

sician who has not the time to look into the botany of every new plant discovered, and who is willing to trust the presumed honesty of every manufacturer.

#### RESULTS OF CHEMICAL EXAMINATION.

"*Latalia rad.*," however, is not the only fake about the stuff, as will be noted in the following report from the chemical laboratory of the American Medical Association on the analysis of Enteronol:

Enteronol as examined by us was in the form of compressed tablets varying, in different boxes, from a light to a dark brown color and also varying considerably in weight. The tablets have the odor and bitter taste of rhubarb. Rubbed up in water, they impart a yellow color and their characteristic odor to the solution. Since the advertising matter states that Enteronol contains caffeine and bismuth subnitrate, tests were made to determine whether it did or not; carefully conducted experiments, repeatedly carried out, failed to disclose even a trace of either drug. As Professors Kraemer and Day suggested the possible presence of alum, tests were made to substantiate this further. The aqueous solution of the tablets is acid in reaction and responds to tests for aluminum, potassium and sulphates, a combination which points strongly to the presence of potash alum. Quantitative estimations were made to determine if the constituents were present in the proper proportions to form alum. On ignition the Enteronol tablets left a residue of 7.31 per cent. of ash which, on subsequent analysis, showed the presence of 2.76 per cent. aluminum oxid corresponding to a content of 25.65 per cent. of crystallized potash alum in the tablets. Determinations of sulphates in every case gave results which showed that there was present sufficient sulphate ions to correspond to the quantity of alum demanded by the aluminum content.

The chemical analysis also confirmed the observations of Professor Kraemer in regard to the lack of homogeneity of the tablets. They vary in size, color and taste, all of which facts point to a poorly mixed preparation. Aside from the qualitative observations the quantitative estimations showed that the composition of the tablets varies considerably, for in the analysis of eight samples the aluminum oxid content varied from 2.05 per cent. to 3.00 per cent., corresponding to a variation in the alum content of from 19.50 per cent. to 27.95 per cent. The chemical examination, therefore, leads to the conclusion that alum is the chief constituent of Enteronol.

Since there is alum present, but no lupulin, no caffeine, no bismuth, and possibly no "*latalia rad.*," one is forced to the conclusion that the "formula" was never intended to give any real information, that it is meaningless and worthless, and that it is used simply to satisfy the demand for formulas for proprietary remedies.

#### THE DANGER OF USING PREPARATIONS OF UNKNOWN COMPOSITION.

This preparation furnishes another illustration of the frauds perpetrated by the nostrum manufacturers. A common and inexpensive drug is made the basis of an unscientific mixture that is marketed at an exorbitant rate. No intimation is given in the "formula" of the presence of a drug, which, while of value when indicated, may be harmful if used in certain conditions. Physicians who prescribe such products unknowingly give drugs which may be not only useless but positively dangerous. The fact can not be impressed too often that he who depends for his knowledge of materia medica on the literature of proprietary manufacturers is exposing his patients to unwarrantable risks.

#### QUINA LAROCHE.

##### A Cocain Preparation and Its Exposure in Massachusetts.

From the November *Monthly Bulletin* of the State Board of Health of Massachusetts we quote:

"COCAIN PREPARATIONS ADVERTISED AS UNSALABLE."

"During the month of November the following proprietary preparations containing cocain were examined

in the laboratory of the board and added to the list of unsalable articles:

"Opal Catarrh Powder, Standard Remedy Co., Boston.

"Quina Laroche, T. Laroche."

Thus it appears that "Quina Laroche," which the promoters say is "far superior to all other quina wines," does not depend for its seductive qualities entirely on the active principles "of the three cinchonas."

This preparation is put out by E. Fougere & Co. To the medical profession this firm is known as a promoter of "ethical proprietaries;" to the public—or a certain element of it—it is equally well-known as the exploiter of various "patent medicines" such as Laville's Pills for rheumatism, Eade's Pills for gout, Ducro's Alimentary Elixir, Roche's Herbal Embrocation, Santal Midy, etc. By the way, the therapeutic efficiency of this last remedy as an antigonorrhoeic is evidently depreciating for whereas the older advertisements claimed that it "cures in 48 hours," it now merely "relieves in 48 hours."

