

John Milton Elliott, M.D., Peoria, Ill.; Kansas City, Mo., Medical College, 1890; aged 86; a veteran of the Civil War; died in the Deaconess Hospital, Peoria, February 1, from senile debility.

Rosh Leaman, M.D., Philadelphia; Jefferson Medical College, 1882; aged 62; a Fellow of the American Medical Association; died at the home of his brother in Philadelphia, January 25.

Mary Frances Monaghan, M.D., Waltham, Mass.; Tufts College Medical School, Boston, 1912; aged 35; also a graduate in pharmacy; died at her home, February 7, from heart disease.

Thomas J. McCain, M.D., Waldron, Ind.; Medical College of Indiana, Indianapolis, 1880; aged 72; a veteran of the Civil War; died at his home, January 22, from angina pectoris.

Charles Ruxton Ellison, M.D., New York; Bellevue Hospital Medical College, 1873; aged 67; formerly a Fellow of the American Medical Association; died at his home, January 31.

Isaac Cole Miller, M.D., Cincinnati; Miami Medical College, Cincinnati, 1874; aged 64; a member of the Ohio State Medical Society; also an attorney; died at his home, January 28.

William Henry Craig, M.D., West Schuyler, N. Y.; New York University, New York, 1875; aged 69; died in a hospital in Utica, N. Y., January 18, from cerebral hemorrhage.

William H. Faulds, M.D., Kingston, Pa.; University of Pennsylvania, Philadelphia, 1876; aged 71; a Fellow of the American Medical Association; died at his home, February 7.

Thomas W. Bartlett, M.D., Sioux City, Iowa; Chicago Homeopathic Medical College, 1878; aged 63; died, January 26, in Los Angeles, where he had gone in quest of health.

Andrew John Crighton, M.D., East Hartford, Conn.; College of Physicians and Surgeons, Baltimore, 1891; aged 52; died at his home, Nov. 28, 1916, from chronic nephritis.

Alonzo W. Vincent, M.D., Valparaiso, Ind.; Bennett Medical College, Chicago, 1872; aged 76; died at the home of his daughter, in Gary, Ind., Nov. 28, 1916, from pneumonia.

Benjamin Rush Ridgely, M.D., Warrén, Md.; University of Maryland, Baltimore, 1847; aged 93; died at the home of his son in Baltimore, February 2, from pneumonia.

Charles Robert Stanhope, M.D., Milwaukee; Wisconsin College of Physicians and Surgeons, Milwaukee, 1905; aged 36; died at his home, February 7, from tuberculosis.

Caroline M. Osborn Koenig, M.D., Buffalo, N. Y.; University of Buffalo, N. Y., 1904; died in Hahnemann Hospital, Rochester, N. Y., January 28, from pneumonia.

Robert Stevenson Denney, M.D., Aurora, Ill.; Rush Medical College, 1909; aged 33; a Fellow of the American Medical Association; died at his home, February 12.

Robert Cauch, M.D., Carpinteria, Calif.; Hahnemann Medical College, Chicago, 1877; aged 85; died in St. Francis' Hospital, Santa Barbara, January 24.

John R. DeVore, M.D., Suwanee, Ga.; Georgia College of Eclectic Medicine and Surgery, Atlanta, 1900; aged 40; died in a hospital in Atlanta, January 24.

John C. Rutter, M.D., Bloomsburg, Pa.; Hahnemann Medical College, Philadelphia, 1855; aged 90; died at his home, January 30, from influenza.

John South, Jr., M.D., Hoquiam, Wash.; University of Minnesota, Minneapolis, 1889; aged 66; also a druggist; died at his home, January 26.

William P. DeLaperriere, M.D., Hoschton, Ga.; Medical College of Georgia, Augusta, 1876; aged 61; died at Miami, Fla., January 29.

Frank Fanning, San Antonio, Texas (license, Seventeenth Judicial District Board, Texas, 1899); aged 62; died at his home, January 13.

Charles Henry Gibbs, M.D., Charlotte Court House, Va.; New York University, New York, 1880; aged 64; died at his home, January 20.

John Richardson Dodge, M.D., Hudson, Mich.; University of Michigan, Ann Arbor, 1869; aged 68; died at his home, January 26.

John McPeck, M.D., St. Albans, Vt.; University of Vermont, Burlington, 1882; was found dead in his home, January 10.

Alexander C. Anderson, M.D., Petaluma, Calif.; Harvard Medical School, 1864; aged 74; died at his home, January 17.

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

BINIODOL

Report of the Council on Pharmacy and Chemistry

In accordance with the usages of the Council the report which appears below along with the reports of the clinical investigation by Drs. Cole and Keidel upon which the recommendations of the referee were based were sent to the manufacturer for comment. The reply of the manufacturer contained no evidence which justified the Council in modifying the action already taken. Publication of the report was therefore authorized.

