

Mrs. Price's Canning Compound is sold on the claim that it will "prevent canned fruits and vegetables from souring and spoiling" and that it "may be used in canning all kinds of fruits" and "in making catsup, sweet pickles or anything that is liable to ferment." The Kansas State Board of Health has published at different times the results of two independent analyses of this "compound." These indicated that the stuff varied in composition. In view of this fact and because inquiries have been received, another analysis was made of Mrs. Price's Canning Compound, in the Association laboratory. The report of the Association's chemists is as follows:

"Mrs. Price's Canning Compound, manufactured by the Price Compound Company, Minneapolis, Minn., as received in the Association laboratory, was contained in an envelope bearing the name of the preparation, the name and address of the manufacturer and directions for its use.

"The envelope contained about 30 gm. of a white powder, soluble in water, possessing a salty taste and having an odor of benzoic acid. Qualitative tests indicated the presence of borate, chlorid, benzoate and sodium. Further experiments and the quantitative estimations indicated that the constituents found existed as boric acid, sodium chlorid and benzoic acid (possibly in part as benzoate) corresponding to the following amounts:

Boric acid, 94.74 per cent.
Sodium chlorid, 4.71 per cent.
Benzoic acid (calculated from total benzoate), 0.40 per cent.

"While the first analysis (Bulletin Kansas State Board of Health, October, 1909, p. 267) showed that the preparation consisted entirely of commercial boric acid, the second examination (Bulletin Kansas State Board of Health, November, 1909, p. 282) showed that about 6 per cent. of the boric acid had been replaced by sodium chlorid. The present analysis shows that the composition has been again altered by the addition of a small amount of benzoic acid. For all practical purposes, these changes are unessential. The variability is evidently the result of carelessness in the manufacture or it is made with the idea of misleading and confusing."

The housewife who uses this mixture does so, of course, not knowing that the chemical she is putting into her foods has been declared injurious as a food preservative by the federal government. Neither does she realize that she is paying for what is essentially boric acid, worth 15 cents a pound, at the rate of \$1.60 a pound.

Correspondence

The Philadelphia Idea as to Medical Teaching

To the Editor:—On several occasions within the last few years statements have been made in medical journals, here and abroad, to the effect that the medical schools of this country are not equipped with satisfactory opportunities for clinical teaching. Last spring, the president of Cornell University, when delivering an address which should have been carefully prepared, made the extraordinary statement that no medical school in this country, with the exception of Johns Hopkins, had a hospital completely under its control, and therefore adequately used for teaching purposes.

In the London *Lancet*, Feb. 4, 1911, its American correspondent in describing a proposed amalgamation between the medical department of Columbia University and the Presbyterian Hospital refers to this plan as the "Johns Hopkins idea." It goes without saying that those of us who know much of medical teaching hold the Johns Hopkins Medical Department in the highest esteem, but it is only proper that the facts be correctly stated. The object of this communication is to point out the fact (not so generally known as it should be) that every medical school in Philadelphia has as a part of its equipment a hospital, which exists, not as an affiliated institution, but as part and parcel of its teaching plant. As long ago as 1824, when Jefferson Medical College was founded, it established an out-patient service in order to give its students the advantage of clinical material under its own

control; and in 1841, the medical department of the University of Pennsylvania did likewise. In 1873, Jefferson Medical College inaugurated its plans for a complete hospital, and this institution was opened Sept. 17, 1877, containing 160 beds. At about the same time the Hospital of the University of Pennsylvania went into active service. Three years ago, the new Jefferson Medical College Hospital, costing \$1,250,000, was completed, containing 300 beds, and from time to time the university hospital has been considerably enlarged. As soon as it was started in 1881 the Medico-Chirurgical College established an out-patient department, and a few years afterward erected a hospital. The Woman's Medical College of Pennsylvania also has a hospital known as the Hospital of the Woman's Medical College. The Hahnemann Medical College also has its own hospital, and the medical department of Temple University, the youngest of the Philadelphia schools, has under its direct control the Samaritan Hospital.

It is interesting to note in this connection that all of these hospitals are under the control of the same boards of trustees that govern the institutions in which the students matriculate for the purpose of studying medicine, and in the Jefferson Medical College, in the University Medical Department and in the Medico-Chirurgical College members of the faculty who teach in the practical branches are by virtue of their professorial chairs in actual control of and on duty in the wards. In other words, to be elected professor of medicine, therapeutics, or surgery in Jefferson Medical College means that a man is thereby elected physician or surgeon to the Jefferson Medical College Hospital. The relationship is therefore a matter of absolute control and not of friendly affiliation, and by this means only can satisfactory medical teaching in a medical school be accomplished. If, therefore, the principle of having an active hospital as a part of a thoroughly equipped medical school is to be given a specific name it should be called the "Jefferson Medical College idea" or the "Philadelphia idea" and not the "Johns Hopkins idea."

