

## The Propaganda for Reform

IN THIS DEPARTMENT APPEAR REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY AND OF THE ASSOCIATION LABORATORY, TOGETHER WITH OTHER MATTER TENDING TO AID INTELLIGENT PRESCRIBING AND TO OPPOSE MEDICAL FRAUD ON THE PUBLIC AND ON THE PROFESSION

### CONVICTIONS UNDER THE FOOD AND DRUGS ACT

#### WALNUT OIL

On or about Jan. 4, 1910, Henry A. Mayor, who did business under the name, Mayor Walnut Oil Co., Kansas City, Mo., shipped from the state of Missouri to the state of Washington a consignment of so-called Walnut Oil. More than a year later—Jan. 24, 1911—the United States Attorney filed information against Mayor alleging that the shipment of Walnut Oil was in violation of the Food and Drugs Act. Some of the claims made on the label were:

"Hair color restorer."  
"Nature's own remedy."  
"Simplest and best on earth."  
"A strictly vegetable remedy."  
"The only hair dye on earth made from pure vegetables and oils."  
"It will cause hair to become soft, bright and glossy as in youth."

The government chemists reported that, in addition to non-volatile matter and ash, they found

Ammonia.  
Silver (calculated as silver nitrate).  
Unidentified oil (not walnut oil).

The government declared the product misbranded because it was labeled "a strictly vegetable remedy," which it was not, and further because it was labeled "walnut oil" when, in fact, it contained no walnut oil. The case came to trial April 25, 1912, and Mayor entered a plea of *nolo contendere*. The court ordered the case dismissed on the payment of the costs. The public received notice of this case Sept. 27, 1912—two years and eight months after the offense was committed. [Notice of Judgment 1677.]

#### FAGRET'S HAIR TONIC

On Aug. 27, 1910, B. Lucien Brun, who did business as the L. Fagret Company, Baltimore, shipped a consignment of Fagret's Hair Tonic to the District of Columbia. On April 1, 1912—notice the dates—the United States Attorney for the District of Maryland filed information against Brun, alleging that the shipment of the consignment of hair tonic was in violation of the Food and Drugs Act. Some of the claims made on the label were:

"Fagret's Hair Tonic prevents baldness, makes the hair grow."  
"It not only keeps the hair from falling out but also from turning gray."  
"Prepared only by Mme. L. Fagret Devouges, specialist, hair and scalp."

The government chemists reported finding non-volatile matter, ash, glycerin, flavors, etc., in one of the samples analyzed, as well as:

Alcohol (by volume).....	55.40 per cent.
Alkaloid (probably pilocarpin).....	0.05 per cent.
Castor oil.....	8.06 per cent.

The preparation was declared misbranded because the label failed to bear a statement as to the quantity of alcohol it contained. Brun pleaded guilty and was fined \$5. The public was given this information Sept. 27, 1912, more than two years after the offense was committed. [Notice of Judgment 1673.]

### THE ASSOCIATION'S EXHIBIT

The Exhibition on Health of the Fifteenth International Congress on Hygiene and Demography has been referred to in previous issues of THE JOURNAL<sup>1</sup> and a few of the exhibits briefly described. No admission fee was charged and it was estimated that the number of visitors to the exhibition exceeded 100,000 persons. As previously noted in THE JOURNAL,<sup>2</sup> the American Medical Association had an exhibit. This dealt with dangerous or fraudulent "patent medicines" and, with the possible exception of the exhibits by the American Federation of Sex Hygiene, attracted more attention than any other single exhibit in the entire exhibition. Pertinent facts concerning the composition of some of the most widely exploited medicinal humbugs and dangerous "patent medicines" were brought to the visitor's attention by means of placards. The general worthlessness of testimonials was

shown, and the shameful uses to which "confidential letters" are put by the quacks who receive them were told by picture and motto. Examples were given showing how the Food and Drugs Act in certain ways protects the public against habit-forming drugs, and further examples were given showing the limitations of the act in not protecting the public against the presence of many dangerous ingredients in nostrums. A diploma of superior merit (the higher of the two classes of diplomas conferred by the exposition) was awarded to the Association's exhibit.



The American Medical Association's exhibit at the International Congress on Hygiene and Demography, Washington, D. C. The exhibit was awarded a Diploma of Superior Merit.

## Correspondence

### Suicide by Drinking a Solution of Salt

To the Editor:—An editorial on "Poisoning from Common Salt" (THE JOURNAL, Oct. 5, 1912, p. 1297) speaks of the condition as a rare one. I wish to give my experience with several cases of fatal salt poisoning in China.

Throughout Chekiang Province, and probably in other provinces of China, the drinking of a saturated solution of salt is a common mode of committing suicide, and there is none more difficult to treat. In only one case did I succeed in securing recovery. Salt is taken for suicidal purposes sometimes in a common saturated solution made with water as the solvent, and sometimes in the brine from salted kraut.