W. A. PUCKNER, Secretary.

Biniodol was submitted to the Council by the manufacturer, Charles C. Yarbrough, Memphis, Tenn. The manufacturer claims the product is a solution of 1 per cent. of red mercuric iodid and 2.75 per cent. of guaiacol in bland vegetable oil. It is marketed with the implication that it is new and superior to other oil solutions of mercuric iodid. For instance:

"... it is a straight solution of this mercurial compound, as no alkaline iodide or other chemical is used to bring about the solution." "It is probably the first and only one-percent oil solution of straight mercury biniodide made in America."

[The manufacturer, in a letter addressed to the secretary of the Council, explains: "By *straight* solution, I mean that the solution of the red mercuric iodid is effected without the aid of any alkaline iodid or other chemicals. . . . Biniodol was first offered early in 1912 . . ."]

"Biniodol is, therefore, superior and much to be preferred to other mercurials used for like purposes. It is highly active therapeutically, producing the desired effects, usually without the inevitable disadvantages of other mercurials. It rarely causes salivation, diarrhea, or other symptoms of mercurial intolerance, even when pushed to full therapeutic effect and when given for a considerable period of time. Nor does it produce anemia."

The Chemical Laboratory of the American Medical Association found that Biniodol contained 1 per cent. of mercuric iodid and 2.5 per cent. of guaiacol; hence the composition is essentially as claimed. It is not true, however, that Biniodol is the "first and only one-percent solution of straight mercury biniodide made in America." As shown in THE JOURNAL A. M. A., Dec. 9, 1914, p. 2247, formulas by Lemaire and Dunning for making a "straight" solution of mercuric iodid were published in this country in 1909 and 1910, respectively. Moreover, a 1 per cent. solution of mercuric iodid in oil is on the market and is described in New and Nonofficial Remedies.

To determine whether or not Biniodol is "superior and much to be preferred to other mercurials used for like purposes," the Council secured the cooperation of the Department of Dermatology and Syphilology of the Western Reserve University cooperating with the Cleveland City Hospital, and of the Johns Hopkins Hospital. Each received three samples, labeled respectively, 1, 2 and 3: 1 contained Biniodol; 2, a 1 per cent. solution of mercuric iodid in oil; 3, a solution made up according to the formula of Biniodol, namely, 1 per cent. of mercuric iodid and 2.5 per cent. of guaiacol in oil. All the solutions were sterile. The investigators were not informed which preparation was designated by the respective numbers, but they were asked to use the preparations when intramuscular injections of a 1 per cent. oily solution of mercuric iodid were indicated, and to note what differences, if any, were observed following the use of the different solutions regarding pain, discomfort, induration and any other evidences of effects of the medicaments.

The Cleveland investigator reports that the patients were more or less confused in their replies to inquiries and gave rather indefinite and conflicting answers. After carefully

1. The reports of the investigators will be published in full in the annual Reports of the Council on Pharmacy and Chemistry, and in a reprint. The latter will be sent to any address on request accompanied with a stamped addressed envelope.

tabulating the replies, however, the following summary resulted:

- 1 was worse than 2 or 3 in 6 cases.
- 2 was worse than 1 or 3 in 5 cases.
- 3 was worse than 2 or 1 in 1 case.

The report from Johns Hopkins records a series of 117 injections followed by the estimated reactions recorded below:

- 1. Severe, 13; mild, 14; none, 4; unrecorded, 8=39
- 2. Severe, 5; mild, 15; none, 16; unrecorded, 5=41
- 3. Severe, 7; mild, 25; none, 3; unrecorded, 2=37

That is, when recorded in percentages:

- 1. (Biniodol) severe, 33.3; mild, 35.9; none, 10.3; unrecorded, 20.5.
- 2. (Without guaiacol) severe, 12.2; mild, 36.8; none, 39.0; unrecorded, 12.2.
- 3. (With guaiacol) severe, 18.9; mild, 67.5; none, 8.1; unrecorded, 5.5.

The manufacturer of Biniodol supplied the names of several physicians who have used that preparation in their practice. Correspondence with these elicited the following statements: One had used Biniodol in forty-eight cases and states that "only a few patients complain of pain at all and then only of a general soreness in the muscle." This physician reports a limited experience with the use of another manufacturer's "mercury biniodide oil solution" (apparently six cases), but severe pain following the injections made it necessary to abandon that preparation.

Another of these physicians named by the manufacturer, without reference to any series of cases, reports that "Biniodol is superior to any [oily solution of mercury biniodid] that I have tried."

A third physician has "used it [Biniodol] a few times" and is "convinced that it has no special action or virtue" over "any red mercuric iodide in oil."

