

spirit of the Food and Drugs Act. Towns pleaded guilty and was fined \$25.—[*Notice of Judgment, No. 1170.*]

#### DIXIE FEVER AND PAIN POWDER

These "headache powders" were prepared and sold by the Morris-Morton Drug Co., Fort Smith, Ark. The following claims were made for them:

"Useful in all cases of fever to lower the temperature and relieve pain."

"A positive and immediate relief for headache, neuralgia, catarrh, la grippe, cold in the head, rheumatism, sleeplessness, and all nervous conditions."

"It relieves all pains in the Head, Face and Body, which are caused by Cold, La Grippe, Neuralgia, Exposure or Dissipation."

"If suffering from periodical attacks of the above troubles (Headache, Neuralgia, La Grippe, Cold in Head, Earache, Toothache, Pains over Eyes, Rheumatism), they will grow less frequent and less severe by using these powders."

"For Insomnia or Sleeplessness, one powder taken on going to bed will produce a natural and healthy sleep."

As these claims were severally and individually false and misleading the nostrum was declared misbranded. The company pleaded guilty and was fined \$10.—[*Notice of Judgment, No. 1178.*]

#### STELLO'S ASTHMA CURE

Stello's Asthma Cure was a product of one W. H. Muller, New York City, and was sold under the following preposterous claims:

"It is entirely vegetable."

"Everyone is promised a cure."

"A permanent cure is assured to all."

"A proven radical and permanent cure."

This "entirely vegetable" product was found to contain, according to the government chemists, the following drugs:

Potassium Iodid  
Glycerin

Cannabis Indica  
Alcohol

It was declared misbranded because the quantities and proportions of cannabis indica and of alcohol were not stated on the label. Muller pleaded guilty and was fined \$50.—[*Notice of Judgment, No. 1179.*]

## Correspondence

### Rural Sanitation Again

*To the Editor:*—I was very much interested in the editorial (THE JOURNAL, Oct. 7, 1911, p. 1214) on sanitation in rural districts and the letter elicited by it from Dr. Dorey (THE JOURNAL, Oct. 28, 1911, p. 1473). I have for the past few years been secretary of the territorial board of health in a territory having no large cities, and the problem of the small town and the village has been of particular interest to me. I wish what I say to be understood as applying only to that part of a state lying outside towns of 50,000 or more inhabitants.

In my opinion, the divorcement of public health work from private practice (or other interests) is quite as important as its divorcement from politics. Accepting this premise, it follows that in order to obtain competent full-time men, with the consequent increases in salaries, the local taxes must be increased or the sanitary unit must be enlarged to include several counties. The latter should, on account of its economy, be more acceptable.

This enlargement of the area of the sanitary unit necessitates either the cooperation of the constituent counties in the matter of raising funds for the assumption of this function by the state. The latter would be much the simpler and, aside from eliminating local disputes over pro rated expenses, would render possible the coordination of the public health work of the state. It would also, presumably, avoid any constitutional difficulties, and some promise of promotion might be held up as an incentive for those in less important districts. I feel quite certain that direct control by the state department should result in far greater efficiency than does supervision. That has been the experience with the registration of vital

statistics and the cases seem analogous. The counties or towns should bear the expenses of quarantines, but these can be maintained quite as effectively by the police or a lay inspector if supervised by a qualified superior.

Essentials of rural sanitation are pure water-supplies and sewerage. These also make cooperation desirable if not necessary. Many small places could afford public water-supply systems if it were possible for them to incorporate without the necessity of burdening themselves with the expense of an ordinary town government, and if they could compel all households of the corporation to connect with the system. By permitting the incorporation of such sanitary areas, by having at their service a state sanitary engineer to advise, and by having a state health department to educate the people to take advantage of their opportunities, most of the defects of rural sanitation would be eliminated. As stated in the above-mentioned editorial, most of the sanitary advances have been made in the cities. (The vital statistics of the registration area show a practically straight line for the rural death-rate from 1900 to 1908.) It is seemingly necessary, therefore, that the methods of the city should be adopted in the country, and not the least among these methods is the character of the public health organization.

The cities have largely done away with their boards of health and substituted departments under control of commissioners, with the employees under civil service rules. Executives are employed for executive work, technicians for technical work, clerks for clerical work and laymen for lay work. That is the logical way, and, if local control be abolished and the state properly districted, I think it is applicable to the rural areas of our states.

EDWARD S. GODFREY, JR., Phoenix, Ariz.

### Loose-Leaf Medical Books

*To the Editor:*—Those of us in moderate circumstances find it a considerable drain on our resources to keep our libraries up to date. For instance, a work on practice composed of several volumes necessitates quite an outlay, and it is a hardship under present conditions to pay for a work of this kind when in five or six years it will be obsolete. I have wondered why some publisher has not issued this class of books in loose-leaf bindings, selling them on the condition of keeping them revised up to date by issuing new loose leaves when necessary, these to be slipped into place and the old leaves to be removed. Of course, this would call for a greater initial cost and a yearly assessment for keeping the work revised but it would be cheaper in the end, and we would have a work up to date as long as the assessment was kept paid. I think that there is none of us who would not be glad to pay more to have the satisfaction of knowing we were buying something that could be used permanently.

C. M. CHILTON, Gunnison, Miss.

### Subnitrate of Bismuth in Pruritus Ani

*To the Editor:*—In your Therapeutic Department of THE JOURNAL for December 30, p. 2138, I noticed an article on pruritus ani, in which a variety of remedies were mentioned, all undoubtedly good in conditions named, but I failed to see mention of one application which has always been a favorite with me, especially in such cases as are associated with an excess of moisture about the anal region, and where a due attention is not paid to absolute cleanliness of the parts. My remedy is subnitrate of bismuth, and is used as follows: After thoroughly cleansing the surface with water, and a bland soap if necessary, I follow with a weak solution of phenol (carbolic acid) and dry thoroughly. I then take a square piece of gauze, one thickness only, about 4 or 5 inches square, lay it on the table and put 1 or 2 ounces of bismuth in the center, gather the edges together and tie in such manner as to make a loose bag, and direct the patient to "squat" the surface freely, while in squatting position, until the skin is thoroughly dusted over, this dusting to be repeated as often as