Poisoning by salt usually presents a picture of high temperature and pulse, purging, vomiting and spasm. In the case in which I was successful in securing favorable results I washed the stomach with 2 quarts of a 1 per cent. solution of silver nitrate, using a stomach-tube. The washings were

1. THE JOURNAL A. M. A., Sept. 28, 1912, p. 1198; Oct. 5, 1912, pp. 1297 and 1311.  
2. Ibid., Sept. 28, p. 1198.

chalky white at the start and were kept up till the solution coming away was just slightly white. Then warm tea was used till the stomach was thoroughly cleansed. Large amounts of tea were taken by mouth and a purge given. The patient was then removed to the hospital and made a good recovery. Although suicide is extremely common in this part of China the use of salt solution is not so common as suicide by other less painful methods. The amounts taken vary with the determination of the person taking it, but usually are from 1 to 3 rice bowlfuls—a pint to a pint and a half.

C. HEMAN BARLOW, Greenville, Mich.

## Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

### ERYTHEMA FOLLOWING PARAFFIN INJECTION

To the Editor:—A young woman consulted me, July 10, 1912, regarding a reddened area over the suprasternal notch, which she wished to have bleached out. About a year previously she had permitted a quack "beauty doctor" to inject some substance, paraffin presumably, into the suprasternal notch for the sake of filling it, as she did not like the appearance of the depression. Immediately thereafter a redness of the overlying skin developed, which has since remained. I froze the erythema with carbon-dioxide snow, treating a quarter of the area at a time and giving the treatments a week apart. Of course, there was the usual inflammatory reaction, but the condition at present appears to be exactly as when I first saw the case. I am now having her apply, once daily, an ointment of one-half grain tannic acid to the ounce, but with little effect. The erythema covers an area about the size of a half-dollar and is best described as a blush. The redness completely disappears on pressure and there are no vessels large enough to be distinguished with the naked eye. The suprasternal notch is completely filled with some substance of about the density of fibrous tissue. There is no well-defined tumor and no bulging. As far as filling the space is concerned, the man did a good job, but a case of this kind ought to be a warning to us not to be too quick to inject paraffin merely for a slight esthetic reason.

I write for advice as to the treatment of the case. The patient is much concerned about the erythema and says she would rather have the material in the notch removed than to have the redness persist, even if a small scar should be left. Would daily applications of epinephrin help? I have hesitated to employ that, as I know there is frequently a secondary dilatation of the vessels after its use. If the paraffin were removed would the redness disappear of a certainty? I have not considered that electrolysis is indicated, because there are no separate vessels to be distinguished. Kindly do not publish my name and address. D. B. E.

ANSWER.—Accidents of the sort described after paraffin injections under or into the skin are not uncommon. Many similar cases have been observed, especially about the face, in some of which the trouble became so pronounced that it caused great and permanent disfigurement. The reason for the trouble is that the paraffin acts as a chronic irritant which results in a persistent inflammation of the involved tissues. This may produce a purplish discoloration of the skin, a tumor of normal skin color of hyperplastic fibrous tissue, or a purplish tumor. Some of these tumors have shown a persistent tendency to slow increase, but not to malignancy. Heidingsfeld has discussed this condition in *THE JOURNAL*, Dec. 12, 1903, page 2028, and the subject is considered, with bibliography, under "paraffinoma" in W. A. Pusey's book on "Skin Diseases," second edition, page 865. The injections are also warned against in Pusey's "Care of the Skin," page 125. None of the methods of treatment mentioned in the query is of any service. Surgical removal of the paraffin is the only effective treatment and this is not altogether satisfactory because the paraffin is in threads and worm-like masses in the tissue and is difficult to dislodge.

### STRICTURE OF THE ESOPHAGUS

To the Editor:—I am to prepare a paper on "Stricture of the Esophagus." Please refer me to literature on the history and treatment of the condition. W. H. COOKE, Pocatello, Ida.

ANSWER.—The following may be referred to:

- Ashhurst, A. P. C.: Stricture of the Esophagus, with Report of Eight Cases from the Children's Hospital of Philadelphia, *Univ. Penn. Med. Bull.*, December, 1908.
- Lange, S.: Early Recognition of Esophageal Stricture, *Med. Rec.*, Jan. 10, 1909.
- Wooten, J. S.: An Impermeable Esophageal Stricture; Operation; Recovery, *Texas State Jour. Med.*, January, 1909.
- Lerche, W.: The Cutting of Cicatricial Stricture of the Esophagus Through the Esophagoscope, *Jour. Minnesota Med. Assn.*, February, 1909.
- Lucas, C. G.: Stricture of the Esophagus, *Kentucky Med. Jour.*, March, 1909.