As a matter of fact, barring the Johns Hopkins Hospital; there is, I believe, no medical school in the United States so thoroughly equipped with hospital facilities under its own control as the Philadelphia medical teaching institutions, all of which have their hospitals, with exception of Temple College, side by side with the medical school buildings. All of these institutions have in addition the opportunity of teaching their students in large hospitals which are thrown open to all the schools, such as the Pennsylvania and Philadelphia Hospitals, for example. In other words, the Philadelphia schools have all the benefits of unattached hospitals possessed by institutions elsewhere in addition to the ownership and control of their own hospitals.

As a matter of historical fact, Jefferson Medical College was the first medical institution in America to establish clinical teaching, and all its sister institutions in Philadelphia, with which it dwells in the most cordial friendship, have followed its example.

H. A. HARE, M.D., Philadelphia.

Professor of Therapeutics, and Physician to the Jefferson Medical College Hospital.

Card System of Dairy Inspection

To the Editor:—I notice with much interest an editorial in THE JOURNAL, Jan. 14, 1911, p. 124, relative to the score-card system of dairy inspection, which you commend, but say that it needs "further elaboration." I shall be much interested in seeing your comments on the card and getting your ideas on the same. Possibly a few words relative to the history and development of the standard card now in use may be helpful to you and of interest. The first score-card which I ever saw allowed 500 points and handed out blocks of twenty-five to thirty-five for different items. It soon became evident that such a card, as you say, needed "further elaboration;" that if twenty-five points were allowed, for instance, for "Cleanliness of the Stable," there would be a chance for very wide differences in the score; so that from time to time we have revised

the score-card until we have evolved the one which we recommend, and every revision has been along the line of this "further elaboration." The one which we are using now has the endorsement of the National Association of Official Dairy Instructors, but when we print more of them two items at least will receive, doubtless, further elaboration. The eight points allowed for "Cleanliness of Cows" will be subdivided into minor items, as will be the six points for "Condition of Stable," "Air at Milking Time," giving a part of the allowance for "Clean Bedding," a part for "Freedom from Dust," and a part for "Freedom from Odors." Our experience has shown us that the more the card is elaborated the better it is, and the present card is the result of years of experience and development along that line.

GEORGE M. WHITAKER,

In Charge, Market Milk Section, Dairy Division.
U. S. Dept. Agriculture, Bureau of Animal Industry.

[COMMENT:—Editorial reference to this subject is made in this issue.—Ed.]

Peccavimus!

To the Editor:—I have been frequently amused by the quality of medical erudition displayed by the daily and weekly newspapers; especially by the "Clippings from Lay Exchanges" in THE JOURNAL. But are we not the goat of the Roman fable, standing on the roof of a house and ridiculing the wolf passing below, when our great JOURNAL, the English of which is so polished and the proofreading so nearly perfect, prints (Feb. 11, 1911, p. 443) Latin like this: "M. fiat pilulam"? Should the author of such Latin take up his long-neglected "Commentarii Cæsaris de Bello Gallico" and find such a distortion of case-endings he would certainly be puzzled if he made an effort to convert it into English.

CHARLES H. HIGGINS, Zanesville, O.

[COMMENT:—We wish here to acknowledge other letters on this subject and to admit that our correspondent's severity is not misplaced. The error cited is, of course, a shocking one. We desire, however, to exculpate completely Dr. Bolenius, who furnished the prescriptions. We can only plead guilty of an inexplicable blunder, and throw ourselves on the mercy of the court. Those of our readers who have had any experience with the treachery of types will perhaps be lenient. If Argus had had brains to match his hundred eyes, he would have been just the man we want on our staff. Evidently, however, we have the next best thing—a corps of readers whose collective erudition and interest in maintaining the standard of THE JOURNAL are so great that any oversight of ours is sure to be brought to our attention in the next mail.—Ed.]

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.

MARSDEN'S PASTE

To the Editor:—Who was the originator of Marsden's paste? Who is or was Marsden? Please give the percentage of epitheliomas cured by it.

I have had excellent success in one case of epithelioma of the bridge of the nose and toward the inner canthus of the left eye with this paste. But a man of 80 presented himself with an extended growth reaching within quarter of an inch of the margin of the lower eyelid, and I have put him off, hardly daring to do anything. Any suggestion will be thankfully received. If Marsden's paste is a good treatment, why is it not emphasized more?

