

ment from Mrs. P.'s family physician that the lady never had Bright's disease.

The case of Mr. D. of Oregon was described in the 1908 Fulton leaflets. D. had diabetes and was "almost in" but took thirty bottles of Fulton's Compound with the result—alleged—that he was "feeling fine." A physician in the town in which Mr. D. lived informs us that he does not believe the man ever recovered from the disease. Certain it is he died in 1912 of pulmonary tuberculosis, a common sequel to diabetes.

Mr. W. of Illinois suffered, according to a 1908 Fulton bulletin, from what "specialists" had called Bright's disease. After taking one dozen bottles of the Compound he was reported as "almost cured." A physician who knew of W.'s case wrote in October, 1913, that Mr. W. never had Bright's disease, but that he had "been troubled at times with a backache" and was "still the same."

In 1908 Mr. C. wrote to the Fulton Company which promptly published the letter. He was taking the "Renal Compound" he wrote, and was convinced that it would "effect a cure." The facts are Mr. C., about this time, went to a physician who made a thorough examination of his case. The doctor wrote us that C. had no symptoms of Bright's disease and, when advised of that fact, "seemed really disappointed."

The case of Rev. B. of Ohio was brought to the attention of the public in the Fulton bulletin in 1907. A druggist wrote urging those who wished to hear from a person who had "received great benefit" to write to Rev. B. The physician to whom we wrote in 1913 replied that Rev. B. died suddenly of "heart disease" in 1912. The doctor added "he did not have Bright's disease."

Mr. W. of Texas, whose letter was published in 1907 by the Fulton Company, claimed the doctor had told him he had Bright's disease and he was in bed four months. Then he sent for a dozen bottles of "Fulton's Compound" and after taking these, and two dozen more, declared he was "pronounced sound" and "in fine health." The physician to whom we wrote in 1913 declared that Mr. W. had an acute nephritis from which he recovered before he began taking Fulton's Compound—about the time he became an agent for the preparation.

In short, the investigation, incomplete though it was, revealed just what might have been expected. The diabetic frequently drags along for years—especially if he is at all careful in his manner of living, and he is likely to be. The fluctuations of the disease make it a fertile field for the quack and the "patent medicine" maker. Chronic kidney disease offers similar attractions to those who prey on the sick. Nothing is much easier to get than testimonials in such cases—testimonials whose genuineness is as unimpeachable as their value is negligible.

On a foundation of misrepresentation, fraud and deceit is reared the stupendous superstructure of the "patent medicine" business—a trade whose millions corrupt legislatures, prostitute no small portion of the press and are a standing menace to the public health. Some day an enlightened public opinion will demand the destruction of this evil—and the dawn of that day is not far off.

## Correspondence

### The "Autolysin" Advertising

To the Editor:—Enclosed is a little booklet I received today from the Goodhue Publishing Co., of New York, exploiting the Horowitz-Beebe cure-all for cancer, which, were it not for certain obvious serious features, would make humorous reading.

What psychologic explanation can be made of the fact that there are always sufficient numbers of suckers to make such pseudoscientific adventures profitable?

H. C. DODGE, M.D., Steamboat Springs, Colo.

To the Editor:—In my professional life I have been flooded with the usual number of insults to intelligence both by mail and by the softspoken detail man. As a result, I have no doubt, of the active propaganda for reform carried on by THE JOURNAL, these insults have lost a certain quality of "rawness" and become much more cleverly done.

One of these has just been perpetrated on the profession which will probably hold the championship pennant for 1916, although I admit that it is early in the year to begin prophecy. A very modestly bound, well printed volume comes to my desk with the compliments of the publishers. At the end of the volume is a group of highly ethical advertisements of other books of the author. So far so good. The last four pages, however, contain the advertisement of a forthcoming book on the "autolysin" treatment of inoperable cancer. Perhaps we might forgive this were it not for the following paragraph: "This book tells how the general practitioner . . . may take an active hand in fighting the malady. The weapons he requires are an ordinary hypodermic syringe and some ampules of Autolysin. The syringe he already possesses. Autolysin he may secure, if he is a legally qualified practitioner, by writing," etc. Incidentally the book is advertised to the Intelligent Layman.

