The Propaganda for Reform

In this Department Appeal Reprints of the Council of Pharmacy and Chemistry and of the Associated Laboratories and of the Associated Medical and Legal Societies to Aid Intelligent Prejudice and to Oppose Medical Fraud on the Public and on the Profession

BINOIDOL
Report of the Council on Pharmacy and Chemistry

In accordance with the usage 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.

Binoideal 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 mercurochrome 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 mercurochrome. For instance:

"... it is a straight solution of this mercurochrome compound, as no alkaline iodide or other chemical is used to bring about the solution." "It is probably the first straight oil solution of straight mercury binoxode made in America."

The manufacturers, in a letter addressed to the secretary of the Council, explained: "By straight solution, I mean that the solution of the red mercurochrome iodide is effected without the aid of any alkaline iodide or other chemicals.

"Binoideal is therefore, superior and much to be preferred to other mercurochromes used for like purposes. It is highly active therapeutically, producing the desired effect, without the irritable disadvantages of other mercurochromes. It rarely causes eczema, dermatitis, or other symptoms of mercurial incoherence, 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 Binoideal contained 1 per cent of mercurochrome and 2.5 per cent of guaiacol; hence the composition is essentially as claimed. It is not true, however, that Binoideal is the "first and only one per cent solution of straight mercury binoxode made in America." As shown in the Journal of A. M. A., Dec. 5, 1914, p. 2246, formulas by Lemaire and Dunning for making a "straight" solution of mercurochrome were published in this country in 1905 and 1910, respectively. Moreover, a 1 per cent solution of mercurochrome in oil is on the market and is described in New and Nonofficial Remedies.

To determine whether or not Binoideal is "superior and much to be preferred to other mercurochromes" for the purposes stated, the Council secured the cooperation of the Department of Dermatology and Syphilology of the Western Reserve University cooperating with the Cleveland City Hospital and the John Hopkins Hospital. Each received three samples, labeled respectively 1, 2 and 3: 1 contained Binoideal; 2, a 1 per cent solution of mercuric iodide in oil; 3, a solution made up according to the formula of Binoideal, namely, 1 per cent of mercuric iodide and 2.5 per cent of guaiacol in oil. All the solutions were sterile. The investigators were not informed which preparation was used for the purpose of the experiment. Numbers, but they were asked to note the preparations when intramuscular injections of a 1 per cent oily solution of mercuric iodide 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 medications.

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 Report of the Council on Pharmacy and Chemistry, and in a separate volume. The letter will be sent to any address on request accompanied with a stamped addressed envelope.
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 $300 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 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 for the people.