tabulating the replies, however, the following summary resulted:

- 1 was worse than 2 or 3 in 6 cases.
- 2 was worse than 1 or 3 in 5 cases.
- 3 was worse than 2 or 1 in 1 case.

The report from Johns Hopkins records a series of 117 injections followed by the estimated reactions recorded below:

1. Severe, 13; mild, 14; none, 4; unrecorded, 8=39
2. Severe, 5; mild, 15; none, 16; unrecorded, 5=41
3. Severe, 7; mild, 25; none, 3; unrecorded, 2=37

That is, when recorded in percentages:

1. (Biniodol) severe, 33.3; mild, 35.9; none, 10.3; unrecorded, 20.5.
2. (Without guaiacol) severe, 12.2; mild, 36.8; none, 39.0; unrecorded, 12.2.
3. (With guaiacol) severe, 18.9; mild, 67.5; none, 8.1; unrecorded, 5.5.

The manufacturer of Biniodol supplied the names of several physicians who have used that preparation in their practice. Correspondence with these elicited the following statements:

One had used Biniodol in forty-eight cases and states that "only a few patients complain of pain at all and then only of a general soreness in the muscle." This physician reports a limited experience with the use of another manufacturer's "mercury biniodide oil solution" (apparently six cases), but severe pain following the injections made it necessary to abandon that preparation.

Another of these physicians named by the manufacturer, without reference to any series of cases, reports that "Biniodol is superior to any [oily solution of mercury biniodid] that I have tried."

A third physician has "used it [Biniodol] a few times" and is "convinced that it has no special action or virtue" over "any red mercuric iodide in oil."

This evidence, in its most favorable estimate, shows Biniodol to be a good 1 per cent. solution of mercuric iodide in oil, but fails to justify attributing to the preparation any unique characteristics. The preparations made in the laboratory were as satisfactory, or better than the Biniodol, and the presence or absence of the guaiacol was of no consequence.

Biniodol conflicts with Rule 6, since claims of superior therapeutic efficiency made for it are not established; and with Rules 8 and 10, since it is an unessential modification of an established nonproprietary article marketed under a proprietary name.

In view of the foregoing, the referee recommends that Biniodol be not accepted for New and Nonofficial Remedies, and that this report, including the clinical investigations of Drs. Cole and Keidel, be authorized for publication.

MORE MISBRANDED NOSTRUMS

Mecca Compound.—Mecca Compound was an ointment sold by A. D. Foster, E. W. Peterson, Sr., E. W. Peterson, Jr., and E. W. Raymond, who did business as the Foster-Dack Co., Chicago. It was analyzed in the Bureau of Chemistry,

which reported that the stuff had a soft paraffin base containing carbolic acid, camphor, borates, zinc compound, a sodium soap and a trace of perfume. It was sold as a remedy for erysipelas, for the cure of

gangrene or blood poison, cancers and bronchitis, a preventive of diphtheria, a remedy for pleurisy and pneumonia, for the cure of scarlet fever, as a remedy for smallpox, for the cure of appendicitis in its early stages, for the cure of lockjaw, goiter, measles and tuberculosis. These claims were declared false and fraudulent and applied knowingly, recklessly and wantonly. A plea of guilty was entered and the defendants were fined \$50 and costs.—[Notice of Judgment No. 4383.]

The-Best Cough Remedy.—Davies, Rose & Co. (Ltd.), Boston, sold a mixture under the name "The-Best Cough Remedy" which the government chemists reported was a syrup, smelling and tasting of spearmint, and containing alcohol, chloroform and morphin. The claims made for it

were such as to create in the minds of the purchasers the belief that the stuff was an effective remedy for incipient consumption, asthma, influenza, as well as being effective for the relief of consumptive patients in advanced stages of the disease. These claims the government charged were false and fraudulent. The company entered a plea of *nolo contendere* and was fined \$50.—[Notice of Judgment No. 4381.]

Stella-Vitæ.—"Star of Life" was put on the market by the Thacher Medicine Company, Chattanooga, Tenn., and sold as a cure for "female weakness"; of course, it contained alcohol—20 per cent. The claims made were such as to create in the minds of the purchasers the belief that it was an effective remedy for all female weaknesses and diseases; was a cure for leukorrhea and would correct all irregularities peculiar to women. The government declared these claims false and fraudulent and applied knowingly and in reckless and wanton disregard of their truth or falsity. The company pleaded guilty and was fined \$75 and costs.—[Notice of Judgment No. 4389.]

