

matous limbs drained by Southey's tubes or by incision, and effusion in the chest or abdomen removed as far as possible. For the treatment the constant supervision of skilled nurses is necessary.

## Correspondence.

### The Proposed National Bureau of Medicines and Foods.

SAN FRANCISCO, Jan. 7, 1904.

*To the Editor:*—Correspondence with the Joint Committee on a National Bureau of Medicines and Foods has developed several questions, one of which I should like to present through your columns for the purpose of eliciting suggestions. The question raised is as to the need for any such organization. There seems to be no dispute as to the truth of the fact that medicines and foods do not come up to fair standards of purity and identity. It is also agreed by all that many poor or worthless preparations of both pharmacopeial and extra-pharmacopeial preparations are on the market and are largely used. No one—especially no one in any way connected with medical journalism—has questioned the desirability of securing some means of determining the status of the host of mixtures, some ethical, some “proprietary,” and some out-and-out nostrums, which now exist. The question at issue is as to the manner with which the situation shall be dealt. Can it be properly and successfully accomplished by legislation, either state or national? Some improvement can undoubtedly be secured through national legislation, insofar as the improvement of standard goods is concerned. But could national legislation, necessarily limited within the constitution, deal with more than a mere fraction of the problems that should be taken up and solved?

State legislation is less limited in possible scope, for it is not confined within the limits of the U. S. Constitution. Probably laws that would be within the limitations of the various state constitutions could be, theoretically, framed. But could they be made uniform, and could they be so framed as to cover the essential desiderata? And in the event that they could be framed and cover the ground properly, is it likely that such uniform laws could be passed in all the states? It is, on the one hand, contended that such state legislation should be striven for; on the other, that an immense amount of time and energy would necessarily be spent in this well-nigh Herculean task, and that if the laws could be passed, they would not be enforced. The committee is very desirous of securing as many opinions on these points as possible, to be considered in the preparation of its report.

Could legislation, either state or national, do anything to remedy the deplorable condition pointed out in a letter which I recently received from one of the best-posted physicians in the country, relative to the ethical status of present conditions? He says, in part: “In the good old days the medical profession stood as a unit in condemnation of all secrecy and monopoly in medicine. To-day, the professional spirit has waned to such a degree that the physician who sees advertised in his medical journal such things as —, — or — does not stop to ask what place these things have in a scientific materia medica, but gives the new remedy a trial. It may be that the formula is published; it may be that there is a vague and prevaricating statement of the composition of the remedy, or it may be that a sphynx-like silence is maintained. So it has come to pass that largely the American physician of to-day is prescribing and is content to prescribe secret nostrums in place of remedies of known therapeutic properties.” After reading his letter I read the Principles of Medical Ethics adopted by the American Medical Association, Chap. I, Art. I, Sec. 8, as follows: “It is equally derogatory to professional character for physicians to . . . dispense or promote the use of secret medicines . . .”

I voice not only my individual views, but also, I believe, the views of most, if not all, of the other members of the committee, when I say that we would like, if possible, to provide some means of bringing the profession back a little nearer to this section of the Principles of Ethics. We would like to be en-

lightened on this point by the views of others. Is it possible to do this by means of legislation, or in any way except by our own individual and collective effort? Can the objects sought be secured through the means of legislation? Suggestions or criticisms should be sent either to the chairman, Dr. H. H. Rusby, 776 DeGraw Avenue, Forest Hill, Newark, N. J., or to the undersigned, the secretary, at 31 Post Street, San Francisco.

PHILIP MILLS JONES, M.D.

### Technic in Treatment of Alcoholism.

MARINETTE, WIS., Jan. 5, 1904.

*To the Editor:*—Your editorial in THE JOURNAL, January 2, on “Technic in Treatment of Alcoholism,” suggested by the paper of Dr. J. F. Kelley in the *Cleveland Medical Journal*, calls for a comment. It has been my custom for some time to stop the alcohol at once, and I have never been sorry for so doing.

A brief outline of treatment may be of interest: If, after an examination, the patient is found filled with liquor, he is given an emetic of apomorphia, 1/10 gr. will produce the desired results; then he is given a hot bath and put to bed, no restraint being used; the few cases in which a straight jacket or other appliances were used seemed to me to show that harm rather than good was produced. Alcohol in all its forms is stopped, and hot milk given every two hours, strychnia is given hypodermically to control the heart, and chloral, my favorite hypnotic in these cases, is sometimes used with morphia and hyoscin. The morphia, however, must be watched closely, as there are a number of patients whom it seems to aggravate. I usually order twenty grains of chloral every half hour until asleep; after the patient has rested six or eight hours, a saline cathartic is given; a hot bath, hot coffee and milk or beef tea are then given, for most of these cases have eaten little for several days. Then a capsicum mixture and the bromids are given freely.

Night and darkness are the favorite times for the demons that beset these people to appear, so it is well to have the room lighted when they are going to sleep. An attendant must be with the patient constantly, as in an absent moment he may do much harm. At night the chloral in hot milk is resumed, until the patient is asleep. With a liquid diet for a few days the patient will usually be able to help himself, with no desire, but rather an abhorrence, for any kind of stimulants. It seems to me that alcoholism is an acute poisoning, and I have never witnessed a death when withdrawal was immediate, but I am familiar with cases that died, in which alcohol was reduced gradually. The remark that delirium tremens is a result of withdrawal, rather than accumulation of alcohol, is true in accidents, surgery and pneumonia.

MAURICE DUANE BIRD, M.D.

### Trades Unionism Among Hospital Attendants.

SHERMAN, TEXAS, Jan. 6, 1904.

*To the Editor:*—In THE JOURNAL, January 2, are an editorial, “Trades Unionism Among Hospital Attendants,” and a letter from Dr. V. H. Podstata, entitled “Trades Unionism Among Asylum Employees,” a subject of more than ordinary importance. The statement of Dr. Podstata: “It is a well-known fact that the attendants and nurses, as well as other employees at Dunning, are under the protection of civil service, the protection being so strong as to absolutely prevent me from either hiring or discharging an employe,” is a startling revelation. The forming of a union by the attendants and employes “organized on the same basis as a regular labor organization” is ominous. Hospitals for the insane can not be successfully conducted without a proper organization of officers and employes, all working together under an established set of rules. The superintendent, being responsible for the management, can not have any discipline or order when operating under such a state of affairs as now exists at Dunning. The attendants, nurses and other employes, once established in that institution, are independent of the superintendent, and obey his rules and instructions as suits their fancy.