- Adams, S. S.: Spasmodic Stricture of the Esophagus, *Arch. Pediat.*, March, 1909.
- Bell, J. M.: Stenosis of the Esophagus, *Med. Fortnightly*, April, 1909.
- Johnson, R. H.: Modern Treatment of Esophageal Stricture, *Lancet-Clinic*, July, 1909.
- La Fetra, L. E.: Spasmodic Stricture of the Esophagus, *Arch. Pediat.*, October, 1909.
- Allen, C. W.: Esophageal Stricture Treated by Sling-Shot of Various Sizes with Excellent Results, *New Orleans Med. and Surg. Jour.*, January, 1910.
- Ross, G. W.: Traumatic Esophageal Stricture in Two-Year-Old Child, with Radiograph, *New York State Jour. Med.*, July, 1910.
- Jackson, C.: Stenosis of the Esophagus Following Swallowing of Caustic Alkalies, *THE JOURNAL*, Nov. 26, 1910, p. 1857.
- Akin, H. L.: Stenosis of the Lower End of the Esophagus, *West. Med. Rev.*, February, 1911.
- Salter, A. G.: Case of Esophageal Stricture, *Australasian Med. Gaz.*, April 20, 1912.
- Downie, W.: Analysis of One Hundred Consecutive Cases of Stricture of Esophagus, *Glasgow Med. Jour.*, May, 1912.
- Downie, W.: Analysis of One Hundred Consecutive Cases of Stricture of the Gullet, *Glasgow Med. Jour.*, June, 1912.
- Morse, J. L.: Unusual Cases of Narrowing of the Esophagus in Childhood, *Arch. Pediat.*, July, 1912.
- Kelper, G. F.: Strictures and Diverticula of the Esophagus, *Laryngoscope*, September, 1912.
- Morton, J.: Case of Stricture of the Esophagus, *Glasgow Med. Jour.*, October, 1912.

### SODIUM CACODYLATE IN TUBERCULOSIS—COMPOSITION OF PROTONUCLEIN

To the Editor:—1. Is there any literature on the use of sodium cacodylate in the treatment of tuberculosis? What are its therapeutic uses and dosage?

2. Please give me the approximate composition of Protonuclein.

J. A. C.

ANSWER.—1. We find no recent article treating of sodium cacodylate in tuberculosis, but it was recommended for that disease some years ago. Sodium cacodylate is used as a substitute for other preparations of arsenic. Its dosage is 0.025 to 0.12 gm. ( $\frac{1}{2}$  to 2 grains) in pills, hypodermically or by enema. Reference may be made to the following two articles in *THE JOURNAL* on the general subject:

- Dawes, S. L. and Jackson, H. C.: Physiologic Action, Elimination and Therapeutic Application of Sodium Cacodylate Used Hypodermically, *THE JOURNAL*, June 22, 1907, p. 2090.
- Dawes, S. L.: The Therapeutic Value of Sodium Cacodylate, *THE JOURNAL*, Aug. 5, 1911, p. 480.

2. The following statement is taken from the report of the Council on Pharmacy and Chemistry (Reed and Carnrick's Methods, *THE JOURNAL*, Oct. 5, 1907):

Protonuclein, according to the definition indorsed by the firm, is a powder prepared from various glands (thyroid, thymus, salivary, intestinal, lining of stomach, pancreas, spleen and the brain, including the area at the base). These glands are dried in a thermostat (at or below 100 F.); the fat is removed by ether, the dry glands disintegrated, the connective tissue removed by sifting and the resulting powder is coated with an ethereal solution of benzoin and mixed with milk-sugar. The glands are used proportional to their relative weight in the body. Briefly stated, the powder represents the dried parenchyma cells and leukocytes of the organs used.

From such a product one would expect essentially the known action of nucleins, viz.: hyperleukocytosis and its consequences; the thyroid might also have some effect; the digestive ferments would probably be nearly inactive, on account of mutual interference. No stress is laid on them in the literature, so that we may neglect them.

The nuclein content of the product is high (0.28 per cent. of phosphorus) and might well suffice to explain the therapeutic results ascribed to this article. The manufacturers, however, claim that Protonuclein vastly transcends ordinary nuclein by the possession of distinctive qualities. In support of this claim two lines of evidence are adduced, the one experimental, the other speculative.

The claim that Protonuclein contains the constituents of protoplasm unaltered and the other claims as to the therapeutic action of Protonuclein aside from the action of the nuclein contained in it are held by the Council to be improbable and unwarranted.

### LITERATURE ON THE HYGIENE OF SWIMMING-POOLS

To the Editor:—In *THE JOURNAL*, Oct. 19, 1912, p. 1424, I find a paper on "The Hygiene of Swimming-Pools," by Dr. M. P. Ravenel. Please refer me to any other data on the subject. The inadvisability of establishing a pool in the new Y. W. C. A. to be built here is being strongly urged, and official data on the subject would be appreciated. F. MOYLAN FITTS, Richmond, Va.

ANSWER.—The following may be referred to:

- Lyster, W. J.: Hygiene of the Swimming-Pool, *THE JOURNAL*, Dec. 16, 1911, p. 1902.
- Sanitation of Swimming-Pools, *American Homes*, ix; supplement, April, 1912, p. 20; *Scient. Am. Supplement*, Jan. 27, 1912, p. 59.
- Tully, E. J.: Hygiene of Swimming-Pools, *Am. Jour. Public Health*, March, 1912.
- Porter, H. F. J.: Menace of the Bathing-Pool, *Survey*, July 27, 1912, p. 588.