

## THE COMPOSITION OF CERTAIN SECRET REMEDIES.\*

### A "FLESH PRODUCER."

A PREPARATION named Sargol has been very widely advertised of late for the increase of flesh and development of the figure of persons who are too thin; the advertisements often include pictures intended to represent the results to be attained. One of these advertisements is headed:

We invite every thin man, woman, and child here. Every Person in the British Isles to Eat With Us at Our Expense.

Other extracts are:

This is an invitation that no thin man or woman can afford to ignore. We'll tell you why. We are going to give you a food that helps digest the other foods—a food that puts good solid flesh on people who are thin and underweight, no matter what the cause may be. A food that makes brain in five hours and blood in four—a food that puts the red corpuscles in the blood which every thin man or woman so sadly needs. . . .

Chew one up with every meal, and in five minutes after you take the first concentrated tablet of this precious food it will commence to unfold its virtues, and it will by actual demonstration often increase the weight at the rate of one pound a day.

Application to the Sargol Co. at the address given brought a small package of the tablets, with a circular letter, which was followed at intervals by others. We subjoin a few sentences from these lengthy documents:

Whether your lack of bodily weight comes to you by inheritance, by overwork, by indoor occupation, or no matter what you have done or how many ineffectual preparations you have tried, Sargol will be a revelation to you. . . .

Remember; until the discovery of Sargol, nothing has ever been known which could be depended upon to put 10, 15, and even 30 pounds of permanent, healthy tissue on a thin person's body.

As we receive so many letters from people who say they have been disappointed and deceived by so-called fatteners we think it best to take you into our confidence and give you some of the inside facts relative to Sargol. By a recent discovery it is now possible to reproduce chemically a very important natural fatty substance which is found in the yolk of eggs, in the roe of fishes, in the blood, also in the brain and nerve tissue of human beings. This substance can now be obtained in a highly concentrated form in combination with other valuable, vitalizing, and tissue building agents. . . .

Each dose of Sargol contains a generous amount of this newly discovered substance, the very element which thin folks lack. Each time you take a Sargol tablet you are introducing directly into your system in concentrated form, the actual fat forming substance which you so sadly need; and yet this is but one of the component parts of Sargol. Five other strength giving, fat producing elements of known and acknowledged merit, and great potency are carefully combined to form this peerless preparation.

A box of Sargol, price 4s. 6d., was found to contain 30 tablets; it is strongly recommended that a six weeks' supply, equal to six 4s. 6d. boxes, should be obtained, the price of this being 21s. The directions are:

1. Take one tablet with each meal and one at bed-time. 2. Be reasonable as regards diet.

The tablets were sugar coated and coloured pink. After removal of the coating they had an average weight of 5.3 grains. Analysis showed them to contain lecithin, hypophosphites of calcium, sodium, and potassium, zinc phosphide, sugar, albumen, and insoluble protein, with talc and kaolin or similar mineral matter, evidently added as excipient. In the course of the analysis it was necessary to obtain more than one supply of the tablets, and the different specimens showed a large variation in the proportions of some of the ingredients. The amounts actually found were:

Zinc phosphide ...	...	0.7 per cent.
Lecithin ...	...	1.9 "
Calcium hypophosphite ...	...	12.9 "
Sodium and potassium hypophosphites ...	...	7.7 "
Albumen (soluble) ...	...	4.2 "
Insoluble protein (? coagulated albumen) ...	...	10.8 "
Sugar ...	...	18.0 "
Talc, kaolin, moisture, etc.	...	

Estimated cost of materials for thirty tablets, about 1½d.

\* Previous articles of this series were published in the following issues of the BRITISH MEDICAL JOURNAL: 1904, vol. ii, p. 1585; 1906, vol. ii, pp. 27, 1645; 1907, vol. i, p. 213; vol. ii, pp. 24, 160, 209, 393, 530, 1653; 1908, vol. i, pp. 833, 942, 1373; vol. ii, pp. 86, 505, 1022, 1110, 1193, 1285, 1566, 1697, 1875; 1909, vol. i, pp. 31, 909, 1128; vol. ii, p. 1419; 1910, vol. i, pp. 151, 213, 393, 1005, 1063, 1120; vol. ii, pp. 982, 1350, 1928; 1911, vol. i, pp. 26, 91, 823, 1324; vol. ii, pp. 32, 77, 456, 767, 854, 1543; 1912, vol. i, p. 26, 141, 318, 438, 683, 791.

## MEDICAL REPORTS FROM CONSULATES IN CHINA.

THE series of medical reports from H.M. Consulates in China recently issued by the Foreign Office is edited by Dr. Douglas Gray, of the British Legation, Peking. The reports are concerned with the year ending September, 1911.

