

of the foramen for three reasons. 1. If the needle does not enter the foramen it will be blocked by the great wing of the sphenoid. 2. It is sometimes possible to follow the under surface of the great wing and feel one's way into the foramen. 3. When the foramen is entered with the needle in the high position, its point, after passing through the ganglion, is blocked by the anterior surface of the petrous portion of the temporal bone. When the needle is introduced at too low a point, and its direction is consequently more vertical than would be necessary with a higher insertion, the needle, if inserted too far, may pass over the petrous portion of the temporal bone into the superior petrosal sinus or brain.

JOHN G. SHELDON, M.D., Kansas City, Mo.

[Dr. Sheldon's statement concerning the priority of Schlösser was referred to Dr. Grinker, who replies:]

To the Editor:—In Schlösser's report on the treatment of trigeminal neuralgia by means of alcohol injections into the branches of the trigeminal nerve, made before the Congress für innere Medizin, held in Wiesbaden in 1907, an account of which was published in the *Münchener medizinische Wochenschrift*, April 30 of the same year, the following occurs:

"To reach the inferior maxillary nerve, I introduce my fingers into the patient's mouth, feeling for the inner end of the large wing of the sphenoid. I then pierce the cheek with a blunt stout needle, reaching the oral cavity a little below the previously introduced finger, and then I gradually work up toward the base of the skull until the inferior maxillary nerve is reached. The previously filled syringe is then attached and 0.5 gm. alcohol injected. After a short interval another 0.5 to 1 gm. of alcohol is injected."

In these directions, which are rather indefinite for any one else to follow, no landmarks being given, nor any other guide except the finger, Schlösser gives a method of injecting the third branch of the trigeminal—not of the gasserian ganglion. Härtel's merit consists in having given us an *extrabuccal* method of reaching the gasserian ganglion directly. Any one who wishes can find not only the foramen ovale, but also the situation of the ganglion which is in the same line with it, provided he follows Härtel's explicit directions. I cannot see how the correspondent can consider these methods identical, when one is a route to the branch as it leaves the base of the skull, the other a direct entrance into the skull through the foramen ovale, with a view of injecting a structure lying beyond it.

JULIUS GRINKER, M.D., Chicago.

Tariff on Surgical Instruments

To the Editor:—In THE JOURNAL, April 26, 1913, p. 1322, are some resolutions in which the tariff on surgical instruments is incorrectly stated. Instead of 50 per cent, it is 45 per cent, and the tariff on instruments in rough, instead of 15 per cent., is 30 per cent. It may also be of interest to know that the new tariff pending in Congress fixes the duty on surgical instruments at 25 per cent., whether they are finished or unfinished.

G. P. PILLING & SON COMPANY,

per C. J. PILLING, President.

[COMMENT:—The resolutions referred to were passed by the Jefferson County (Ky.) Medical Society, and we call this matter to their attention as well as to the attention of other societies which may take action on the subject.

In THE JOURNAL, May 3, 1913, p. 1382, is a comparison of the present law with the Underwood bill now pending in Congress. Although this article does not refer to the resolutions of the previous issue, in effect it corrects the error which the county society made. —Ed.]

A Useful Pharmacopeia

To the Editor:—Dr. Osborne's recent article (A Last Plea for a Useful Pharmacopeia, THE JOURNAL, May 10, 1913, p. 1427) has interested me greatly. It is a shame that inert drugs still find a place in the Pharmacopeia. I urged their

omission at the last Pharmacopeial Convention and frequently before that, and I am glad to note that their number is diminishing in the recent editions of the Pharmacopeia. What is of more importance, however, is the retention of multiple preparations of many drugs when they are not needed; their use by medical men should be discouraged by their omission from the Pharmacopeia. For instance, three or four preparations of iron or of cinchona are as good as all that are included in the Pharmacopeia. It certainly is possible to determine which are therapeutically and pharmaceutically the best for prescription in solution or in pill or capsule and possibly for hypodermic administration. Let us encourage the use of these best preparations and discourage the use of others. As Dr. Osborne writes, the omission of a drug from the Pharmacopeia does not prevent its use although it may discourage its employment. This was evidently the view taken by medical societies and their committees which studied the subject before the last Pharmacopeial Convention was held.

Unfortunately, the medical men elected to that convention did not attend it so generally as they should, and therefore the pharmacists who were present again kept control of the making of the Pharmacopeia.

The scope of the Pharmacopeia should be decided by medical men, and pharmacists should decide how preparations are to be made.

I wish that the revision now under way had been made on this plan.

N. S. DAVIS, M.D., Chicago.

The First Street-Railway Ambulance-Car

To the Editor:—In the *Scientific American*, April 5, 1913, p. 316, in the description of a street-car ambulance for Bahia, Brazil, the statement is made that "not until the present time has there been manufactured a conveyance for the transportation of hospital patients over the street-car tracks of any city."

That South American may not be given credit which rightly belongs to our own country I wish to point out that in December, 1894, an ambulance-car which I originated while health commissioner of St. Louis went into service. Descriptions of the car appeared in several publications at the time.

GEORGE HOMAN, M.D., St. Louis.

Swindler Maynard Brought to Bay

To the Editor:—Last fall (Oct. 5, 1912, p. 1303) you published an announcement for me concerning a \$50 reward offered for information regarding a fugitive from justice, one Maynard, who had fleeced a lot of physicians and others during the spring of 1912 and then had absconded in June. The clippings which I enclose show the details of his arrest and fight to prevent just punishment. Before the days of THE JOURNAL such a fellow would probably have plied his trade for years. Here is an important use for THE JOURNAL. Our officers of the law had almost given up hope of finding him when I told them I felt sure that I could locate him with your help. Just a few days after your announcement that this man was wanted, a member of the Association telegraphed our sheriff from Lincoln, Neb., that Maynard was there, and this led to his arrest and punishment. Maynard's offenses were in collecting old accounts for merchants, doctors and lawyers and then disappearing without making returns on the collections to the merchants to whom an accounting was due. When found in Nebraska, he was presumably operating the same game. He resisted extradition, appealed to the Supreme Court and made considerable trouble before he could be taken from Nebraska to Michigan. He was finally sentenced to a term of three years in prison.

M. R. MORDEN, M.D., Adrian, Mich.

[COMMENT:—THE JOURNAL is glad to have been of service in this instance. In the General News Department of this issue is an announcement concerning another man wanted for swindling. Perhaps our readers can help in this case also. —Ed.]