Isn't it beautiful? Too bad the lamented F. F. F. with

his mock turtles or those prominent eugenists of scopolamin-morphin fame could not take a lesson in advertising. It was not very long ago that we were invited to come East and learn how to use "autolysin," or else pay the rather heavy fee for an imported tutor. Now all we need is a "gun" and some of the "dope." All this is interesting in view of the recent article on the failure of "autolysin" in mouse tumor. It is a foregone conclusion that a lot of "autolysin" will be used, so cancer patients, who have been told that they have cancer, will get better through suggestion, and a lot of enthusiastic reports will pour in from medical brethren who have never studied psychology. Then the thing will slump and we shall all be ready for the next fad.

Nevertheless, each one of these things furnishes us with a text for another sermon on ethics of medical advertising, so I suppose they do not live in vain.

J. W. FORCE, M.D., Berkeley, Calif.

Assistant Professor of Epidemiology, University of California.

STATE OF IOWA—Department of Vital Statistics	
CERTIFICATE OF DEATH	
1. County of <u>Benton</u>	(It must appear in a Hospital or Institution, give to NAME (initial of street and name.)
2. Township	
3. City or Town of <u>Belle Plaine</u> St. _____ Ward _____	
4. FULL NAME <u>Edward Zimmerman</u>	
5. SEX <u>Male</u> 6. COLOR <u>White</u>	
7. DATE OF BIRTH <u>Oct. 1 1862</u>	17. DATE OF DEATH <u>Jan. 5 1911</u>
8. Age <u>48</u> Years <u>3</u> Months <u>6</u> Days	I HEREBY CERTIFY, That I attended deceased from <u>July 1, 1910</u> to <u>Jan. 5, 1911</u> and that I last saw him alive on <u>Jan. 5, 1911</u> and that death occurred, on the date stated above, at <u>9</u> o'clock <u>P.</u> M.
9. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>	18. The CAUSE OF DEATH was as follows: <u>Diabetes Mellitus. Disease extended over a period of about 5 years.</u>
10. BIRTHPLACE (State or Country) <u>Pa.</u>	Contributory _____ Days _____ (Duration) _____ Days _____
11. NAME OF FATHER <u>Daniel Zimmerman</u>	19. Signed <u>Geo. A. Williams</u> M. D. <u>Jan. 10, 1911</u> M. (Address) <u>Belle Plaine, Ia.</u>
12. BIRTHPLACE OF FATHER (State or Country) <u>Pa.</u>	20. SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents. Former or Usual Residence _____ How long at _____ Place of Death _____ Days _____ Where was disease contracted, if not at place of death? _____
13. MAIDEN NAME OF MOTHER <u>Mariann Buntz</u>	21. PLACE OF BURIAL OR REMOVAL 22. Date of Burial <u>Jan. 6, 1911</u>
14. BIRTHPLACE OF MOTHER (State or Country) <u>Pa.</u>	23. UNDERTAKER <u>Louis Grossman</u> 24. ADDRESS <u>Belle Plaine, Ia.</u>
15. OCCUPATION <u>R. R. Engineer</u>	
The above stated personal particulars are true in the best of my knowledge and belief.	
16. Informant <u>Mrs. E. Zimmerman</u> (Address) <u>Belle Plaine, Ia.</u>	
I HEREBY CERTIFY that I am Secretary of the Iowa State Board of Health and as such Secretary am State Registrar of Vital Statistics. I further certify that as said Registrar I am the legal recipient of the original certificate of death returned under Chapter 108, Laws of the Thirty-first General Assembly.	
I further certify that the foregoing certificate of death of <u>Edward Zimmerman</u> is a true and correct copy of the original on file in this office.	
Witness my hand and seal hereunto attached this <u>24th</u> day of <u>April</u> 19 <u>11</u> .	
Signed <u>Charles F. Williams</u> Registrar	By <u>Pauline Mueller</u> Assistant State Registrar
(SEAL)	

Miniature reproduction of the death certificate of Edward Zimmerman (Case 5 in the article). Mr. Zimmerman's case was advertised in the Fulton bulletin. We have been unable to find any reference in the Fulton advertising to the outcome of the Zimmerman case.

