION"

To the Editor:—The editorial with this title (*THE JOURNAL*, March 23, 1918, p. 852) I fear is far from the truth, especially in this part of the country. I wish you really knew how much there is going on along this line. Enclosed are a few cuttings; these are absolutely authentic reports from headquarters. If it stopped at ground glass it might be easy; but steel filings, stone, sand of a very irritating kind, aluminum or wire filings, and brassy metal powders have all been found, and chemicals, such as potassium bitartrate. In fact, it is a growing evil, and it does not stop at flour stuffs. We reported to the attorney's office cases of delicatessen canned goods all "doctored," and had a big round up this week after a most serious finding. I regret the necessity of asking you to withhold my name from publication for this time, but I am an old member and am on war and secret service work, and after the continual fires and explosions here, we cannot be too careful. In fact, we are not sufficiently careful in our subways and other important points. Hence, I advise research in lines scarcely dreamed of, and I am sure Prof. E. M. Chamot of Cornell can bear me out in this. There is urgent need of work of a microchemical nature, for example, in the steel and wood work of aircraft. In these, supports have been cut and lead substituted in such a way as to be undiscovered except by metallomicro-analysis. In one instance this resulted in three machines coming down and killing our boys. Hence, as a matter of government, war and medical necessity, *THE JOURNAL*, our standby and support in this great medical, scientific and serious work, should urge closer and more careful work and far more methods of discovery to combat this powerful and wide awake enemy.

AN ARMY SURGEON.

THE USE OF IODIN IN THE PREPARATION OF THE PATIENT FOR DELIVERY

To the Editor:—The use of tincture of iodine in the preparation for abdominal section has become so general that its value as an antiseptic is well established. That its use in obstetrics has not become more general is surprising, especially when its many advantages are considered. The maintenance of asepsis even in the normal delivery offers many problems that are not encountered in surgical work.

The main objection to the use of iodine in this connection seems to be that first, many skins in the region of the vulva cannot tolerate its use, and secondly, many patients complain bitterly of burning and smarting subsequent to its application.

During the past few months at the Grace Hospital we have used several preparations or strengths of the tincture and have concluded that tincture of iodine, one-third strength, or tincture of Iodine, U. S. P., one part, Alcohol, two parts, offers a preparation that is almost ideal for use in obstetric work. Tincture of iodine of this strength has been used in the preparation for delivery of nearly 200 patients, and in no instance have there been any signs of dermatitis or any complaint of undue smarting or burning on the part of the patients. I have also used this preparation as a final procedure for delivery in private practice practically as a routine measure during the past four months.

At the hospital our technic of preparation of the patient for normal delivery is as follows: At the onset of labor the usual bath and enema are given, and the patient is clipped and shaved at the vulva. At the time of delivery or vaginal examination, the vulva and inner thighs are washed carefully with sterile green soap and sterile warm water. The vulva and thighs are now irrigated from above with 2 quarts of mercuric chlorid, 1:1,000, poured from a pitcher. If delivery is not to follow immediately, a sterile towel is wrung out in the mercuric chlorid solution and folded over the vulva. If, however, delivery is to follow shortly, the skin and vulva are dried by means of a cotton sponge on a stick and the prepara-

tion of iodine described above is applied by this same means. An area about 9 inches square should be covered beginning at the labia, then to the mons, the inner surface of the thighs, and lastly the anus. Every point within the area should be covered by the stain. The sterile drapings are now put in place by the physician or nurse so that only those parts of the vulva and thighs that have been stained are exposed.

By means of this painting or staining and only by this means are we positive that every part of our field has been treated by a suitable antiseptic. We can see just what has been covered.

I feel that the iodine in this connection gives a finishing touch to our preparation that makes for better technic, and that this extra precaution against infection gives added assurance to the obstetrician.

In cases of precipitate birth in which, owing to lack of time, the proper preparation is impossible, it is nearly always possible to use the iodine at least.

It seems to me also that if the iodine preparation could become more general in patients in poor surroundings, among midwives and the like, owing to its staining properties disinfection might be made more thorough.

HERBERT THOMS, M.D., New Haven, Conn.

OPPOSITION TO THE NEW YORK HEALTH INSURANCE BILL

To the Editor:—*THE JOURNAL* (April 6, 1918, p. 1017) states that on the hearing on the New York health insurance bill, the bill had "the unanimous endorsement of the State Federation of Labor, the Women's Municipal League, Women's Trade Union League, and the Consumer's League of New York."

It ought to be of interest to the readers of a purely medical journal to hear that this bill was opposed by every county medical society in New York State as represented by Dr. Henry Lyle Winter, chairman of the Committee on Economics of the state society, and also by Dr. James F. Raney, chairman of the Legislative Committee of the state society. The New York County Medical Society had four representatives to voice its opposition. The city of New York was represented by its new health commissioner, Dr. J. L. Amster, also in opposition to that bill. These are facts that others like myself, members of the American Medical Association and patrons of *THE JOURNAL*, are entitled to know as matters of vital interest and important news.

JOHN P. DAVIN, M.D., New York.

PREVENTION OF BLOOD CLOTTING BY DAKIN'S SODIUM HYPOCHLORITE SOLUTION

To the Editor:—We wish to record here very briefly a few facts with regard to the action of Dakin's solution on clotting. The solution used was obtained from the War Demonstration Hospital (Rockefeller Institute) freshly prepared every morning. Dog's, cat's and rabbit's blood flowed from an artery directly into Dakin's solution, one part of Dakin's solution to every five parts of blood. Such blood remains unclotted for ten or more days. For older solutions larger proportions must be used. The addition of a sufficient quantity of a calcium salt does not produce clotting. Neither does the blood become clotted by the addition of a foreign body, nor does fibrin form by whipping. The solution in this proportion produces a gradual laking of the red cells. When blood is drawn into an oxalate and centrifugalized, a clear plasma is obtained; when Dakin's solution is added to such plasma and the oxalate then neutralized by calcium salts, a clear, unclotted solution is obtained which can be kept for some time.

The addition of a tissue extract (thromboplastic substance, Howell) causes clotting of blood with Dakin's solution at any time. Blood which runs into Dakin's solution over body tissues is likely to clot. Whipping of blood kept fluid by Dakin's solution does not prevent subsequent clotting by tissue