probably some resinous or plant extractive matter. It was sold under the claims that it was an effective remedy for gallstones and a specific remedy for kidney and bladder troubles. These claims were characterized by the government as false and fraudulent and made knowingly and in reckless and wanton disregard of their truth or falsity. The company pleaded guilty and was fined \$50 and costs.—[*Notice of Judgment No. 4398.*]

H G C.—This preparation was manufactured and sold by the Acme Chemical Mfg. Co., New Orleans, La. According to the government chemists, the product was a watery solu-

tion of borax and berberin sulphate. It was sold under the claim that it was a cure for gonorrhea, gleet and leucorrhea, a claim that was declared false and fraudulent. The company pleaded guilty and was fined \$100 and costs.—[*Notice of Judgment No. 4397.*]

Russell's White Drops.—This "soothing syrup" was manufactured by the Russell Medicine Co., Providence, R. I. and was sold under the claim that it was an invaluable remedy for the relief and cure of diarrhea and dysentery; that it would prevent convulsions and was a remedy for cholera infantum and all diseases incident to children, especially during teething. Further, that it would give new life and vigor to the whole system. The claim also was made that it contained nothing that would injure the most delicate child. Government chemists reported that the stuff contained from 13 to 16 per cent. of alcohol as well as codein, a poisonous and harmful drug. The therapeutic claims were declared false and fraudulent and applied knowingly and wantonly. The company pleaded guilty and was fined \$20.—[*Notice of Judgment No. 4388.*]

Pneumovita.—Edwin H. Moore, Pittsburgh, Pa., sold this stuff as "the best remedy known for Tuberculosis, (Consumption) and its forerunners—Bronchitis, Chronic Cough

and Diseases of the Throat." The government chemists reported that the stuff was a sweetened gum, containing small amounts of charcoal and iron phosphate having a wintergreen flavor. Of course the claims made were declared false and fraudulent and applied knowingly and in reckless and wanton disregard of their truth or falsity. Edwin H. Moore entered a plea of *nolo contendere*. The court imposed a fine of 6¼ cents, with costs of \$15.07.—[*Notice of Judgment No. 4394.*]

Correspondence

Sodium Cacodylate in the Treatment of Syphilis

To the Editor:—Dr. William G. Ward's letter (*THE JOURNAL*, Feb. 3, 1917, p. 390), and the recent admirable article by Dr. Harold N. Cole (*THE JOURNAL*, Dec. 30, 1916, p. 2012) recall to mind Dr. J. B. Murphy's clinical note on the use of sodium cacodylate in the treatment of syphilis (*THE JOURNAL*, Sept. 24, 1910, p. 1113), and the experimental work of Capt. H. J. Nichols, U. S. Army (*THE JOURNAL*, Feb. 18, 1911, p. 492). The results of Nichols' work conclusively proved, at least from a laboratory standpoint, that this drug was of very little value as a spirocheticide in combating syphilis. Prior to the publication of Dr. Murphy's letter, I had employed sodium cacodylate extensively as a remedy in psoriasis, and I still continue to use it in selected cases of the disease.

Adopting Dr. Murphy's suggestion, I gave the agent an extensive trial in syphilis in all stages of the disease. The results were extremely disappointing, from both clinical and serologic points of view. More recently, during the scarcity of salvarsan, I gave the drug a second trial, employing it in large dosage in the hope that the previous failure had been due to the employment of insufficient amounts. The results were not tabulated, but, judging roughly from my experience in a score of cases, its therapeutic value as an antisyphilitic was nil. A few of the patients underwent a temporary improvement, probably owing to the tonic effect of the drug, but in every instance the serologic findings were unaffected.

R. L. SUTTON, M.D., Kansas City, Mo.

Compulsory Health Insurance

To the Editor:—Your invitation to discuss health insurance is too attractive to be ignored. During the past eight months I have read many articles by American physicians on the subject, and I have been saddened by the general tone of quiescent acceptance. Those advocating insurance are entirely altruistic. This group is not composed of employers, but employers will welcome the move so far as it increases economic efficiency better than other methods. The altruistic workers are depending on the medical profession to educate the insured to want insurance and to keep its own remuneration low enough to make the plan feasible.

Dr. Lambert has had unequalled opportunity, and is probably the best informed man in the medical profession on this subject. He makes no mention of advantages pro or con, but contents himself with discussing details. This assumption that the thing must be I consider a mistake. It is the mistake which harassed the profession in England in 1912 and caused the failure of its combative efforts.

Dr. Lambert's report states that, after twenty-five years' experience, European countries have concluded that any plan for voluntary insurance is a failure. The profession agrees with insurance workers in this conclusion. These countries then decide that the remedy is compulsory insurance. Since volition is a failure, then compulsion must be successful. This reasoning is insufficient, yet five countries in a period of three years did adopt it. Sufficient time has elapsed in these instances to prove that friction is continually present and will continue to be until such time as free choice of physician and unchanged relationship between patient and physician may be allowed, instead of a commercial physician hired by a third party and called through expediency. This point is the greatest stumbling block that has been encountered, and it is so entirely because of increased and prohibitive expense. Patients want it and the profession wants it, yet it has been necessary to ride over it with no one achieving satisfaction except the carrier of insurance.

As to relative conditions, the report of the American Medical Association Health Insurance Committee shows that Norway under a voluntary plan insures 25.8 per cent.; England, before the act of 1912, insured 31 per cent., and France, voluntary, 10 or 12 per cent. In the United States it is estimated