

spleen and intestinal glands. They are said to be "not chemical extracts, but pure physiologic products." The details of manufacture are very meager, but apparently the powder consists simply of the glands, dried and powdered, as in the case of the other Reed and Carnrick products, and the elixir constitutes an extract.

It is stated that these preparations digest proteids, starch and fat, and in addition stimulate and nourish the digestive glands; and, furthermore, that the ferments in these preparations do not interfere with, or digest, one another.

Examination by the Council showed that these preparations are practically devoid of any power to digest proteids or starch, when tested by the U. S. P. methods. Advised of this discrepancy, Reed and Carnrick acknowledge its truth, but now claim that their activity, while *nil* in the test tube, is developed in the body. To use their own words:

Peptenzyme will give off its active ferments in the proper liquid medium and will show this action at the proper temperature, but please do not confound Peptenzyme with pepsin and pancreatin, for it is a truer physiologic product and based on the recent advances of the physiology of digestion.

Since none of the original statements of the firm contain any intimation that Peptenzyme will not digest in the test tube, the purport of these statements is to deceive. However, waiving this point, it is in order to inquire, what are the conditions under which Peptenzyme does digest? As far as we can gather from the statements of Reed and Carnrick, it develops its action only in the alimentary canal. This seems passing strange, for we can not recall any ferment which digests proteids and starches only in the alimentary canal, and not elsewhere. It is true that the ferments are contained in the cells in the form of so-called zymogens, which are themselves inactive; but these are all, so far as known, converted into the active ferments by the acid used in test-tube digestion experiments. Looking for the strong proof which would be required to substantiate this discovery of unknown ferments, we encounter only the following:

Peptenzyme, as we have shown by its preparation, is able to digest every variety of albuminoid, changes proteids into peptones, emulsifies fat, and converts starches—in fact, it performs the normal digestive functions exactly as is done in nature. This we have determined, not only by laboratory processes but also by exhaustive experiments with living subjects in our own laboratory.

To show the presence of new ferments by the process of preparation is indeed a novel, but not a very convincing method of proof. It amounts to this: "We, Reed and Carnrick, imagine such and such ferments; hence these ferments exist." As to the laboratory experiments, no hint of their nature has been furnished, even when the firm was informed of the negative results of the two chemists employed by the Council; on the contrary, the correctness of these negative results was acknowledged. As to the "exhaustive experiments on living subjects"—we have seen above that Dr. Leonard acknowledged that the food is perfectly digested even without Peptenzyme. The firm has not submitted any evidence that it was digested more perfectly with Peptenzyme than without.

The claims that the nucleo-enzymes nourish and stimulate the cells have been discussed sufficiently in the report on Trophonine. The Council, therefore, believed that the statements concerning Peptenzyme were entirely unwarranted, and rejected the product.

CONCLUSION.

The Reed and Carnrick Company pretends to have discovered a new method of cellular therapeutics, based on the advanced research of eminent independent investigators in physiologic chemistry, supplemented by the work of Reed and Carnrick laboratories. A critical analysis of these pretended discoveries shows that they consist of a tissue of vague speculations, which are not deducible from the researches which are quoted in their support, but that, on the contrary, they are in direct conflict with the known facts of physiologic chemistry. No facts are adduced in support of these speculations, or to explain the contraindications. Since the claims of superiority and novelty are based mainly, if not entirely, on these speculations, the Council has not taken up the question of their clinical results. These could scarcely be used as the basis of a theory of this kind. However, as far as one can judge from the reports adduced by Reed and Carnrick, these clinical results are in no way remarkable for their novelty.

**A Woman Appointed Privat Docent at Vienna.**—The authorities have confirmed the appointment of a Miss Richter as privat docent for Roman philology at Vienna, thus throwing open the doors to properly qualified women as teachers and assistants in the Austrian universities.

Correspondence

Probilin and Pertussin.

PHILADELPHIA, Aug. 27, 1907.

To the Editor:—I have been much interested in the valuable reports of the Council on Pharmacy and Chemistry, and have some personal interest in a recent one on probilin. The accurate information the profession receives from these reports is a just cause for congratulation, and, as a humble member, I sincerely and gratefully extend my thanks to the American Medical Association. A body of such character as the Council on Pharmacy and Chemistry should have support without stint from the members of the Association. The highly vaunted virtues of probilin led me into an investigation. I had some capsules prepared by the pharmacists, Frank E. Morgan & Sons, according to a formula which I had reason to believe would secure the results desired. They state that if the ingredients are carefully mixed they can be filled dry into capsules, but that they are very difficult to make into pills. The formula is as follows:

Phenolphthalein .....	gr. ii
Menthol .....	gr. 1/10
Acid sodium oleate (Merck).....	gr. ii
Salicylic acid .....	gr. i
Purified ox gall.....	gr. ii

I have used both probilin and the above formula, and, I am bound to say, with results that were more or less indifferent. In a few instances they seemed to be of service. The alkalies combined in other forms, however, have been of equal, perhaps better, service.

