

## The Propaganda for Reform

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

### MORE MISBRANDING

**King's Kidney Remedy.**—George L. King, Kingfisher, Okla., shipped in December, 1916, a quantity of nostrum called "King's Kidney Remedy." The Bureau of Chemistry analyzed this preparation and reported finding uva-ursi, sarsaparilla, cascara, gentian, senna, poke root, buchu, wild cherry bark, dandelion, yellow poplar, stillingia, hydrangea, and possibly, in addition prickly ash, black cohosh, golden seal and coriander. The stuff was sold under the false and fraudulent claim that it was an effective remedy for lumbago, rheumatism, sciatica, neuralgia, diabetes, dropsy and any irregularity of stomach, liver, kidneys or urinary organs, "when in truth and in fact it was not." In September, 1918, the defendant pleaded guilty and was fined \$25 and costs.—[*Notice of Judgment No. 6516; issued Dec. 29, 1919.*]

**Miscellaneous Tablets.**—In September and November, 1917, the United States Drug Manufacturing Co., Philadelphia, shipped a number of different tablets which the federal authorities declared were adulterated and misbranded. Acetphenetidin and Salol Tablets, when analyzed, were found to have an average shortage of acetphenetidin of over 20 per cent. and an average shortage of salol of over 18 per cent. Tablets containing Acetylsalicylic acid, Acetanilid and Caffein Citrate were found to have an average shortage of acetylsalicylic acid of 9 per cent., an average shortage of acetanilid of 9.5 per cent. and an average excess of caffein citrate of over 40 per cent. Tablets of Morphin Sulphate were found to have an average shortage of the amount claimed of over 62 per cent. Tablets of Acetanilid and Salol were found to have an average shortage of the former drug of about 11 per cent. and of the latter of over 21 per cent. In November, 1918, the United States Drug Manufacturing Co. entered a plea of guilty and was fined \$25.—[*Notice of Judgment No. 6548; issued Dec. 29, 1919.*]

**Casey's Rheumatic Cure.**—In October, 1917, the John H. Casey Medicine Co. of Hillyard, Wash., shipped a quantity of "Casey's Rheumatic Cure—The Great Montana Remedy" which was misbranded. The Bureau of Chemistry analyzed this preparation and found it to consist essentially of a water-alcohol solution of potassium iodid, sugar and drug extractives carrying saponin (sarsaparilla indicated), emodin, volatile oil and resins. It was falsely and fraudulently represented as a cure for rheumatism, diseases of the blood and kidneys, Bright's disease and a remedy for stomach trouble, heart trouble, and impure blood. In addition to these fraudulent claims the amount of alcohol present was falsely given and it was falsely declared to be a "Purely Vegetable Compound, Contains No Mineral," when as a matter of fact it contained potassium iodid. In February, 1919, the John H. Casey Medicine Company pleaded guilty and was fined \$25.—[*Notice of Judgment No. 6549; issued Dec. 29, 1919.*]

**Miscellaneous Capsules.**—In February, May and June, 1917, Joseph McManus, who did business under the name of Philadelphia Capsule Co., Philadelphia, shipped a number of articles which were declared to be adulterated or misbranded or both. Some capsules labeled "Grip Pans" were declared by the company to contain "acetanilid derivative 125 grs. to the ounce . . . phenysal 1½ grs., salipyrrine, 1 gr." The federal chemists found that these capsules contained no acetanilid derivative, phenysal or salipyrrine. They did contain acetanilid (28.15 per cent.) and the label failed to bear a statement of the quantity or proportion of this drug as the

law requires; they also contained ammonium salicylate, 37.38 per cent. and sodium bicarbonate, 25.52 per cent. Capsules labeled "Aspirin 5 grains," contained only 3.585 grains each, or a shortage of 28 per cent. "Mixed Treatment Capsules" declared to contain 5 minims of syrup ferrous iodid and 2 minims of solution arsenous and mercuric iodids, actually contained not more than 3.72 minims syrup ferrous iodid and 0.52 minim solution arsenous and mercuric iodids. "Sedative Capsules," according to the label, each contained ammonium bromid, 2½ grains, sodium bromid, 2½ grains and potassium bromid 2½ grains; actually the capsules contained less of each of the bromids than the label declared; also the boxes of capsules instead of containing 200 as labeled, contained only 172. "Codeiphen Capsules" according to the label, contained 3 grains of acetphenetidin each, when, as a matter of fact, they contained no acetphenetidin. The capsules did, on the other hand, contain codein, the quantities or proportions of which were not declared as the law requires. Capsules known as "Migraine, Pref. No. 2," were misbranded in that the bottle declared the presence of 200 capsules when only 186 were found and for the further reason that the capsules contained acetanilid but the label failed to give the quantity or proportion of this drug. Capsules labeled "Salol and Acetphenetidin" were misbranded in that the quantity or proportion of acetphenetidin was not declared as required. In December, 1918, Joseph McManus entered a plea of *nolo contendere* and was fined \$150.—[*Notice of Judgment No. 6550; issued Dec. 29, 1919.*]

