

The A. M. A. Chemical Laboratory was asked to examine the DeWan preparation. They reported as follows:

LABORATORY REPORT

"An original specimen of DeWan's Permanent Hair Remover (DeWan Laboratories, Inc., 43 East Ohio Street, Chicago), purchased on the open market (Price \$2.00) was submitted by the Bureau of Investigation to the A. M. A. Chemical Laboratory for examination. The jar contained 43.1 Gm. (approximately 1.4 ounces) of a white powder, possessing a strong aromatic odor (perfume) and also an odor resembling hydrogen sulphide. Qualitative tests indicated the presence of sulphides, sulphate, chlorides (trace), starch, zinc, strontium, calcium and sodium (trace). Barium, magnesium, potassium and thallium were not found.

"The report of a petrographic examination indicated the presence of zinc oxide, strontium sulphide, and a relatively large amount of orris root (starch)."

More recent specimens appear to have had the inactive ingredients changed, but strontium sulphide still remains the active depilating agent. The newspaper advertisements and the advertising that accompanies the trade package speak of "rare oils and secret ingredients which do not kill the root but sterilize it so it cannot reproduce." It is a sorry commentary on the public's intelligence that this sort of buncombe can appear in the public prints and that supposedly reputable newspapers and department stores will, for the money there is in it, give publicity to such nonsense.

The advertising circular, while stating that the DeWan preparation is "positively non-irritating," in the same sentence states that if it causes irritation, this result is due, not to the depilatory, but to an "acid condition" of the body! Especially vicious was the suggestion made in some of the circulars accompanying the trade package that this sulphide mixture be used to remove hair from the eyelids. Less than two months ago a physician reported an accident with another sulphide depilatory, which comes in paste form, that a woman patient accidentally got into one of her eyes. The sight was destroyed. It has also been recommended that the DeWan preparation be used to remove hair from the inside of the nostrils and inside the ears.

It would appear from the expensive advertising campaign and the exorbitant price (\$2.00 for less than 1½ ounces) that is charged for the DeWan product that the exploiters will make a quick clean-up. The recommendations are that the patient (or victim) apply the DeWan product every fourth day for a period of thirty weeks. The exploiters "absolutely guarantee" that if it is used thus, the hair will be permanently removed. But should it fail, the DeWan concern does not offer to return the purchase money, but merely to supply without charge additional material! Of what value is such a guarantee? If the purchasers could get a "money back" guarantee from the respectable department stores that sell this "permanent" hair remover or from the equally respectable newspapers that share the profits in the exploitation of DeWan's, it might mean something. But a guarantee that merely promises that when a product proves worthless more of the product will be furnished free, means little.

Pasteur's Mistakes.—Pasteur was not a physician and could not be expected to have a correct knowledge of pathology and of the symptoms of diseases. But his medical colleagues should have protected him against the errors into which he had fallen. To try the saliva of rabid animals for immunization and the nasal secretion of horses for vaccination of rabbits against a horse-typhoid condition was nonsense. Saliva and nasal mucus contained many different organisms and what Pasteur claimed as a new disease in rabbits from a "figure of eight" microbe found in saliva was nothing more than rabbit septicemia, a disease long known and the organism well recognized. Pasteur had not procured his "vaccines" from the tissues specifically attacked in these diseases. Such rubbish should not have been brought to an international congress. Pasteur had not published fully his exact methods in attenuating the organisms of chicken cholera or of weakening the anthrax organism for the preparation of "vaccines." This was not scientific, as others could not check his results.—Webb, G. B.: Robert Koch, *Ann. M. Hist.* 4:514 (Nov.) 1932.

Correspondence

ACUTE IODISM AFTER INSTILLATION
OF IODIZED OIL

To the Editor:—In view of the report by J. O. Firth relative to acute iodism following a faulty iodized oil instillation (tracheal) in THE JOURNAL, January 14, it is interesting to note a case of an exactly similar nature that occurred in a young woman in the medical service of Dr. Abraham I. Rubenstone.

At 10 a. m., January 13, Miss K., aged 22, in a good state of health, was prepared for a diagnostic study of the bronchi with iodized oil. The pharynx and hypopharynx were cocaineized by topical application of 20 per cent cocaine hydrochloride solution. Twenty cubic centimeters of fresh, warm iodized poppy-seed oil 40 per cent was slowly injected at the base of the tongue and the patient requested to breathe deeply. The procedure seemed to be progressing in the accustomed manner, with the exception that the patient was distinctly observed to swallow three times during the course of the instillation. The roentgenogram showed a very poor endobronchial, iodized oil picture and demonstrated a quantity of iodized oil in the stomach.

At 4 p. m., six hours following the injection of iodized oil, the patient complained that she had apparently "caught a cold," as there was an excess of nasal secretion and marked lacrimation.

At 9 o'clock, the eyelids were edematous, she was suffering with periodic attacks of sneezing, and her voice had become hoarse.

At 1 a. m. the patient began to complain of sharp, bilateral pain over the parotid glands. In the morning she had all the signs of an acute infection of the upper respiratory tract with salivary gland involvement, except that she was entirely afebrile. It was at this time that a diagnosis of iodism was entertained. Later, Firth's case report was noted, and the striking similarity between these two cases was readily apparent.

The patient continued afebrile with a gradual subsidence, over a period of five days, of the symptomatology. The treatment consisted of the free exhibition of fluids and a saline purge.

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TUBERCLE BACILLI IN THE
STOMACH CONTENT

To the Editor:—The importance of the demonstration of tubercle bacilli in the stomach contents of children was pointed out by some students of the Sea View Hospital and the City of New York Department of Health in THE JOURNAL, May 28, 1932, page 1879. To search for tubercle bacilli in the sediment of the stomach is an easy and accurate way of detecting, in the absence of any expectoration, the presence of active tuberculous processes in children and even in adults. In fact, it has been used as a routine examination since 1930 in our service at Bordeaux, France, and nearly 300 patients have had the benefit of the procedure. In only a few cases the inoculation of guinea-pigs has been considered necessary, trustworthy results being obtained through our technic by direct microscopic examination. Therefore the method is being used on a more and more extensive scale and is considered a valuable improvement in the control of tuberculosis.

Though our technic was first derived from Armand-Delille, practice has led us to such changes that it must be described again. The lavage is carried out in the morning on an empty stomach after the first matutinal cough. During the night, indeed, bronchial mucosities have been swallowed unconsciously

8 grams
iodine!