PERTUSSIN.

While I am writing on the subject of proprietaries, I am reminded of an incident which adds to the justification for your splendid crusade against proprietary medicines. The children of a family in one of the large eastern cities, temporarily residing at the Jersey Coast, had whooping-cough. In a state of alarm, a very prominent specialist in children's diseases was telegraphed for. He arrived on the scene with bottles of pertussin in his grip and doled it out with the commendation of his authority. Members of a related family in a large city were given the remedy. It was passed on. From this family, another group, at that time in Maine, were the recipients of the great favor. In all instances the disease ran its usual course. The pharmacists and the physicians in attendance received material as well as moral blows by this act. The families soon saw that the "patent medicine," as they would call it, recommended by the professor, was not any better than any bottle they could have bought over the counter. The art of pharmacy and the science of medicine were thus strangled in their own household, so to speak, while the families feel that they were humbugged. Finally, the unkindest cut of all was given to the professor when one member said: "Well, that remedy is nothing but old squills, if that."

With renewed congratulations.

J. H. MUSSER.

[There is no difficulty in making a pill that will contain the essential therapeutic ingredients. What virtues there are in the combination depend on the laxative action of sodium oleate (soap) and phenolphthalein and the antiseptic power of sodium salicylate which is aided by the weaker menthol. We suggest as a sample prescription the following:

R.	Sodii oleatis (vel pulv. saponis)	
	Phenolphthalein, ññ .....	gr. xv
	Sodii salicylatis .....	gr. xxx
	Misce et fac pillulas No. xv. Sig.: One every three to six hours.	

The above may be varied by increasing or decreasing the amount of either of the ingredients, but it must be remembered that both phenolphthalein and sodium oleate are laxatives. The dose of sodium salicylate as given in the above prescription is very small, the average dose being 15 grains. Hence, the amount of this ingredient should be very much increased if its general effect is desired. If the druggist can not procure the pure sodium oleate, the official *sapo* (soap) in powder form may be substituted. There is good reason for believing that sodium oleate or pure castile soap is therapeutically equivalent to the acid sodium oleate that has been so much lauded under

a proprietary name. Since the mystery of probilin has been removed, the several ingredients, that have been so favorably mentioned in the treatment of cholelithiasis, may now be used intelligently by physicians according to the needs of the individual case and as judgment dictates.—EDITOR.]

#### Artificial Vagina Made from Loop of Ileum.

COLUMBUS, OHIO, Sept. 25, 1907.

*To the Editor:*—In THE JOURNAL, May 11, 1907, page 1642, you give a brief synopsis of a paper by Häberlin, in which he describes a method of making an artificial vagina by the use of a piece of intestine. As I had described precisely this same method in *Annals of Surgery*, September, 1904, I at once wrote to Dr. Häberlin, and also to the journal in which his article appeared, calling attention to my undoubted priority. (Before making my contribution I had had an expert go through the library of the Surgeon's General's office, and he had assured me that my suggestion was entirely unique.) Dr. Häberlin at once replied to my communication, acknowledging my priority, but refusing absolutely to correct the impression which his article had given as to his originality, while thus far, the journal, the *Centralblatt für Gynäkologie*, has made no reply whatever to my communication.

Early in the present year I carried out my plan in the case of a patient whose vagina had entirely sloughed during her first labor. The operation was successful in every respect and I reported the case at the last meeting of the American Association of Obstetricians and Gynecologists. It will be published in due time. Under the circumstances, therefore, I think that I may claim originality both in the conception of the idea and its execution.

J. F. BALDWIN.

#### Treatment of Simple Goiter.

STUEBENVILLE, OHIO, Sept. 23, 1907.

*To the Editor:*—In your answer to the inquiry of Dr. H. M. Metcalf, in THE JOURNAL, Sept. 14, 1907, page 959, concerning the treatment of simple goiter, I fear that not quite enough stress was laid on the efficacy, in many instances, of thyroid extract. I have seen many patients apparently cured of simple goiter by the administration of thyroid extract alone, without the use of external applications or of iodine. While it is barely possible, although almost inconceivable, that exophthalmic goiter may rarely be the result of thyroid feeding—as claimed by Osborne and Rogers—this should not deter us from the use of such a sovereign and comparatively harmless remedy. The thyroid gland certainly decreases in size during its use in the majority of patients. When it is given in gradually increasing doses and suspended temporarily on the appearance of the first signs of thyroidism no harm can result from its use, and the practitioner who has previously tried all other remedies in vain will be gratified to find the goiter decreasing rapidly in size under the use of thyroid extract.