The Massachusetts board also calls attention to another fact: "Quina Laroche," like its relative, "Vin Mariani," is manufactured in New York, although the labels, circulars, etc., are calculated to convey the impression that it is not only of French origin, but also of French manufacture. The Food and Drugs Act, among other good provisions, contains one that provides that a product must not be misbranded, even as to the place of manufacture, and as a result a small label is now attached stating that "Quina Laroche" is now manufactured in New York.

When American physicians and the American public wake up to the fact that a foreign label is not, in itself, *prima facie* evidence of superior merit, the "Quina Laroche" and "Vin Mariani" type of humbug label will die a natural death. An imposing French title applied to a tonic is no guarantee that the article is not composed of the refuse wines of the California vineyards, any more than the possession of an unpretentious American title is any reason for the rejection of the product as unworthy of consideration.

It is a pleasure once more to note the good work done by the Massachusetts State Board of Health in warning the public of both the dangers and fraudulence of many "patent" and proprietary medicines. The pity is that the reports of these investigations can not get more publicity among the people. The work is by no means lost, however, as the educational campaign now being waged by many of the more progressive boards of health must inevitably result in an awakening of the public.

## Correspondence

### Ohio Physicians in Practical Politics.

CHICAGO, March 14, 1908.

*To the Editor:*—Last year you published the very valuable article from Dr. Charles A. L. Reed, chairman of the Committee on Medical Legislation, on "Medical Legislators of Two Republics." In this article and in other contributions, Dr. Reed has called attention to the lessons of his own experience in matters of legislation. He has learned, as have others, that if physicians want something done in the legislatures, or anywhere else, they must do it themselves, not send agents who know nothing about what is wanted. When physicians get together and agree on what they want and then move forward in numbers, they generally succeed. A new era has arrived in the history of the profession, one in which strong representative physicians, busy men in large practice, find it consistent with their dignity and profession to take part in practical politics for the good of the profession and the community.

It is evident that Dr. Reed has been practicing what he preaches in the recent campaign for election of the members of the Ohio State Republican Convention.

The *Cincinnati Enquirer*, March 3, in its Columbus despatches relating to the Ohio State Republican Convention, states, among other things:

The physicians of the state were organized by Dr. Charles A. L. Reed of Cincinnati, for the purpose of getting representation in the convention. They have succeeded beyond their expectations and there are the names of 105 physicians on the roster of the great body now in session here.

The published details of the convention show some additional facts of interest. The physicians number one-eighth of the whole convention. They were all representative men. They met in caucus and determined what they wanted in the organization and in the platform. The presidency went to Secretary Garfield, but Dr. Reed was made the first vice-president of the convention. The committees on rules and on permanent organization, and, most important of all, on resolutions, each contained a strong representation of physicians. The result, according to published reports, was the full realization of the object that the physicians had in view, namely, the adoption by the convention of a plank in its platform committing the party to "the organization of all existing national public health agencies into a single national health department."

The movement for a national department of health was begun by the American Medical Association very early in its history and has been agitated since then with more or less zeal by the Association and the profession. This is the first time, however, that a plank favoring the proposed national department of health was ever adopted by a political convention. It is no small cause for congratulation that Dr. Reed and his Ohio colleagues have succeeded in making this beginning.

They, no doubt, appreciate better than any one else that this is only a beginning. The declarations of a platform, to amount to anything, must be ratified at the polls and re-deemed in the legislatures and in Congress. To do this means participation in the campaign. It means, furthermore, that physicians must go to the legislature, not as supplicating committees craving a favor, but as members with power to vote. It means that physicians must go in increasing numbers to Congress—to the House and to the Senate. The movement for a national department of health probably never will succeed until the medical profession sends at least some of its strong men like Reed, Welch and Mayo to champion the cause of public health in the halls of Congress.