[COMMENT.—With each of the foregoing communications is a circular letter from the Goodhue Company, advertising Dr. Henry Smith Williams' book on "The Autolysin Treatment of Cancer." With this circular is a booklet entitled "Notes on the Treatment of Inoperable Cancer with the New Remedy AUTOLYSIN (Horowitz-Beebe) Issued by the Autolysin Laboratory." Similar circular letters and pamphlets have been sent to THE JOURNAL from various parts of the country. The Goodhue Company, publishers, therefore are apparently killing two birds with one stone—advertising the book as well as "autolysin."

THE JOURNAL has been informed that Henry Smith Williams in some of his magazine articles uses the pen name "Stoddard Goodhue," and that Henry Smith Williams is a part owner of the Goodhue Publishing Company.

Articles on "autolysin" will be found in THE JOURNAL, Nov. 6, 1915, pp. 1641, 1647 and 1662. The article on "Action of 'Autolysin' on Mouse Tumors," by Dr. Francis Carter Wood, appeared in THE JOURNAL, Jan. 8, 1916.—Ed.]

#### Nitrous Oxid Versus Ether

*To the Editor:*—It was with much interest that I read Dr. A. R. Warner's article (THE JOURNAL, Dec. 4, 1915, p. 1973) and the letter of Dr. A. S. McCormick (Jan. 1, 1916, p. 49) commenting on the same. Both writers seem to regard it of considerable importance that a patient should not vomit while in transit from the operating table to the bed. I fail to see why such vomiting is harmful or disgraceful or anything more than a mild nuisance, provided a reasonably intelligent attendant is at the patient's head, armed with an emesis basin and ready to render such services as may be necessary.

We cannot get away from the fact that, with ether patients, more or less vomiting is sure to take place in a large percentage of cases. In these cases I have always held that, other things being equal, the sooner the patient vomits after the operation is over, the better. For, if we add an extra quantity of ether in order to postpone the inevitable for five or ten minutes, we are deliberately prolonging the anesthesia merely for the sake of appearances and the comfort of those whose office it is to convey the patient to his bed.

As regards nitrous oxid-oxygen anesthetics, vomiting takes place, according to my experience, in a proportion of cases by no means insignificant, even when the anesthesia has been satisfactory and no ether has been required. These patients, however, do not vomit, as a rule, in the hallways or on the elevators. Instead, they vomit on the operating table immediately after the withdrawal of the anesthetic.

WILLIAM L. SOULE, M.D., New York.

### Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

#### URINARY TESTS—ACIDOSIS AND ITS TREATMENT

*To the Editor:*—1. What are the tests for diacetic acid, acetone and indican in the urine?

2. What is the difference between acidosis and acidemia?
3. What is the treatment for these conditions?

F. W. LINN, M.D., Cleveland.

ANSWER.—1. Tests for diacetic acid, acetone and indican in the urine appear in practically all textbooks on clinical diagnosis or laboratory methods. Any of the following books may be consulted:

- Emerson: Clinical Diagnosis, Philadelphia, J. B. Lippincott Company, \$5.  
 Webster: Diagnostic Methods, Philadelphia, P. Blakiston's Son & Co., \$4.50.  
 Sahli: Diagnostic Methods, Philadelphia, W. B. Saunders Company, \$6.50.  
 Simon: Clinical Diagnosis, Philadelphia, Lea & Febiger, \$5.

