

To appreciate fully the meaning of this description of the actions of Anasarcin, it should be compared with the effects of the digitalis group, to which squill belongs. The following account is quoted literally from a recent Text-Book of Pharmacology (Sollmann):

The phenomena of the therapeutic stage of digitalis action are said to be:

1. Slowing of the heart, with systole and diastole both lengthened.
 2. Increased strength of beat, leading to greater efficiency of the individual contractions, and to an increase in the total efficiency.
 3. A tendency to the systolic phase.
 4. A rise of blood pressure, due mainly to the increased action of the heart, but partly also to a vasoconstriction.
- Abnormal dilation of the heart is lessened and irregularities tend to disappear.

The therapeutic effects are explained, in part, as follows:

A larger amount of blood will be thrown into the aorta and coronary circulation. The first effect will be an improved condition of the heart. The tonic action . . . narrows the ring of the valves, brings them closer together, narrows the orifice. The venous congestion will tend to be relieved. This relief will fall in the first place on the lungs. . . . The lowering of the venous pressure will tend to cause absorption of the effusions. . . .

The nauseant action of squill, which is alluded to in connection with Anasarcin, is too well known to require more than a mention.

In brief, then, it appears from the statements of the Anasarcin Company that the action of the remedy is that of squill and that the other ingredients are a mere blind. It is, of course, well known that squill can be used as a substitute for digitalis in cardiac dropsy, although it is generally considered very inferior to the latter drug. Rose Bradford, for instance, states: "Squill is not used to any extent in the treatment of cardiac disease and cardiac dropsy, digitalis being a far more efficient and less toxic substance." However, it has been frequently observed that digitalis occasionally fails, and it may then be replaced successfully by another member of the group. At all events, it is very likely that squill is a fairly efficient substitute for digitalis, especially when it is supplemented by a very free course of Epsom salts and by potassium nitrate (the active ingredient of Anasarcin Elixir), both of which are stated to be essential adjuvants to the Anasarcin (or squill) tablets. There can be no objection to the use of squill when it is indicated; but any one who wishes to use it should do so with his eyes open, knowing what substance he is using and how much (which he does not in Anasarcin); knowing also that it has the same indications and limitations as digitalis. He should not be misled by such statements as the following:

"Does what dropsy medicaments have hitherto failed to accomplish."

"Superior to digitalis, strophanthus, scoparius, squills, acetate of potash and the hydragogue cathartics all put together."

"The only known relief" (how modest!) "and permanent cure of dropsies."

"Unrivaled heart tonic." "The most powerful agent known."

Any one wishing to use squill should take the trouble to acquaint himself with the results obtained by competent and independent observers, and not rely on it in eclampsia, septicaemia, "vices of civilization," all forms of neurasthenia, as "an active eliminator of uric acid in rheumatism," in hepatic cirrhosis, dyspepsia, asthma, obesity, cystitis (!), lumbago, exophthalmic goiter, etc.

He should also learn the contraindications to the use of squill, deducible from the fact that it causes vasoconstriction and raises the blood pressure (prohibiting its use in Bright's disease and arteriosclerosis), and that it produces marked gastric irritation, consequently nausea and depression, that it is a very toxic agent, and that the dangers of cumulative action must be borne in mind. In respect to these the advertisements of the Anasarcin people are little short of criminal, for these state:

"Safe in administration." "Non-toxic as ordinarily administered." "Will nauseate some persons," but "the reaction from the temporary depression is prompt." "In Bright's disease, both the interstitial and parenchymatous forms of nephritis, acute or chronic, no remedy . . . to equal it in efficacy." "Without increasing the debility of the patient or interfering

with nutrition by producing loss of appetite." "This treatment is to be continued without cessation until all symptoms of dropsy have disappeared."

Physicians who are inclined to disregard this warning, and who follow the advice of the Anasarcin people, should remember that their patients—or their friends—will put the blame for the results, which are bound to follow sooner or later, on the prescribers, and not on the deceptive advertisements of the Anasarcin Chemical Company.

There is another little matter which throws an illuminating side-light on the Anasarcin Company. They take every occasion to say that Anasarcin is "not offered to the laity," "never sold to the laity," etc.; but witness the following, which was found in the *Retail Druggist* of May, 1906, p. 179. The italics are ours:

CURE FOR DROPSY.

As every druggist knows, dropsy has been one of the incurable diseases when caused either from heart, liver or kidney trouble. A pharmacist in Winchester, Tenn., has worked out a remedy called Anasarcin, which he is exploiting to the physicians, and his remedy is showing itself as possessing great merit. Several hopeless cases have been treated as a last resort by Anasarcin and in a very short time the patient has shown marked improvement and has effected permanent cures.