WILLIAM EDMUNDS KERR, M.D.

### Miscellany

#### Invalid Food.

The belief that invalids need special food is the excuse for the production of mixtures and unusual foods designed to supply this want. The attempt to feed the sick with special foods has not in general been very successful, and much money has been wasted by patients on specially prepared foods which are especially dear when their nutritive value is compared with their cost. It is seldom, however, that such foods have been suspected of producing actually injurious effects.

Such a suspicion was the occasion of an examination of Du Barry's "Revelanta Arabica" by the New Hampshire Board of Health and a report of the analysis with some comments is published in the *New Hampshire Sanitary Bulletin*, July, 1907. The food is represented as a farinaceous preparation of great nutritive value and, according to instructions, a meal is to be

prepared by boiling about two tablespoonfuls for fifteen to twenty minutes with a pint of water. In the case referred to the board of health the food appeared to produce peculiar symptoms described as "a peculiar weakness and dizziness, which persisted as long as the food was used, but disappeared when the diet was changed." Microscopic examination of the food showed it to consist essentially of lentil flour, containing about 24 per cent. proteid. There are some evidences that the lentil in common with other leguminous plants is apt to disorder the bowels and prove difficult of digestion, and this has been attributed to a poison residing in the seed hulls which, however, had been removed in this case. It is probable, however, that such seeds contain even in the seed itself substances which may prove injurious or poisonous to susceptible individuals. The bad effects of the food in the case reported may have been due to some such susceptibility or to an unusual amount of the toxic material contained in this particular sample of the food.

While it is possible that the unfavorable action of the food may be explained by such considerations the *Sanitary Bulletin* very properly calls attention to the erroneous notions which prevail regarding the nutritive properties of invalid foods in general. The *Bulletin* says:

"There is a tendency among manufacturers of foods of this class to make somewhat exaggerated statements concerning the nutritive value of their goods, the result being that the general public is apt to become impressed by the notion that such foods possess certain special or even marvelous sustaining qualities, and to assume that a tablespoonful of this or that preparation, on account of its "condensed" nature, represents as much nutriment as the average meal. But while some foods are more readily digested and assimilated than are others—and to this extent more nutritious—yet the fact should not be lost sight of that all foods, consisting as they do of carbon, hydrogen, nitrogen and oxygen, with traces of other elements, represent pound for pound, a definite and determinable amount of energy (nutriment)—which total, for the same percentage composition, can by no possibility be exceeded, regardless of the character of the food stuff.

"In how many cases the now common use of these preparations is responsible for a lack of sufficient nourishment—for conditions representing nothing more nor less than varying degrees of starvation—is a question that is already just beginning to receive some attention among physicians."

Every physician knows, or ought to know, that a tablespoonful of solid farinaceous food can not contain more than one-twenty-fifth of the necessary daily nourishment of an individual even under the conditions of disease. In consideration of the possible idiosyncrasies of patients and their especial susceptibilities to certain foods which contain minute amounts of toxic materials, manufacturers of prepared foods should avoid the use of the foods likely to contain these toxic substances and obtain their materials from the well tried standard food-stuffs. It would be well also if they would state the source of their material so that the physician might decide whether or not the food would be likely to agree with his patients.

**Suprarenal Extract in Diabetes Insipidus, Hematuria, Osteomalacia and Incontinence.**—Varanini reported in the *Gazz. degli Osp.*, May 19, page 637, a case of diabetes insipidus and one of threatening hematuria, successfully treated by administration of a few drops daily of a 1 to 1,000 solution of a suprarenal preparation. The hematuria had persisted unmodified by the measures which had conquered the other symptoms in hemorrhagic purpura in a boy of 11, but it subsided almost immediately after a single dose of the suprarenal extract. Tanturri's success with suprarenal treatment in a case of osteomalacia was recently chronicled in these columns. It is going the rounds of the press as "an almost miraculous cure." His experience confirms Bossi's assertions in regard to the almost specific action of suprarenal treatment in osteomalacia. Zanoni reported in the *Gazz. degli Osp.* for April 24 a series of 132 cases of essential incontinence of urine treated with suprarenal extract, with striking results in the majority. He cites the 62 in which the benefit was most marked. One patient was a young woman with incontinence from infancy.