

private heading, or to two cards cross-indexed, e. g.: under firm name and name of product.

For other things, I would suggest grouping of subjects, e. g.: under sanatoriums, waters, foods, instruments, books, etc., the special sanatorium, water, food, book, etc., described. If one card is too small, use a folding card, like a return postcard, and thus get four surfaces. One point more. Booklets, catalogues, etc., should be of uniform size, or there might be two standard sizes, a larger and a smaller, as 4 by 7, or 5 by 9 inches, as might be determined by mutual agreement.

You may be sure of one thing: Very few booklets, circulars, etc., will be preserved that do not exhibit some such uniform conformation, whereby they can be filed in some suitable receptacle. Of all the exasperating forms of advertisement, the envelope chockfull of ill-assorted sizes, colors, shapes and kinds of leaflets, is the surest to reach the waste-basket unread.

J. MADISON TAYLOR, Philadelphia.

#### Antityphoid Inoculation

To the Editor: We notice in THE JOURNAL (Oct. 28, 1911, p. 1406), a statement that the Seventy-First Infantry, N. G. N. Y. is the first volunteer organization to submit to inoculation against typhoid fever. Also, in the issue of November 11, p. 1626, it is stated that the War Department has issued a circular setting forth that the actual cash value of the antityphoid serum will be charged against the allotment of the state, for any serum furnished by the War Department.

We desire to state that the administration of antityphoid serum to the National Guard of Colorado antedates New York by nearly four months. Colorado did not wait for the War Department to furnish the serum but bought it outright and administered it free of all charge to the members of its national guard.

T. E. CARMODY,  
Colonel, Surgeon General, N. G. C.  
G. P. LINGENFELTER,  
Major, Commanding Medical Dept., N. G. C.

#### The Ethics of Proprietary "Literature"

To the Editor:—Recently I received a booklet, "The Petroleum Idea," published by the Angier Chemical Company, and containing an article on "Caricature in Medicine," the illustrations and the reading-matter in which have in great part been stolen from my paper on "Caricature in Medicine," published last May in the *Chicago Medical Recorder*. No credit is given either to myself or to the *Chicago Medical Recorder*, although I notice that in their little booklet the reading matter is copyrighted! This is certainly a cheap way of obtaining advertising matter.

MORTIMER FRANK, M.D., Chicago.

[COMMENT.—While the matter in the Angier pamphlet is not taken verbatim from Dr. Frank's article, it is very evident that that is its source. An occasional twist to the sentences and a slight transposition of the words have been made—possibly with the idea of making the piracy a little less evident.—EDITOR.]

#### Escape of a Paranoiac—Assistance Wanted

To the Editor:—During the night of November 21-22, a dangerous paranoiac, one Otilia Schneider, escaped from the State Asylum for the Criminal Insane at Matteawan, N. Y. She had been sent to the above institution in April, 1907, for a murderous assault on me, and has the delusion that she was operated on and that there is a plot to prevent her from obtaining justice against me and other physicians.

She is said to have effected her escape through the connivance of several attendants at the insane asylum, and it is presumed that she will seek medical advice in an attempt to have herself adjudged sane. The original indictment against her is still in force, and I offer a reward of \$500 for her arrest, or for such information as shall lead to her arrest.

The description furnished by the asylum authorities is as follows: age, 46; height, 5 feet 7½ inches; weight, 152 pounds; eyes dark brown; hair black, slightly streaked with gray,

combed with a peculiar curl in center of forehead; lower teeth slightly irregular; quite deaf; decided German accent.

As it is almost a certainty that she will seek the services of a physician, I take this method of appealing to the medical profession, and request any colleague under whose notice she may come to communicate with me at once.

I am also desirous of learning the addresses of the two nurses, Anna Pruss and Wally Breimeier, who have left Matteawan and are said to be in New York.

FREDERIC BIERHOFF, M.D., 10 W. Sixty-First Street, New York.

#### A Swallowed Thermometer

To the Editor:—Cases are on record in which people in hospitals for the insane have swallowed all kinds of junk and also cases in which children have accidentally swallowed small articles of hardware, but I find no record showing that anybody ever swallowed a clinical thermometer. The patient in question, a white man about 60, was in the Mattie Herscoe Hospital suffering from an attack of malaria. While the nurse was taking his temperature, the patient says, he momentarily fell asleep and swallowed the thermometer. The nurse was afraid to say anything about it, but at the end of thirty-six hours, very much to her delight, it was passed from the bowels, registering 104 F.

S. H. HAIRSTON, B.Sc., M.D., Meridian, Miss.

### Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

#### BLOOD TRANSFUSION IN HEMORRHAGIC AND NON-HEMORRHAGIC ANEMIAS

To the Editor:—Is blood transfusion ever used in the anemia secondary to chronic nephritis? M., Joplin, Mo.

ANSWER.—So far as we know, blood transfusion has not been used to overcome the anemia secondary to chronic nephritis. Its greatest field of usefulness seems to be in the anemias due to direct loss of blood through hemorrhage, and in some cases in which the hemorrhagic tendency is marked, as, for instance, in some of the hemorrhagic conditions of the new-born. Where much blood has been lost through hemorrhage, the transfusion makes good the loss and tides the patient over a critical period of severe anemia until his own blood-making powers are able to furnish sufficient new blood. In the hemorrhagic conditions there is probably supplied some element necessary for normal coagulation, but temporarily lacking. In anemia secondary to chronic nephritis temporary improvement might result from transfusion, through the improved quality of blood that would result from the addition of healthy blood, as well as from the fact that toxins that might be present in the diseased blood would now be in a more diluted solution. It is difficult, however, to see how permanent good would result.

#### PROSTATECTOMY

To the Editor:—Please state the method of operation for removal of the hypertrophied prostate through the perineum, and also by means of a suprapubic incision. By which operation would the patient have the best chances for a recovery? Are not the bladder sphincters injured in the operation through the prevesical space, i. e., the suprapubic operation? R. K., Chicago.

ANSWER.—In removing the prostate through the perineum the gland is approached through either a slightly curved transverse incision or a median incision which may be straight or in the shape of an inverted Y. In making the dissection some operators separate freely the rectum from the urethra and the prostate gland so as to expose to view the gland in its capsule. A longitudinal incision is then made through the capsule on either side of the mid-line, the object being to preserve intact, if possible, the ejaculatory ducts. Through the incision in the capsule the gland is then enucleated with the finger, keeping within this capsule. The enucleation is facilitated at times by the introduction of a special retractor into the bladder through an opening made in the posterior urethra.

Those who prefer the median incision usually separate the rectum from the urethra as far back as the beginning of the