The political activity that has been displayed by the physicians of Ohio ought to be taken up in every other state. Declarations in behalf of a movement to unite under one head all of the national agencies of public health ought to be made by every party in every convention in every state, and in every national convention held this year. There are urgent reasons why this should be done. The cause of the proposed department of health is one and a sufficient one. But in addition to this, it is known that within the next eighteen months a prearranged effort will be made to destroy the force of existing medical laws in several states, but particularly in Ohio, New York, Massachusetts and Illinois. The conspiracy has already been hatched. It behooves the medical profession of all the states to be on guard all the time, but in the four states mentioned it is imperative that the guard be placed directly within the halls of legislation. The physicians of the different states ought to furnish 20 per cent. of the members of every legislature elected this year. If this is done state medical laws will be safe and, with additional representation of the medical profession in the Senate and House of Representatives at Washington, the legislation on public health so necessary will speedily become an assured fact.

C. S. BACON,

Member Committee on Medical Legislation, American Medical Association.

#### The Prophylaxis of Venereal Diseases.

DETROIT, March 13, 1908.

To the Editor:—Much has been said and written on this subject; arguments have been advanced either for or against the periodical examinations and possible licensing of prostitutes. In a recent paper in the *American Journal of Public Hygiene*, Dr. Abner Post, Boston, says: "I believe it would be best for us in New England absolutely and definitely to sur-

render the idea (for the present, certainly) of license and periodical examination of public women. This expression of belief is not intended to express any opinion, pro or con, as to the value of this method as employed in many foreign cities, but simply a belief that it is not adapted to New England." What Dr. Post says of New England is true, I believe, of the entire world. Periodical examinations have been discontinued in nearly every city and country in which it has been thoroughly tried. In Detroit such a system was in vogue for five years, but was abandoned as worse than useless; in fact, harmful. In the first place, the principle of recognizing the women as a class is wrong; again, the examinations, unless made by public physicians, are unreliable, and even when properly made they can never be made often enough to warrant giving any prostitute a clean "bill of health" to be relied on until the next examination.

What then shall boards of health do with this problem? That question presented itself to the Detroit board of health when it decided to abandon the periodical examinations with their useless certificates of good health, and I believe we have found the remedy. The following method as practiced here has been in use but about two months.

The keepers of all houses of prostitution known to the police have been notified that certificates of health will no longer be required nor accepted by the board of health. The board does not care about certificates, but does care about health. It is its duty to prevent, so far as possible, the spread of all contagious diseases, and venereal diseases are contagious. Therefore, on and after January 1 the health officer, or some physician delegated by him, will visit these houses at unannounced and irregular intervals and examine the inmates. If any are found with a contagious disease (gonorrhoea or syphilis) the house will be quarantined.

The placard used on these houses is a large yellow card with the one word "quarantined" printed on it in conspicuous, heavy, black letters. Up to the present four houses have been quarantined. In each case after the placard had been on the house a short time, from one to four days, the keepers of the houses have asked permission to remove the diseased inmate to a hospital for treatment at the expense of the "landlady." This was done, and the patient was in each case isolated at the hospital until reported recovered by her attending physician. Then, after a thorough examination, clinical and bacteriologic, by a physician of the board of health, when found recovered, she was allowed to go.

The new method presents great possibilities and is, in my opinion, the solution of this part of the great problem. It puts the responsibility of keeping well entirely on the women and relieves boards of health from the position of licensing these houses. The contagious diseases, however, are treated as other contagious diseases would be after they have been reported or became known to the public health authorities. In order to make the system more efficient, a physician should devote his entire time to looking up these cases and reporting them, when found, to the board of health.

GUY L. KIEFER, M.D., Health Officer.

#### Poisoning from Eggs.

MIDDLETOWN, DEL., March 12, 1908.

To the Editor:—Dr. A. J. Anderson, Newport, R. I., in a letter to THE JOURNAL, March 7, page 785, said that he never had seen in the literature a report of poisoning by eggs. Several months ago I was called to such a case.

B. L., a young man aged 19, whose general health is good, always suffers like attacks on consuming food containing the slightest trace of egg. He can not eat griddle cakes, minus the egg, if they are cooked on a griddle which previously had been used for cakes containing eggs. He can not eat cake without eggs if in cutting it the knife has been used to cut a cake containing eggs. One day he called my attention to his idiosyncrasy for such food and declared an attack peculiar to his condition was then raging.

Later in the evening I was called to his home and found him pacing the floor suffering from the following symptoms: Extreme nervousness, conjunctivæ congested, nasal membrane