The result of the cases as handled by the physician with the aid of Anasarcin has been so easily and quickly cured that physicians of Tennessee and the southern states are high in their praises of the remedy. The company which now manufactures and sells it is known as the Anasarcin Chemical Co., of Winchester, Tenn. *Any druggist who knows of a case of dropsy would be conferring a favor on the patient and mankind in general by telling the party or his physician of the southern pharmacist, and we have no doubt but what a prompt relief and permanent cure would be affected.* [Probably means effected.—Ed.]

(To be continued.)

Correspondence

The German Surgical Congress.

BERLIN, April 6, 1907.

To the Editor:—The thirty-sixth annual meeting of the German Surgical Society has just come to an end. It has occurred to me that it might be of interest to some of your readers to learn something of its management. In many respects it is a decided improvement on the conduct of similar meetings with us, and we would do well to imitate them. Of the scientific proceedings I shall say nothing, as these you will get from others.

The society has over 1,600 members and 76 new ones were added this year. It is, therefore, the largest, and I think it is fair to say also the most important surgical society in the world. Over 800 were in attendance. The meetings are always held in Easter week in the Langenbeckhaus, in Berlin. As the hall seats only 500 to 600, cards of admission have to be shown. Even the aisles were well filled. Strangers are admitted to a rather narrow gallery on three sides of the hall.

The arrangement of the hall is excellent. It is nearly square, the seats rising abruptly as in an amphitheater, so that all can see and hear well. It is lighted wholly by a large skylight, and by electricity at night. The president, flanked by the other officers, sits on a long, raised platform and back of him is a higher platform or "tribune" to which each speaker ascends. Back of the speaker is a blackboard with a wainscoted wall on each side on which charts, pictures, etc., were fastened by the thumb-tacks used by artists. Above this wainscoting and on the side walls were hung a number of portraits. In the middle was Langenbeck and, as if to show that surgery includes pathology and the surgical specialties, v. Graefe's portrait hung on his right and Virchow's on his left. Among the others were Billroth, Czerny, v. Eschmarch, Thiersch and other Germans, while Lister, Paget, Spencer Wells and Ollier represented the international character of our science. von Bergmann's portrait was appropriately draped in crêpe. The sorrow for his so recent death was universally expressed, and during the president's address, when he had spoken of their loss, the entire audience rose for a moment to express their homage and respect. Few men have wielded a wider influence, especially by his charming personality and his handsome presence. It would be hard to find four finer looking men than Langenbeck, Bergmann, Eschmarch and Czerny.

The congress lasts four days instead of three, as is usual with us, and the hall was as full on the last day as on the first. It is a series of serious meetings, with surgery as the important business to be transacted. They meet from 9 to 1 and 2 to 4, beginning and ending promptly. No time is lost at lunch, as this is served in the lobby at a most reasonable price. No social functions interfere with the scientific business of the day. Only in the evening are there any dinners. Attention to the business of the meeting is essential, for though the rule of the society allows only 70 papers, there were 100 on the program this year, and in addition to these there were a few discussions. No wonder that so portly a volume of Transactions is issued every year. There were some unavoidable absentees, and so probably only 80 to 85 papers were actually presented. Moreover, only a few of these were read, and those not usually *in extenso*. Fifteen minutes is the time allowed for papers and five for demonstrations and discussions, though the rule was not very strictly adhered to. If a speaker was dull and uninteresting (of which there were only four or five, I think), the audience did not hesitate to give him notice to stop by slight but very perceptible shuffling and stamping of feet. There was no applause, not even at the end of the president's address. The only expressions of approval were half-murmured "bravos" on a few occasions.

Not only was the blackboard freely used, but there were generally drawings, models, specimens, photographs, skiagraphs and many patients shown, which added greatly to the interest and the comprehension of the audience. While not a few of the papers were by younger men, yet the German deference to age, distinction and official position was much in evidence. The "Ausschuss" members make up a sort of large Executive Committee, who transact most of the business. They are generally among the older and more distinguished men. They are admitted by a separate door and occupy the front seats, and are prominent in the proceedings.

Even the treasurer's report was brief, and a still shorter summary was placed on the blackboard for every one to see.

Readers of papers generally read only abstracts, but publish the papers in full. Most of them instead of reading gave *extempore* the substance of their communications. The speaking, even in debate, was excellent, rarely with hesitation or halting, and the German was fluent and well pronounced. The few who read from manuscript generally made the mistake, so common with us, of reading very closely. A reader should know his manuscript so well that for at least two-thirds or even four-fifths of the time he can look into the eyes of his audience. Only so can he hold their strict attention. A close and especially a droning reader puts them to sleep.

