

reason which he has so fully brought out, the investigation of the clinical value of Pneumococcus Antibody Solution was turned over to an absolutely disinterested commission.

This work was carried out in the wards of the Bellevue Hospital, New York, and the New York Hospital. The tests were under the supervision of the Influenza Commission consisting of Drs. Roseneau, Parke, McCoy, Frost, Jordan, Cecil, Frankel and Knight, with coöperative arrangement with Cornell Medical College, Metropolitan Life Insurance Co. and the Mulford Co.

In Bellevue Hospital the work was conducted by Dr. Cecil and laboratory attachés of U. S. Hygienic Laboratory.

I think this is probably the first instance in which a scientific discovery was turned over to such a commission with Government coöperation and investigation as to its clinical value.

We realize the fact that by selecting the cases, unusually favorable results may be obtained. In this investigation, however, the physicians in the hospital did not select their patients.

Arrangements were made for proper controls, that is to say, every other patient regardless of condition would be treated with Pneumococcus Antibody Solution, while alternate patients would receive the best known treatment without antibodies. As a result of this the data include patients received in the hospital in all stages of the disease.

In addition to the above hospitals, the serum has been furnished to pneumonia specialists in many of the large cities, and to hospitals throughout the United States. The results of these clinical tests are to be published.

Although we have had hundreds of requests for Antibody Solution it has not as yet been placed on the market for sale.

I can appreciate Dr. Kebler's point in view of the remarks of one of the Cleveland specialists who described a treatment for pneumonia which had given him wonderful results one season and was practically of no value the following season.

This investigation is, therefore, in the hands of our most eminent specialists and all data have been subject to control cases.

No statements will be made for this product that do not come from these specialists regarding its clinical value.

AN ADULTERANT OF QUEEN-OF-THE-MEADOW.*

BY OLIVER ATKINS FARWELL.

This drug is the herb, or, to speak more accurately, the leaves and flowering tops of *Eupatorium maculatum* Linn. In pharmaceutical literature it passes under the nomenclatorial name of *Eupatorium purpureum* Linn probably because when this name was adopted, *E. maculatum* had been reduced by botanists in general to a synonym of *E. purpureum*. The leaves of *E. purpureum* are thin and even, not rugose, the stems are glabrous or whitish puberulent at the summit and the flowers are whitish or pale pink. In *E. maculatum* the leaves are thick and prominently rugose, the stems at the summit are densely glandular pubescent and the flowers are rose-purple. It is probable that both species enter into the make-up of the drug as found upon the market, but it has been my experience to find that it is mostly *E. maculata*. In general, this drug is very free from adulteration. Some lots of recent collection have been found to contain as much as 20% of Ironweed, *Vernonia noveboracensis* Willd. It would be a difficult matter to say if it were an intentional adulteration. But the two plants are so unlike in the living state that it needs must stretch one's credulity to the limit to believe that the adulteration was accidental. If well spread out and mixed up with the genuine drug, the Ironweed might go undetected except through the closest scrutiny.

DEPARTMENT OF BOTANY,
PARKE, DAVIS & COMPANY, DETROIT, MICH.

* Scientific Section, A. Ph. A., Asheville meeting, 1923.