

Pharmacology

The Harmful Effects of Acetanilid, Antipyrin, and Acetphenetidin

The United States Department of Agriculture Bulletin¹ No. 126, issued July 3, 1909, and which was commented on editorially last week, sets forth the results of an investigation conducted by the Bureau of Chemistry with regard to the harmful effects of acetanilid, antipyrin and acetphenetidin. During recent years the use of these remedies and preparations containing them by the people at large, without the supervision of the physician, has increased rapidly and investigation has shown that coincidentally there has been a marked increase in the number of cases of poisoning reported, in the number of fatalities, and in the number of instances of habitual use.

Since the passage of the Food and Drugs Act, June 30, 1906, the attention of the Department of Agriculture has been directed to this subject, particularly in connection with the branding of drug products containing one or more of these agents, and an attempt has been made to obtain full and reliable data with regard to their poisonous qualities with the object of furnishing information to the public which would enable them to understand that these remedies should be employed with caution in the absence of reliable medical advice.

The investigation was conducted along two lines: First, an inquiry addressed to medical practitioners in the United States with regard to their personal experience with these drugs; and, second, the study of the cases of poisoning recorded in medical literature. Nearly a thousand letters, each containing eighteen questions, were addressed by the department to physicians throughout the country, the object being to secure information which would represent as closely as possible the conditions existing among the people at large so far as the harmful effects of the drugs in question are concerned. Four hundred replies were received.

The information obtained with regard to the number of instances quoted in medical literature in which poisoning, death, or habitual use has been known to result from the administration of acetanilid, antipyrin, and acetphenetidin is set forth in Section A of the accompanying table. The information summarized in Section B is based on the data submitted by physicians. Granting that the 525 physicians who did not reply had no cases to report, the question may profitably be asked, if 925 physicians have observed 814 cases of poisoning by these drugs, 28 deaths which are attributed to their use, and 136 instances of habitual use, how many such cases have in all probability been observed by the 125,000 physicians scattered throughout the United States? The summary, C, includes both the number of cases recorded in medical literature and those reported by physicians.

The bulletin contains information with regard to dosage, the extent to which these drugs are employed by physicians, poisoning and habitual use, the nature of the ill effects produced, etc. It also contains references to the recorded cases of poisoning, together with a brief abstract of each case.

POISONING BY ACETANILID, ANTIPYRIN AND PHENACETIN A.—CASES RECORDED IN MEDICAL LITERATURE

	POISONING.	DEATH.	HABITUAL USE.
Acetanilid	297	13	32
Antipyrin	488	10	—
Acetphenetidin	70	3	1
Total	855	26	33

B.—DATA SUBMITTED BY PHYSICIANS

	POISONING.	DEATH.	HABITUAL USE.
Acetanilid	614	16	112
Antipyrin	105	5	7
Acetphenetidin	95	7	17
Total	814	28	136

C.—TOTAL NUMBER OF CASES

	POISONING.	DEATH.	HABITUAL USE.
Acetanilid	911	29	144
Antipyrin	593	15	7
Acetphenetidin	165	10	18
Total	1,169	54	169

1. The Harmful Effects of Acetanilid, Antipyrin and Phenacetin, by L. F. Kehler, Ph.C., M.D., chief Division of Drugs, Bureau of Chemistry, with the collaboration of Drs. F. P. Morgan and Philip Rupp, assistant chemists.

Correspondence

The Need of a Section on Physical Forces in Medicine and Surgery

To the Editor:—The growth of specialism in medical study and practice is justly regarded as one of the most important elements in the recent progress of civilization, even though it be attended by certain disadvantages, which are more or less inherent. The Association, in its re-organized and vigorous life, has fully recognized the principle of this fact by the establishment of many sections. Yet, that all has not been done in this direction that should be done is evidenced by the present position at the annual meetings of the great subject of the use of the physical forces in medicine and surgery.

The member and visitor are confronted at these meetings by the singular fact that a large and flourishing exhibit of physical apparatus and instruments is presented to his view, under the auspices of the Association in its Commercial Exhibit, without opportunity to learn or discuss their value or relative merits in the scientific meetings of the body. Since he is already more or less interested in the subject, he buys apparatus, and, so far as the Association's opportunities to instruct him are concerned, proceeds to employ them according to directions of the salesmen, without that mutual interchange of information so valuable in a special line of work. The result, if not quackery, is a loss of interest in methods of possible value, and much misinformation.

The Association should lead in bringing these methods under scientific rules, and should offer opportunities for intelligent discussion of their problems by its thousands of members, both general practitioners and specialists, who employ them in their daily practice. The British Medical Association has such a section on "electrotherapeutics;" but this designation is unnecessarily narrow, as the work should include roentgenology, hydrotherapy, phototherapy, diagnostic illumination, etc., as well as electrotherapeutics. The best title would probably be that of "Section on the Physical Forces in Medicine and Surgery."

Such a section can be established by the granting of a petition to that effect by the House of Delegates at St. Louis, and I believe that the petition will be granted if a sufficient number of members join in it. The Section on Obstetrics and Gynecology passed a favorable resolution at the Atlantic City meeting, but it was then too late for the matter to be taken up in the House of Delegates.

The purpose of this letter is to ask all members desirous of joining in the proceedings of such a section to write to me to that effect. The letter should state that the writer not only wishes to register in such a section, but will support it actively by attending its sessions. On its receipt by me the name will be added to the list of those desiring to join in this petition.

G. BETTON MASSEY, Philadelphia.

1831 Chestnut Street.

International Medical Congress

To the Editor:—Just before sailing for Europe Dr. J. H. Musser, president of the American committee, received this communication from the general secretary of the Congress at Budapest:

BUDAPEST, HUNGARY.

My Very Dear Sir:—Perhaps it might be unknown to you that there is in our town a statue to George Washington. It has been raised by our countrymen in the United States, a sign of gratitude to the country where they are enabled to derive their livelihood now.

The statue to George Washington is situated in a nice part of our town park, a place visited by every tourist. It might possibly be the case that your countrymen would like to visit the statue in a body and in a solemn way.

Should it be so, you would greatly oblige us by communicating us the decision of your countrymen, in order to make it possible for us to put the day and hour of this visit on the program of the Congress festivities, which are to be published in the first number of the *Congress Gazette*.

EMIL GROSZ, General Secretary.

Dr. Musser referred the letter to me with instructions to ascertain the wishes of those who will attend the Congress, and communicate the same to Dr. Grosz.