The general impression gained from a study of the medical reports sent from the treaty ports, seventeen in number, is that during the period under review the public health among foreigners was very good, better than for many years past. It was also fairly good among Chinese in the Central ports. But, as regards the Yang-tsze valley, typhus and relapsing fever (diseases which always occur after famine) were very prevalent. Starvation, following destruction of crops, and its ensuing loss of resistance to disease and infection, caused the deaths of many thousands. The editor of these reports seems to think that the political trouble in China may have been in part due to a state of general unrest produced by the high rate of sickness and mortality. In an agricultural empire such as China, with 80 per cent. of its inhabitants tillers of the soil, the vast majority know little and care less for political vagaries, and as long as crops are plentiful are willing and able to pay the usual taxes without troubling much as to the ultimate distribution of the sums collected. There can be little doubt, Dr. Gray says, that the revolutionary outbreak taking place, as it did, in the Yang-tsze valley with its ruined crops and consequent rise in the price of rice, the mainstay of Chinese diet, found, at its beginning, the people distressed in mind and body.

Tuberculosis is on the increase, and unchecked is becoming a serious scourge. Typhus, relapsing fever, cholera, small-pox, and bubonic plague appear annually, and claim a heavy toll. It is very difficult to suggest any cure for overcrowding in Chinese cities, but that a great amelioration could be effected by the Chinese themselves, the efforts, necessarily more or less limited, of foreign doctors and medical missionaries, can be cited as proof. Efficient drainage, pure water, isolation of infected cases and their contacts, ventilation of buildings, are all neglected in every Chinese city. The report states that in most places the lower classes are more ready to seek foreign medical aid than the gentry and *literati*, many of whom, in spite of lessons to the contrary, are curiously wedded to the Chinese system of medicine, which, with its superstitious notions and erroneous ideas, remains very much in the same unscientific state as it was over a thousand years ago. There is a steady annual increase in the demand for foreign medicines, which is being only partially responded to by the British drug merchants, the most active traders being the Japanese. "Patent medicines" are now extensively advertised, and the consumption of them is yearly growing greater.

### Specific Diseases.

Intestinal parasites, tuberculosis, diarrhoea and dysentery, malaria, venereal diseases, are prevalent in the order named all over the empire.

The number of deaths known to have occurred from pneumonic plague, which raged over Manchuria, Shantung, and Chih-li provinces, was 65,000. The bubonic form was not so prevalent as usual.

The year was singularly free from cholera. Probably more accurate methods of diagnosis have resulted in a clearer definition between choleraic diarrhoea and the more virulent and fatal cholera Asiatica.

Typhoid fever was less prevalent among foreigners owing to the better sanitation of the various concessions. Dr. Gray strongly urges all newcomers to submit to antityphoid inoculation.

In treaty ports and wherever foreigners are the benefits of vaccination are being made more and more known, and the epidemics of small-pox are being correspondingly limited. During 1911 there appears to have been less small-pox than has ever been noted before.

All varieties of malaria are met with in Mid and South China. The paddy fields of the rice-growing districts form the most suitable mosquito breeding grounds that could be devised. Wherever rice is grown in China there is malaria most prevalent. Quinine prophylaxis is thought to be the most hopeful measure that could be adopted.

The foregoing summary refers to diseases most commonly met with. It may not be without interest to mention some of the most notable instances of diseases from which this vast empire is comparatively free as regards its native population.

Appendicitis is so rare that some doctors of long standing and wide Chinese medical experience have never met with a case, though they occasionally see cases in foreigners.

Though sprue is frequent among foreigners, especially in Shanghai, no definite case of this disease has ever been recorded in a Chinese. Liver abscess is scarcely ever seen among them, notwithstanding the high dysentery rate, and there is no record of a case of infection of a Chinese by *Trichina spiralis*. Even trichinosis among pigs is extremely rare. Tapeworms, which have so widespread and common a distribution over the rest of the globe, are seldom found in Chinese except in those who eat foreign food.

Locomotor ataxia is very infrequent. Having regard to the fact that syphilis is one of the commonest and worst-treated diseases in China, the almost total absence of true tabes dorsalis and general paralysis of the insane is remarkable. In China alcoholism is very uncommon.

Rickets is scarcely ever noted, probably owing to the fact that Chinese children are all breast-fed. Acute rheumatism in children is seldom seen, and to this is attributed the noted freedom from organic heart disease.

Appended to the reports is a separate article on schistosomiasis by Dr. Thomson of Hangkow. Discovered as recently as 1904, first in Japan by Katsurada, and a few months later by Cotte in Fukun, it has been increasingly evident throughout the Yang-tsze valley. In this year's report from Hangkow there are notes of three cases occurring in Europeans. The disease is due to infection by the ova of the parasite *Schistosomum japonicum*. Pathologically the disease may be divided into two stages: (1) Febrile stage of invasion characterized by pronounced febrile reaction and remarkable eosinophilia. Clinically this stage has to be differentiated from fevers, such as typhoid, paratyphoid, and malaria. (2) Ovarian embolic stage, during which ova are settling in the liver and intestinal glands, causing cirrhosis of these organs. Fever is not, as a rule, a marked feature of this stage, and it is rarely the symptom of which the patient complains; this stage simulates chronic kala-azar, chronic malaria, dysentery, or chronic diarrhoea or alcoholic cirrhosis. The duration of the disease depends on the number of worms present, and upon their survival. The number of cases observed in Europeans, who come early under treatment and avoid further infection, is so far too small to warrant a definite pronouncement as to prognosis, but in their case it is decidedly more hopeful than among native patients, who are exposed to infection over and over again.