Vegetable Pulmonary Balsam.—Cutler Bros. & Co., Boston, sold this preparation under the claim that it was a remedy for consumption and pulmonary affections of every kind. Government chemists reported that the stuff was a sugar syrup, flavored with spearmint and sassafras and containing alcohol and opium. The therapeutic claims were declared false and fraudulent and made knowingly, recklessly and wantonly. The firm pleaded *nolo contendere* and was fined \$100.—[Notice of Judgment No. 4380.]

Correspondence

The Young Doctor and Health Insurance

To the Editor:—In THE JOURNAL, January 27, under Current Comment, in discussing compulsory health insurance, you suggest that you would welcome "constructive discussion of health insurance." Having read Dr. Lambert's excellent paper in the same issue, I take the liberty of writing you to present a point of view which may be different from those taken by many men in the medical profession.

As director for the Appointments Bureau of the Harvard Medical School, I am often called on to advise young men entering the practice of medicine and to aid them, as far as possible, in getting a start. What chance has the young graduate of a modern medical school and hospital, trained in our best knowledge of diagnosis and treatment, to practice in a way satisfactory to himself and to the community? The medical school has turned out an alert, resourceful, intelligent, trained physician. His ideals are high, his courage good, his pocketbook empty. What opportunity does the average community offer to such a man? A very few of the better men are taken in as assistants to older men at small salaries. The Appointments Bureau seldom has a call for such assistants. What does general practice offer such young men? A fierce financial competition in medium and large cities, while the rural districts offer hard work and niggardly pay. If he has large talents to offer, he is more feared and less welcome by his older competitors. Lately a few small salaried fellowships have been offered by the Boston Dispensary. Five Harvard Alumni teaching fellowships of \$500 each are eagerly sought. Aside from these few small aids, what can the young practitioner hope for?

The public and many of the medical profession still believe that for small fees, one and two dollars an office call and three dollars a house call, a man could do a family practice

Druggists:
OUR GUARANTEE SELLS
STELLA-VITAE
The Woman's Best Tonic
It's Splendid Merit Keeps it Selling
TRY A HALF GROSS
Your Profit Is Sure
FEW REFUNDS ASKED FOR
We Reimburse the Full Retail Price
Write for Special Deal
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which would pay him a living, including automobile, etc. If he attempts this, he finds that careful, exact diagnosis is impossible in the time available. Free consultation with his colleagues, as he is accustomed to in the hospitals (group medicine), is out of the question, except in rare cases. His returns, certainly from families making below \$1,200 a year, are entirely inadequate to meet expenses necessary to do the thorough work he is trained to do and which would satisfy his professional ambition. He is forced to spend less time and care on each case and to try to increase the number of cases in every way possible. Does this produce good medicine or promote an interest in preventive medicine?

Professional ambition is opposed by financial necessity and financial competition. All measures of preventive medicine tend to reduce financial returns. The choice lies between conscientious work with slow starvation, or lowering standards of service and adopting all possible business-getting methods. The economic basis of the practice of medicine is wrong. The old system is not suited to the modern medical requirements. It is organized for pathologic medicine, not preventive medicine.

What can be done to remedy this conflict between professional ambition and financial compensation? Our experience at the Appointments Bureau leads us to advise young men to seek salaried positions, such as those of public health officers. In such positions, the doctor's professional interest is in accord with the interest of the public and largely independent of his financial returns. He can afford to be ethical. Would it not be possible to promote this principle in health insurance? Might not the way be prepared for the young man to enter the practice of medicine on a satisfactory basis, both professionally and financially? Does not health insurance offer an opportunity to develop group medicine on a salary or equally satisfactory basis, to the great advantage of the medical profession? Will such a method answer the chief misgiving in regard to health insurance felt by medical men, namely, Will the public get the best service? Cannot we older men guide this new medical organization so as to give opportunity to the young men to work on a salaried group-medicine basis? Cannot a system be provided for admitting young men, assimilating them, promoting them, and finally retiring them at least from active service at a reasonably early age? After from five to ten years of service, they might be established in more paying private practice and willingly release this work to younger men.

Does any one doubt that the public and even the medical profession would benefit by welcoming and using these young, ambitious, well trained doctors with high ideals into the organization of health insurance?