2. The term "acidemia" occurs occasionally, but has no standing. Acidity of a fluid depends on the concentration of

free hydrogen ions in it. Normal arterial blood contains about the same number of free H ions as distilled water. When an amount of acid, as carbonic or fatty acid, enters the blood, it does not increase the number of free H ions in the blood by the same number as it contains itself in isolated form, and hence does not give rise to a degree of acidity of the blood corresponding to its own acidity. The blood has the property of resisting influences that tend to change its reaction, but of course this resistance is limited, and its range is narrowed whenever acids enter the blood. When a small amount of acid enters the blood, there is only a very slight increase in the concentration of free H ions, but the amount of acid now required to produce a real acidity would be less than before. The removal of this condition depends on the activity of the excretory organs; but if the condition is not sufficiently countered and persists, it is known as acidosis. If the amount of acid added to the blood is so great that the limit of resistance to change to acidity is passed, the H ion concentration would be greatly raised, but the fluid would no longer be blood in a physiologic sense. The term "acidemia," therefore, should not be used, because it seems to imply an acidity of the blood such as cannot obtain in a living animal. Acidosis was the subject of a symposium before the New York Academy of Medicine, abstracted THE JOURNAL, Jan. 8, 1916, p. 143.

Tests of the acidity of the urine may be used to detect acidosis. Palmer and Hendersen (*Arch. Int. Med.*, August, 1913, p. 153) say that "a condition of acidosis may be assumed to exist when the administration of a quantity of alkali equivalent to 1 liter of tenth-normal alkali fails to produce a diminution in the acidity of the urine."

3. The treatment of acidosis has been previously considered under the heading of Therapeutics, THE JOURNAL, Oct. 10, 1914, p. 1296, and Queries and Minor Notes, March 25, 1911, p. 917. A more recent discussion appears in this issue of THE JOURNAL under the heading of Therapeutics. The treatment recommended for acidosis is naturally the administration of large doses of alkali, according to the reaction of the urine tested on a specimen taken from six to eight hours after administration of the alkali. The method of Fischer consists in giving a hypertonic solution (sodium chlorid, 14 gm., sodium carbonate, 10 gm., and water 1,000 c.c.) by rectum by the drop method in doses of 500 c.c. at a time, twice a day. If the patient shows symptoms of impending uremia, 1,000 c.c. may be given by rectum or even intravenously.

#### THE COMPARATIVE VALUE OF STRONTIUM BROMID AND OTHER BROMIDS

*To the Editor:*—Kindly ask the author of the article on "Epilepsy," THE JOURNAL, January 8, to explain lines 42 to 45, p. 116, second column. It seems to be a case of "concise writing" as mentioned on page 136.

J. L. TRACY, M.D., Toledo, Ohio.

ANSWER.—The lines to which our correspondent refers read:

However, dose for dose, less strontium bromid is active than sodium bromid or potassium bromid.

The lines should have read:

However, dose for dose, strontium bromid is less active than sodium bromid or potassium bromid.

The reason for this is readily seen by comparing the molecular weights of the official bromids of sodium, potassium and strontium ( $\text{NaBr} = 102.92$ ;  $\text{KBr} = 119.02$ ;  $\text{SrBr}_2 + 6\text{H}_2\text{O} = 355.57$ ). Sodium bromid contains about 77 per cent. of bromin, and potassium bromid contains about 67 per cent.; since the official strontium bromid contains only about 45 per cent. of bromin—about two-thirds as much bromin as that contained in potassium bromid and about three-fifths as much as that contained in sodium bromid—it might be expected that the bromin action from the strontium bromid would be much less than that from either of the other two salts. That the strontium salt of salicylic acid has no advantages over the sodium salt was pointed out in the report of the Council on Pharmacy and Chemistry on Rheumalgine (THE JOURNAL, June 26, 1915, p. 2156). This is confirmed by an article by M. A. Blankenhorn on strontium salicylate which appears in THE JOURNAL, this issue, p. 331.

**The Antivaccinationists.**—Jenner lived ahead of his day, but we are rapidly returning to ante-Jenner days.—*Buffalo Sanitary Bulletin.*