Orange Ex-O Digestant and Tonic.—L. Wilzin, Tonkawa, Okla. Composition: Phenolphthalein, pepsin, glycerin, sugar, alcohol and water. For stomach, blood, liver, nerve and female disorders. Misbranded because represented to be only of vegetable and animal origin and non-injurious, whereas, its laxative effect would depend on a synthetic drug, phenolphthalein, which, further, might be injurious; misbranded, also, because of fraudulent therapeutic claims.—[*N. J. 22962; April, 1935.*]

Sulfox.—Sulfox Mfg. Co., Mansfield, Ohio. Composition: Sulfuric acid, about 0.3 per cent sulfur dioxide, and over 99 per cent of water. For germs, stomach trouble, female complaints, blood poisoning, etc. Fraudulent therapeutic claims.—[*N. J. 22968; April, 1935.*]

Fagisote.—Olivoint Chemical Co., San Francisco. Composition: Essentially a lime water solution of wood creosote, plus glycerin. For tuberculosis, pneumonia, typhoid fever, scarlet fever, etc. Fraudulent therapeutic claims.—[*N. J. 22969; April, 1935.*]

Seven Barks.—Lyman Brown, New York. Composition: Essentially plant drug extracts in dilute acetic acid. For indigestion, rheumatism, liver and kidney disorders, etc. Misbranded because of declaration "Alcohol 7¾ Per Cent," whereas, only a trace was found; also, because of fraudulent therapeutic claims.—[*N. J. 22971; April, 1935.*]

Fenner's Golden Relief.—S. C. Wells & Co., LeRoy, N. Y. Composition: Essentially guaiac, myrrh, red pepper extract, ammonia, chloroform, ether, volatile oils including camphor, turpentine and sassafras, with alcohol and water. For colic, diarrhea, lumbago, neuritis, etc. Fraudulent therapeutic claims.—[*N. J. 22972; April, 1935.*]

Katro-Lek.—W. Wojtasinski Drug Co., Boston. Composition: Essentially small amounts of iron and ammonium, plant drug extracts including a laxative, beef extract, sugar and water. For stomach disorders, headache, nervousness, etc. Fraudulent therapeutic claims.—[*N. J. 22974; April, 1935.*]

Pett's Salve.—Pett's, Inc., Milwaukee. Composition: Chiefly a wool fat, sulfur (15.9 per cent), salicylic acid (8.7 per cent), and traces of a cinnamon odor. For eczema, dandruff, pimples, etc. Fraudulent therapeutic claims.—[*N. J. 22980; April, 1935.*]

Correspondence

THE PLACE OF VEGETABLE OILS IN THE DIET

To the Editor:—In the paper on the use of unsaturated oil in treatment of eczema by Taub and Zakon in THE JOURNAL, Nov. 23, 1935, the effects of linseed oil are compared with allergic effects of flax seed. It should be remembered in this connection that, although a man has died from eating one castor bean, children have been fed castor oil for years without ricin poisoning symptoms; in fact, the proteins, whether toxalbumins, allergic proteins or otherwise, are insoluble in oil, and if the oil is free from sediment it is free from protein. I have observed in a general hospital in the United States Army a lieutenant given 175 cc. of castor oil within two hours without toxic effects attributed to ricin. Furthermore, I have myself drunk 20 cc. of linseed oil a day for two years without any of the untoward effects described by Taub and Zakon. Whereas linseed oil is an irritant when applied to some eczematous skins, I do not believe that it has any irritating effect taken internally. Linseed oil is used as a food for babies in England. The butter fat of cow's milk is separated and the skim milk is homogenized with raw linseed oil as a food for babies.

A great deal of prejudice has appeared against the use of vegetable oils in the diet. They are practically devoid of vitamin D and unless of a yellow color they have no vitamin A effect (carotene). Oils and other fats have an important place in the diet aside from their content of vitamins. During the World War there was a great craving for fat among the populations of blockaded countries, so that a minimum fat requirement was decided on by food administrative commissions. During a year's work as visiting professor in a Japanese imperial university I was much impressed by the low fat content of the Japanese diet and the great amount of fermentative dyspepsia among the Japanese. It seemed to me that men were incapacitated for long periods because of the low fat content of the diet. Since the body can synthesize fat from carbohydrate, one may imagine that fat is unnecessary; and it was not until the work of the Burrs, showing that dermatitis is produced in rats on the lowest fat content in the diet obtainable, that it was absolutely proved that fat is essential in the diet. Following their work, the biologic value of different fats is being worked out in the same way as the biologic value of different proteins as essentials in the diet.

One of the important differences between fat and carbohydrate is in the alimentary canal. Fat is not attacked by bacteria to any extent and therefore its use is not influenced by the bacteriology of the intestine. On the other hand, the carbohydrates (as long as they stay in the intestine) are vigorously attacked by bacteria, so that in studying the course of carbohydrates in the metabolism it is necessary either to inject them intravenously or to limit oneself to those that are absorbed with great rapidity from the small intestine. In the experiment in which Stefansson lived on a meat diet for one year, most of the calories were derived from fat and not from protein. Fat furnishes 9.3 calories per gram and it does not absorb water. However, the greatly propagandized foods high in carbohydrate (such as breakfast cereal) may be more than 75 per cent water when served, and the starch furnishes only 4.23 calories per gram in the absolutely dry state. Therefore it seems desirable after furnishing all the essential proteins, salts and vitamins in a diet to make up the calories with fat (provided there is enough carbohydrate to prevent ketosis) and to add carbohydrates in adequate amounts only to increase the propulsion of the food to the desired extent (this probably being due to their fermentation products rather than to their direct action). And as to ketosis, it must be remembered that beta-hydroxybutyric acid occurs in the urine of normal persons on normal diets, and it is only its abnormal increase that is to be avoided or encouraged. Any toxicity due to drinking linseed oil is probably due to lead in boiled linseed oil and not to the raw oil.

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TREATMENT OF ACUTE ALCOHOLISM

To the Editor:—In THE JOURNAL, Nov. 30, 1935, Drs. L. J. Robinson and Sydney Selesnick presented an interesting and valuable discussion of the treatment of acute alcoholism with 10 per cent carbon dioxide and 90 per cent oxygen. They did not undertake to decide whether oxygen is really needed along with carbon dioxide, or whether carbon dioxide alone, which is far less expensive, would not be entirely adequate.

What I wish to call attention to is, however, mainly the fact that the apparatus and technic that they use is that which is suitable to carbon dioxide alone and is wasteful, expensive and often inadequate with the mixed gases. If the mixed gases are to be administered, an apparatus of the type of the H. H. inhalator, such as the rescue crews use in carbon monoxide cases, is best. With it all the gas is inhaled, yet without any rebreathing. With an open, or "slot" mask such as Drs. Robinson and Selesnick use, the gas flow during each expiration is wasted. Such a mask is necessary when only pure carbon dioxide is to be mixed with the inspired air; otherwise it is unsuitable.

As I happen to have devised and introduced both types of mask, I am impartial as between them, except that I hold that each should be applied to the purpose to which it is best suited. I agree with Drs. Robinson and Selesnick that the mixture of oxygen and carbon dioxide is probably best for acute cases of alcoholism. But it is my hope that some day not only the acute cases but all inebriated persons taken up by the police will be hyperventilated and dealcoholized either with pure carbon dioxide and an open mask or with a mixture of oxygen and carbon dioxide and an inhalator suitable for its administration.

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