A. B. EMMONS 2d, M.D., Boston

The Bacteriologic Phase of Chronic Convulsive Toxemia (Epilepsy) of Intestinal Origin

To the Editor:—As a necessary supplement to reports previously contributed by me to THE JOURNAL, March 27, 1915, Jan. 29, 1916, and May 20, 1916, relative to the causal relationship of constipation to epilepsy, or, more properly, chronic convulsive toxemia, I beg leave to make the following statement:

1. The recognition of the relationship of constipation to epilepsy was forced on me by purely accidental experience involving several cases in which recovery from epilepsy had followed the successful and permanent relief of the constipation by surgical means. Then I began seeing many patients with epilepsy, all of whom were constipated and toxic. The constipation, as now shown by nearly 3,000 Roentgen-ray plates in my possession, was uniformly associated with mechanical conditions of the intestinal tract that interfered with and retarded the fecal current. The relief that I was and am able to give these patients, so far as the epilepsy is concerned, is relative to the degree to which I can restore and maintain normal bowel action.

2. But I was and am seeing many cases in which these same visceral states are not associated with epilepsy. I was early impressed that to explain this variation in result seemed

logically to require the existence of an independent and determining factor. What was it? There were several theories to choose from. That of heredity was defective, because less than 2 per cent. of my own cases gave a history of even presumptive heredity. Nobody has claimed that it is present in more than a minority of cases and nobody has explained why it capriciously asserts itself, if at all, at all ages from infancy to old age. The theory of gross lesions of the brain would not do because they are not always found in epileptics; they are as often found in nonepileptics, and, when found in either class, are recognizable as secondary or terminal, and not causal conditions. The theory of cerebral traumatism, whether parturient or later, and that of perturbation of function in the ductless glands, were equally open to logical objection—based chiefly on the inconstant relation of these conditions to the epilepsy. The only conditions that I found constantly present in my cases were constipation with resulting toxemia. It seemed rational, therefore, that the variation in clinical manifestation must be determined by corresponding variation in the general toxic factors obviously present in all cases. The toxins present in these cases like all toxins were derived from intestinal bacteria and if there were variations in the toxins, such variation was doubtless due to corresponding variation in the organisms from which they were derived. In other words, it seemed logical from these known premises that the special phenomena of epilepsy might be accounted for by the incidence of a special organism in the intestinal flora, which organism or its toxin, like that of tetanus, or both, absorbed into the blood, would cause the convulsive phenomena.

3. With these impressions in mind I directed my bacteriologic service to make a systematic examination of the blood in all convulsive cases which were presented for diagnosis. The result of this routine was that after several months I was furnished the data embraced in my report submitted to the Cincinnati Society for Medical Research. The organism there described was sent in the form of photographs, slides and cultures, whenever requested, to various institutions and independent investigators with the request that each take up the investigation *de novo* with reference to confirming or disproving the findings which I had published. Several investigators complied with my request, some with positive and others with negative findings. At the same time my own bacteriologic service went over its own work in a very painstaking way. As a result I have just had submitted to me the protocols of 578 observations, of which 491 were negative and 114 were positive. In a final series of thirty-six consecutive cases at the Sterling Hospital, all were negative. The report concludes with the statement that "with a revised technic and modified surroundings, it has not been possible to confirm the observations formerly submitted to you." In view of this finding, I feel it my duty at once to request that so much, but only so much, of my previous contributions as relate to the identity of a presumably specific organism and to the existence of an actual bacteremia in these cases may be considered as withdrawn. I make this request with my apologies for what now seems to have been premature publication, and for which I alone was responsible.

4. In justice to the importance of this investigation, now in the hands of the profession, I must urge that the foregoing may not be construed as closing the subject of the bacteriology of chronic convulsive toxemia. There are already too many important facts reported by too many competent observers working at too many different angles to justify an abandonment of the task. There are other findings in the blood reported to me in a private way that need to be followed out with care by investigators having the work in hand. While this is true, it is of great importance that the study shall not be restricted to the bacteriology of the blood in these cases. Three important reports have reached me relative to bacterial findings in the spinal fluid of epileptics. One letter just at hand from one of the largest institutions for epileptics in America reports the presence of an organism with identical morphology in each instance found in the spinal fluid in sixteen cases of epilepsy. I am now convinced that the subject cannot be said to have been exhausted until the intestinal