## Correspondence

### "CREDULITY AND CURES"

*To the Editor:*—The admirable article of Dr. Frederick Peterson (*THE JOURNAL*, Dec. 6, 1919, p. 1737) is so clearly and entertainingly written and, on the whole, so sane and strong, that a certain error in it might, if not corrected, tend to do much harm by misleading practicing physicians. I refer to the implied condemnation of the prescription of glasses for the remedy of certain reflex nervous disturbances by the relief of eye strain. In his reasoning, the gifted author strangely seems to have fallen into the fallacy termed by logicians "non sequitur."

One might, for example, argue in this fashion:

Freudian psychanalysis is ill founded and repulsive.  
Freudian psychanalysis is advocated by certain neurologists.  
Ergo, all neurologists are untrustworthy.

But it is quite evident that the conclusion does not follow from the premises. The correct conclusion is: Those neurologists who advocate freudian psychanalysis are mistaken, and not to be followed in that respect.

Concerning eye strain and its relief, Dr. Peterson's syllogism is practically as follows:

Certain ophthalmologists formerly practiced a wrong method (operation) for the relief of muscular imbalance of the eyes.

Another ophthalmologist pointed out a different and correct method (prism exercises) of remedying muscular imbalance, and also called attention to the importance of correct refraction in the relief of reflex disorders provoked by eye strain, and especially of disorder dependent on small degrees of astigmatism.

Ergo, the second ophthalmologist was wrong.

The reality of eye strain as a provocative condition, in certain persons, of many sorts of reflex disturbances, surely cannot be doubted at this period of medical observation. We have all seen migraine, various forms of tic, persistent headache, recurrent vertigo, and gastro-enteric, cardiovascular and nervous disturbances of many kinds relieved for long periods, and sometimes permanently, by the use of lenses prescribed after careful measurement and adjustment to the needs of the particular case. This is an everyday commonplace of medical experience, and needs no elaboration. Neurasthenia—the "fatigue neurosis" of Dercum—is a reality; but many cases are miscalled neurasthenia and the patient vainly submitted to rest cures, in which, later, a

correct diagnosis of eyestrain is followed by relief through correctly measured and properly adjusted lenses. Does this prove that there is no such thing as neurasthenia or no value in rest cures? Not at all. But it does indicate that neither the ophthalmologist nor the neurologist who makes a correct diagnosis can be blamed for his confrères who do not make correct diagnoses.

The same thing may be said concerning hysteria, with this addition: that in certain persons predisposed to hysterical manifestations, unsuspected and uncorrected visual error—commonly hyperopic astigmatism, but not confined to that—will provoke such disturbances; while its relief will tend toward quieting them.

When the history of American medicine comes to be written by an impartial and broad-minded observer, I am quite sure that the names of Weir Mitchell, William Thomson and George M. Gould will be jointly honored for their contributions to this field of diagnosis and therapeutics—Mitchell and Thomson for the discovery and demonstration of the possibilities of eye strain as a provocative of various forms of reflex disorder, and Gould for his enlargement of the field and for the courage with which, in the face of difficulties and discouragements innumerable, he has persisted in preaching the truth. That he has used violent language in his preachments may be admitted and regretted; but I am tempted in this connection to quote the comment of Henry Adams on Lowell's criticism of John Bright:

As the party rose from the table and passed into the drawing room, Adams said to Lowell that Bright was very fine. "Yes!" replied Lowell, "but too violent!"

Precisely this was the point that Adams doubted. Bright knew his Englishmen better than Lowell did—better than England did. He knew what amount of violence in language was necessary to drive an idea into a Lancashire or Yorkshire head. He knew that no violence was enough to affect a Somersetshire or Wiltshire peasant. Bright kept his own head clear and cool. He was not excited; he never betrayed excitement.

Perhaps the future historian may conclude that Gould knew better than the rest of us "just what amount of violence in language was necessary to drive an idea into the [medical] head."