There were few discussions, but these were admirable. Those who took part were well chosen and had evidently prepared themselves. They added something to the subject discussed. *Per contra* there was very little spontaneous debate, that is, debate properly so called; little of quick expert fencing, few sparks from the clashing of firm but differing views, little of that ready repartee which is often seen with us. Most of the papers were not even submitted for discussion. When one was held it was generally on a group of allied papers. Indeed, there was no time for more.

Professor Riedel of Jena was an admirable presiding officer, with a clear voice, clean-cut enunciation and a fund of humor which lightened most agreeably the sometimes over-serious proceedings. Never was an audience more responsive. They "caught on" instantly.

Professor Riedel is succeeded by v. Eiselsberg of Vienna, a most excellent choice.

In one respect we certainly should institute a reform—our long-drawn-out dinners. Rarely do we get away till 12 or 1 o'clock, and I am sure that no one who was present at the British Medical Association dinner at Montreal in 1897 will forget his weary wending to his hotel toward 3 a. m. Here the single official social function was the dinner on Thursday evening. The invitation named 5:30 p. m. as the

hour. We sat down at 6. The dinner consisted of only six courses, besides cheese, fruit and coffee. The speeches began after the first course, and while they were being made the waiters waited. Professor Riedel, of course, gave as the first toast "The Kaiser." He was followed by König, Küster, Czerny, v. Eiselsberg and Rovsing of Copenhagen. The president introduced no one. Each rose, apparently spontaneously, called attention by klinking his glass, spoke for three to five minutes, and after the three "Hochs," the next course was served. By 8:30 we broke up into little groups, and many went home, and by 9 o'clock—when we would be only at the beginning—nearly everybody had gone. One private dinner was at 5:30, the others at 6:30 p. m. If I can persuade American medical men to adopt such a sensible procedure, I shall not have written in vain. I can not see that there is any real obstacle to prevent such a genuine and welcome reform.

Most of the leading men were here. In addition to those I have mentioned there were Rehn, Lauenstein, Helferich, Gluck, Garré, Lenhart, Körte, Bardenheuer, Kümmell, Rydygier, Kausch, Krause, Mr. Arthur E. Barker of London, and many others. Unfortunately, Trendelenburg, Kocher, Bier and some others were unable to come.

The relief of medieval barbarism, the deformities resulting from scars received in student duels, I thought less in evidence than in former visits to Germany. Such scars only make handsome men ugly and ugly men *noch hässlicher*. In a country so highly developed intellectually, it is a marvel that such a custom can persist at all. If my observation is correct, it would seem that it is dying out—a consummation devoutly to be wished. Whether I am right in this or not, I am surely right when I say that nowhere will an American surgeon receive a heartier welcome than from his German colleagues, and nowhere will he be apt to learn more.

W. W. KEEN.

P. S.—Just as I finished this letter Dr. James H. Honan called to invite me to a meeting of the "Anglo-American Medical Association," which was founded by him and of which he is still president. Its headquarters are in Rothacker's Buchhandlung, 105 B Friedrichstrasse. Every Saturday night they dine at 7:30 in Room No. 1, Heidelberg Restaurant, in the same building as the Central Hotel, opposite the Friedrichstrasse station and only five minutes' walk from the Langenbeckhaus. At 8:30 they have a lecture, or informal talk, by a German professor or docent. This evening's lecture was by Schleich—him of the "fluid"—and was excellent. The association numbers usually from sixty to eighty. The entrance fee is only \$1. They are doing an admirable work in helping American students in selecting their courses of study and giving information and help in every possible way. A similar Anglo-American club exists in Vienna, with its headquarters at the Café Polyklinik, opposite the Allgemeines Krankenhaus.

Not only should every American student in these cities join these clubs, but the older men should visit them and encourage our younger hard-working colleagues. If I may judge by my experience to-night, such visits are most highly appreciated.

W. W. K.

Miscellany

The "Lancet" on the Work of the Council on Pharmacy and Chemistry.

Under the caption "The American Medical Association and Proprietary Remedies," the *Lancet* (April 20, 1907), has this to say:

The Council on Pharmacy and Chemistry of the American Medical Association is making excellent progress in its campaign for the reform of the trade in proprietary medicines. For over two years a body of experts has been systematically collecting information concerning proprietary medicines sold in the United States, with a view to separating those which comply with a certain ethical standard from those which do not.