A. I. LOVELL, M.D., Graysville, Tenn.

ANSWER.—Alexander Marsden originated this paste. He was a London surgeon who had a large experience in cancer in the London Cancer Hospital. His paste was introduced in an article, "A New and Successful Mode of Treating Cancer," published in London in

1867. It has always been highly regarded and widely used by a few men, but, like all other caustic methods of treating epitheliomas, it has suffered from the prejudice against caustics. It is a valuable method of treatment in properly selected cases. Its use, with that of other caustics, is considered in detail in THE JOURNAL, Nov. 5, 1910, p. 1611, in the article by Dr. W. A. Pusey on "Treatment of Malignant Growths of the Skin from a Dermatologist's Standpoint."

No reliable statistics are possible as to the percentage of cures obtained with it. Success depends on its thorough application in properly selected cases—that is, in cases in which the growth can be entirely destroyed. Daniel Lewis says that 99 per cent. of epitheliomas of the skin are curable if taken in time.

SPENGLER'S IMMUNE BODIES—I K

To the Editor:—1. What is the Carl Spengler immune blood or antitoxin? 2. Where can it be obtained? 3. What results have been obtained from its use in tuberculosis?

JOSEPH PESTAL, M.D., Pearce, Ariz.

ANSWER.—1. Carl Spengler's immune bodies—I K—are derived from the red blood-corpuscles of the blood of animals immunized against the tubercle bacillus. The material is said to be extracted in such a way that the immune bodies are removed in a state of comparative purity, free from albumin and blood-coloring matter. The theory of Spengler, on which the preparation is based, is that the red blood-corpuscles are the source of the immunizing substance produced by the organism in tuberculosis.

2. The preparation is made by Spengler, of Davos, Switzerland, and is put on the market by Kalle & Co., Riebrich a. Rh., Germany. It has been used to a considerable extent in Germany, but, as we understand, it cannot be imported into this country legally because the firm which manufactures it has not a license for the manufacture of serums, antitoxins, tuberculin, etc., which is required by the United States government before such products can be imported into this country. A list of licensed manufacturers appeared in *Public Health Reports*, Feb. 10, 1911.

3. Many favorable reports of the action of this preparation in tuberculosis have appeared in the literature, while other clinicians have found it of little or no value. Further experience will be necessary before a positive opinion can be expressed.

TREATMENT OF GEOGRAPHICAL TONGUE

To the Editor:—Can you give me a remedy for a disease which is commonly known as "geographical tongue"? This is mentioned in Stellwagon's "Diseases of the Skin," on pp. 1086-89, under the heading of "Transitory Benign Plaques of the Tongue," and is given the following names: exfoliatio areata linguae, pityriasis linguae, wandering rash, ringworm-like patches of the tongue, Muller's superficial glossitis, etc.

I have under treatment a chronic case which has existed for about ten years; the patient is over 65 years of age and has no syphilitic taint. I have tried a number of antiseptics and other remedies, but I find them of very little use and would be grateful if you can suggest some remedy.

J. F. NAGLE, M.D., New York City.

ANSWER.—There is no satisfactory treatment for geographical tongue. Its etiology is not known, so the treatment is entirely empirical. The use of bland antiseptic mouth washes, such as a solution of hydrogen peroxid, and painting with a bland varnish, such as tincture of myrrh, are recommended. A few paintings with tincture of iodine at intervals of at least three or four days may serve to remove it either by stimulating the surface or by acting as an antiseptic. The condition is rare in the old and a careful differential diagnosis should be made from leukoplakia, in which stimulating remedies like tincture of iodine are not indicated.

USE OF MERCURY CYANID OR OXYCYANID AS AN ANTISEPTIC

To the Editor:—Can you give me any references to literature concerning cyanid or oxycyanid of mercury as an antiseptic?

C. S. OAKMAN, Detroit.

ANSWER.—Cyanid and oxycyanid of mercury are described in New and Nonofficial Remedies, pages 126 and 127, and in the British Pharmaceutical Codex. These authorities state that these salts have an antiseptic and disinfectant power similar to mercuric chlorid. The bactericidal value of mercuric oxycyanid is given by Lehmann (*Oesterr. Ztg.*, 1903, 851; abstracted in the Proceedings of the American Pharmaceutical Association, 1904, III, 795) as equal to that of mercuric chlorid. Doubt is thrown on the antiseptic value of mercuric oxycyanid by K. Holdermann, who cites the experiments of B. Köhler in a thesis published at Marburg in 1905 (*Arch. d. Pharm.*, 243, No. 9, 1905, 673; abstracted in the Proceedings of the American Pharmaceutical Association, 1906, II, 828).