

ounce), neither of which compounds is mentioned in the advertising matter on the label or in the so-called "analysis" on the label. The statements concerning the composition of Uriseptin are false and appear to be a deliberate attempt to mislead physicians.

COMMENT.—Investigation of the various "patent" and so-called "ethical proprietaries" advertised to the public and to the medical profession shows that those that have any value as therapeutic agents depend for that value on some well-known drug or drugs. Hence, while many proprietaries have some virtue, the ingredients which are of any value are so concealed by the coined and "near-scientific" names applied to them that these drugs are usually unrecognizable. The many and various acetanilid mixtures furnish examples of this class of proprietaries. And now we find another example in that much advertised nostrum, Uriseptin.

According to our chemists, the chief ingredients of Uriseptin are hexamethylenamin and lithium benzoate. Hexamethylenamin is a valuable so-called urinary antiseptic—probably one of the best we have. It is a pity that more physicians do not know the value of this drug in and of itself; it is a common ingredient of many proprietaries, and yet too seldom prescribed under its true name. There is no reason for its being given in the form of a nostrum; it requires no skill in compounding, for it is best given in its powdered form, either in capsules or otherwise. So that, like acetanilid, the old argument of the nostrum men that the preparation needs skill in compounding will not hold. If a physician wants to prescribe hexamethylenamin let him prescribe it in its simplest and best form, and thus know exactly what he is giving.

Lithium benzoate also has its rightful place in the *materia medica*, but not hidden in a proprietary mixture to be prescribed unknowingly. It is hard to conceive of any one thing that operates more disastrously against scientific therapeutics than the vicious practice of marketing under proprietary names standard and valuable drugs, with their identity purposely concealed. Yet how frequently it is done. Well-known drugs of unquestioned worth are combined with those that are little known and of doubtful value, or more likely absolutely worthless, the mixture is put on the market under a high-sounding name and it is exploited through physicians as a panacea for all kinds of diseases.

In this, as in so many other instances, an "analysis," made to order is given to lend an air of apparent respectability and scientific standing to the preparation or to its exploiters, with the object, of course, of misleading physicians into thinking they are reading unbiased testimony. In addition, the "literature" accompanying the preparation is usually a jargon of pseudo-scientific verbiage put in to serve the same purpose as the analysis—that of catching the careless physician.

This state of affairs will continue just so long as the medical profession will tolerate it—and no longer. So long as members of our profession will prescribe proprietaries on the statements of their owners—both as to their composition and therapeutic value—just so long will pseudochemical and pseudopharmaceutical companies fatten at the expense of the medical profession and to the detriment of the public health.

PYRENOL TABLETS AND EGLATOL CAPSULES.

More Unreliable Horowitz Products.

We have had occasion in commenting on the unreliability of certain manufacturers regarding their so-called synthetic products to refer to the preparations of the *Chemisches Institut* of Dr. A. Horowitz of Berlin. It has been shown¹ that several of the products of this concern do not possess the composition claimed for them. It is not always possible to produce a synthetic compound by putting the necessary materials together, and the failure of such a combination to possess uniform properties does not always justify an accusation of dishonesty or incompetency. When a pharmaceutical manufacturer, however, puts out tablets that vary widely in their content of the active ingredient, either gross carelessness or in-

tentional fraud must be assumed. G. Frerichs of Bonn has recently investigated the tablets of Pyrenol put out by Horowitz to determine the amount of extraneous material found in them.²

The tablets are advertised to contain 0.5 gm. (7.5 grains) of Pyrenol. While the tablets contained much matter which was insoluble and therefore not Pyrenol, yet the total weight of the tablets proved to be on the average but little more than 0.5 gm. (7.5 grains), in some cases even less. The percentage of Pyrenol in these tablets varied from 45 to 90 per cent., and on the average it would appear that in giving the Pyrenol tablets the physician would administer only about two-thirds of the amount of Pyrenol which he would naturally believe that he was giving.

Frerichs has since investigated capsules of Eglatol,³ a mixture of chloral hydrate, antipyrin, caffeine, urethane and menthol, put up by Horowitz and found similar irregularities in weight, the empty capsule sometimes weighing more than the contents. Frerichs sarcastically remarks that the physician may content himself with the feeling that his patient is getting in each capsule about the same amount of gelatin and may rest assured that he will not get too large a dose of the medicine. Frerichs has also examined Arhovin capsules,⁴ put up by Horowitz, and found that the amount of Arhovin which they contained varied widely and usually was much less than the amount which they were claimed to contain.

These products, except Eglatol, are on the American market, so that these investigations are of practical importance to the physicians of the United States. Such investigations as these of Frerichs serve to emphasize again the need of constant supervision of manufactured pharmaceutical products.

Correspondence

Determination of Sugar in Urine.

BATTLE CREEK, MICH., Aug. 14, 1908.

To the Editor:—In THE JOURNAL, Aug. 8, 1908, page 496, is an excellent method for the rapid determination of the percentage of sugar in urine. I wish to congratulate Dr. Moffitt on his success in simplifying this determination of the percentage of sugar so that anyone can do it in a few minutes. I believe, however, that I can suggest a slight change in the method that will make it even more simple. If 1 c.c. of Fehling's solution be added to 4 c.c. of aqua ammonia instead of the distilled water the result will be, in effect, Pavy's solution, in which the reduced copper oxid is held in a colorless solution. The advantage of this method is that the end reaction, when the Fehling's solution is completely reduced, can be more accurately and easily determined. One does not have to wait for the copper oxid to settle, nor is it necessary to filter the solution to make sure that all the copper is reduced. I have tested this method, using the one described by Dr. Moffitt as a control, and find that it is accurate.

WILFRID HAUGHEY.

Additional Members of the American Committee of the International Medical Congress.

NORTHEAST HARBOR, MAINE, Aug. 14, 1908.

To the Editor:—Please add the following names inadvertently omitted from the list previously sent you for membership of the American committee for the Sixteenth International Medical Congress, and published in THE JOURNAL, June 13, 1908, page 2008:

W. W. Keen, M.D., Philadelphia.
Joseph Leidy, M.D., Philadelphia.
Charles Kolloch, M.D., Charleston, S. C.
James Ewing, M.D., New York.
Walter James, M.D., New York.
H. A. Hare, M.D., Philadelphia.
George Brewer, M.D., New York.
John Munro, M.D., Boston.
James Tyson, M.D., Philadelphia.
E. L. Trudeau, M.D., Saranac, N. Y.
George E. de Schweinitz, M.D., Philadelphia.
L. J. McMurtry, M.D., Louisville, Ky.
A. A. Van der Veer, Albany, N. Y.

J. H. MUSSER.

1. Iodofan, THE JOURNAL A. M. A., March 7, 1908, 784; Arhovin, *ibid.*, May 9, 1908, 1541.

2. Apotheker Zeitung, July 18, 1908, p. 521.

3. Apotheker Zeitung, July 22, 1908, p. 529.

4. Apotheker Zeitung, July 25, 1908, p. 538.