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#### MEDICAL VETERANS OF THE WORLD WAR

*To the Editor:*—The beginning of this war found the medical profession of the country wholly unprepared for the tremendous military responsibilities which were to be thrown on it. No organization had been perfected by which the profession could be called into service, and no instructions had been given to the profession to acquaint them with the duties of a medical officer in the field with troops.

The Medical Department of the Army had been accumulating for many years field medical supplies, and through the great foresight of Col. Jefferson R. Kean, Medical Corps, the American Red Cross, with which he was serving, had organized a large number of base hospital units from among the staffs of our large and important civil hospitals.

The Medical Reserve Corps had not been developed, and the officers who were in this corps and who were fit for military service had not been instructed in their duties as medical officers. This laid a tremendous task on the Medical Department to meet the emergency when war was declared in April, 1917.

The response the profession made to the emergency was superb. We are all proud of the manner in which the country as a whole met its obligations. And we are all proud of the manner in which special organizations met their obligations. But I am sure it is a fair statement that no part of our country met its call in the superlative manner the medical profession met theirs.

At the beginning of the war there were about 450 officers of the Medical Corps and something like 2,000 officers of the Reserve Corps. Many of the latter were not physically fit for military service, and some were essential to the welfare of their communities. But through the tremendous efforts of all concerned, medical officers were obtained in sufficient numbers to meet the demands as they arose.

The medical men who came into the corps brought with them the finest spirit that ever existed in any organization. It was the spirit of service, which enabled them to meet their new duties in a most admirable way. When the armistice was signed, there were more than 30,000 physicians in active service. This does not include the hundreds of physicians who were assisting the Provost Marshal in executing the draft and in doing other essential work necessary to carry on the great war. These officers have been demobilized just as rapidly as the interests of the service would permit, so that today there are only 1,200 temporary officers remaining.

Americans, as a people, have the very highest ideals regarding the quality of medical and surgical treatment that is due our soldiers, and it is only fair to state that the greatly enlarged Medical Corps was able to meet their ideals in every respect. There were some complaints at the beginning when troops were rushed into camp before adequate provisions could be made to care for the sick; but careful investigations, which were made, revealed the fact that the medical man had met his emergency as well as it was humanly possible to do with the facilities at hand. In France the American soldier was cared for as no other soldier was ever cared for. I think this can be said with perfect fairness, but with the understanding that we started with the advantage of the information our allies had accumulated during their three years of war. The wounded man was treated by the most expert surgeons of this country, and the man who fell ill from disease was cared for by the best internists of the land. The sick and wounded who were brought back to the United States have been treated in the best equipped hospitals this country has ever seen. The number now remaining under treatment in our hospitals is so small that it is almost a negligible quantity.

The effort this country made in meeting the responsibilities of war was the greatest thing that has occurred in our history, and the part the medical profession played has only added another bright page to the traditions of which we are so proud. I am sure every medical officer should be proud of having had an opportunity to play even a very small part in the tremendous effort which has been carried on since April, 1917.

And now that the profession has returned to its duties in civil life, I think it would be a tremendous mistake if we should not band ourselves together in some organization which would perpetuate the traditions of this great war, which would keep us in closer touch in the future, and which would keep alive an organization which would meet any obligations which the profession might be called on in the future to discharge to our government. I know of no better way of carrying on these principles than for all of us to become active members of the Medical Veterans of the World War, an organization composed exclusively of those who served in the Medical Department of the federal government.

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#### Ocular Complications of Vaccination Against Typhoid.

A case of febrile herpes of the cornea developing a few hours after antityphoid vaccination is reported by Dr. F. M. Fernández in his *Revista cubana de oftalmología*, page 592. The issue of the *Revista* containing it is the fourth number of this new quarterly, and has 229 pages and twenty-eight original articles. Dr. R. Pacheco Luna of Guatemala also reports, page 600, a somewhat similar case in which a man of 52 had a relapse of herpes of the cornea after vaccination against typhoid. The first attack had been three years before. Pacheco Luna reviews the literature on the subject, and states that his case proves that herpes of the cornea is not due directly to the typhoid vaccine; in some of the cases on record it was evidently merely a coincidence. He adds that it is better to refrain from the vaccination when there is a history of preceding disease of the uveal tract, especially in the syphilitic, tuberculous, rheumatic, etc. There does not seem to be any ocular lesion which depends solely and exclusively on the typhoid vaccine.