This evidence, in its most favorable estimate, shows Biniodol to be a good 1 per cent. solution of mercuric iodide in oil, but fails to justify attributing to the preparation any unique characteristics. The preparations made in the laboratory were as satisfactory, or better than the Biniodol, and the presence or absence of the guaiacol was of no consequence.

Biniodol conflicts with Rule 6, since claims of superior therapeutic efficiency made for it are not established; and with Rules 8 and 10, since it is an unessential modification of an established nonproprietary article marketed under a proprietary name.

In view of the foregoing, the referee recommends that Biniodol be not accepted for New and Nonofficial Remedies, and that this report, including the clinical investigations of Drs. Cole and Keidel, be authorized for publication.

MORE MISBRANDED NOSTRUMS

Mecca Compound.—Mecca Compound was an ointment sold by A. D. Foster, E. W. Peterson, Sr., E. W. Peterson, Jr., and E. W. Raymond, who did business as the Foster-Dack Co., Chicago. It was analyzed in the Bureau of Chemistry, which reported that the stuff had a soft paraffin base containing carbolic acid, camphor, borates, zinc compound, a sodium soap and a trace of perfume. It was sold as a remedy for erysipelas, for the cure of gangrene or blood poison, cancers and bronchitis, a preventive of diphtheria, a remedy for pleurisy and pneumonia, for the cure of scarlet fever, as a remedy for smallpox, for the cure of appendicitis in its early stages, for the cure of lockjaw, goiter, measles and tuberculosis. These claims were declared false and fraudulent and applied knowingly, recklessly and wantonly. A plea of guilty was entered and the defendants were fined \$50 and costs.—[Notice of Judgment No. 4383.]



The-Best Cough Remedy.—Davies, Rose & Co. (Ltd.), Boston, sold a mixture under the name "The-Best Cough Remedy" which the government chemists reported was a syrup, smelling and tasting of spearmint, and containing alcohol, chloroform and morphin. The claims made for it

were such as to create in the minds of the purchasers the belief that the stuff was an effective remedy for incipient consumption, asthma, influenza, as well as being effective for the relief of consumptive patients in advanced stages of the disease. These claims the government charged were false and fraudulent. The company entered a plea of *nolo contendere* and was fined \$50.—[Notice of Judgment No. 4381.]

Stella-Vita.—"Star of Life" was put on the market by the Thatcher Medicine Company, Chattanooga, Tenn., and sold as a cure for "female weakness"; of course, it contained alcohol—20 per cent. The claims made were such as to create in the minds of the purchasers the belief that it was an effective remedy for all female weaknesses and diseases; was a cure for leukorrhea and would correct all irregularities peculiar to women. The government declared these claims false and fraudulent and applied knowingly and in reckless and wanton disregard of their truth or falsity. The company pleaded guilty and was fined \$75 and costs.—[Notice of Judgment No. 4389.]



Vegetable Pulmonary Balsam.—Cutler Bros. & Co., Boston, sold this preparation under the claim that it was a remedy for consumption and pulmonary affections of every kind. Government chemists reported that the stuff was a sugar syrup, flavored with spearmint and sassafras and containing alcohol and opium. The therapeutic claims were declared false and fraudulent and made knowingly, recklessly and wantonly. The firm pleaded *nolo contendere* and was fined \$100.—[Notice of Judgment No. 4380.]

Correspondence

The Young Doctor and Health Insurance

To the Editor:—In THE JOURNAL, January 27, under Current Comment, in discussing compulsory health insurance, you suggest that you would welcome "constructive discussion of health insurance." Having read Dr. Lambert's excellent paper in the same issue, I take the liberty of writing you to present a point of view which may be different from those taken by many men in the medical profession.

As director for the Appointments Bureau of the Harvard Medical School, I am often called on to advise young men entering the practice of medicine and to aid them, as far as possible, in getting a start. What chance has the young graduate of a modern medical school and hospital, trained in our best knowledge of diagnosis and treatment, to practice in a way satisfactory to himself and to the community? The medical school has turned out an alert, resourceful, intelligent, trained physician. His ideals are high, his courage good, his pocketbook empty. What opportunity does the average community offer to such a man? A very few of the better men are taken in as assistants to older men at small salaries. The Appointments Bureau seldom has a call for such assistants. What does general practice offer such young men? A fierce financial competition in medium and large cities, while the rural districts offer hard work and niggardly pay. If he has large talents to offer, he is more feared and less welcome by his older competitors. Lately a few small salaried fellowships have been offered by the Boston Dispensary. Five Harvard Alumni teaching fellowships of \$500 each are eagerly sought. Aside from these few small aids, what can the young practitioner hope for?

The public and many of the medical profession still believe that for small fees, one and two dollars an office call and three dollars a house call, a man could do a family practice