## INTERNATIONAL MORAL EDUCATION CONGRESS.

THE Second International Moral Education Congress will be held at The Hague in August next (22nd to 27th), under the patronage of H.M. the Queen-Mother of the Netherlands. H.R.H. Prince Henry of the Netherlands is Honorary President. The first congress was held at the University of London, September 25th to 29th, 1908, under the patronage of the Ministers of Education of Belgium, Bulgaria, China, England, France, Greece, Holland, Hungary, Italy, Japan, Mexico, Portugal, Roumania, Russia, Spain, Turkey, and the United States of America. Twenty-one Governments were represented at the congress, and nearly thirty Governments assisted in promoting it. A very large number of the leading educationists of the world, without distinction of religion or party, served upon the General Committee and acted as vice-presidents.

### International Executive.

The following are the members of the International Executive:

Professor J. W. Adamson, President, King's College, London; Fred Charles, Secretary, 22, Park Crescent, Church End, Finchley, London, N.; L. J. M. Basquin, LL.D., The Hague;

Professor Felix Adler, New York; M. Léon Bourgeois, Paris; M. Emile Boutroux, Paris; M. Cloudeley Brereton, London; Mrs. Bryant, London; M. Ferdinand Buisson, Paris; President Murray Butler, New York; Miss Attie G. Dyserinck, The Hague; Professor Wilhelm Foerster, Berlin; Mr. St. George Lane Fox-Pitt, London; M. Harrold Johnson, London; Dr. G. Kerschesteiner, Munich; Dr. J. Th. Mouton, The Hague; Professor F. Orestano, Palermo; Professor M. E. Sadler, London; Mr. R. A. van Sandick, C.E., The Hague; Mr. G. Spiller, London.

### Official Languages.

The official languages are English, French, German, and Dutch. The papers will be printed beforehand, and be at the disposal of the members at least one month before the Congress. The papers will not be read, but may be interpreted by the authors.

### Programme.

On Thursday evening, August 22nd, there will be a reception by the Town Council of The Hague. On Friday, August 23rd, there will be a general meeting in the forenoon, at which the President will deliver an address. The afternoon will be devoted to a discussion on physical training as a means of character-building:

- (a) Care of the body by means of:
  - (1) Food, cleanliness, clothing.
  - (2) Gymnastics, games.
- (b) The significance in this respect of competition, individual and collective.
- (c) National defence.
- (d) Other subjects under this head.

On Saturday, August 24th, the subject of discussion will be moral education in training colleges (Écoles Normales), including schools for military men (Army and Navy). On Monday, August 26th, character-building of young people at educational institutes, which are not intended for ordinary primary education, and also in family life and society at large, will be discussed in the forenoon. In the afternoon the subjects of discussion will be—

### 1. Character-building of abnormal children:

- (a) The physically defective, blind, deaf, lame, etc.
- (b) The psychically backward.
- (c) The neglected and the criminal.

### 2. Schools and institutes for abnormal children:

- (a) Separation of abnormal children at primary and continuation schools into private classes and schools.
- (b) Homes and schools for correction.

On Tuesday, August 27th, questions of an administrative character will be considered and matters relating to the Third Congress will be discussed:

- (a) The desirability of establishing an international bureau of moral education, and the scope of the duties which might be entrusted to it.
- (b) The advisability of taking steps to establish an international journal of moral education, or of adapting some existing journal to that purpose.

The President will deliver a closing address.

## BRITISH MEDICAL BENEVOLENT FUND.

At the March meeting of the committee 30 cases were considered and grants amounting to £308 made to 27 of the applicants. Appended is an abstract of the cases relieved:

1. Daughter, aged 59, of M.D. Lond. Used to maintain herself as a cook, but for the last two years has been incapacitated by a nervous complaint and is now practically bedridden. Only income a few shillings a week, derived from a small cottage, which is mortgaged. Relieved three times, £26. Voted £18.
2. Widow, aged 46, of M.R.C.S. No income and children only just beginning to be self-supporting. Is receiving assistance from this fund, but asks for a little extra help to meet unavoidable expenses. Voted £3.
3. Widow, aged 56, of M.R.C.S. No children; no income, and unable to maintain herself on account of permanent ill health. Relieved eight times, £82. Voted £12.
4. M.B., C.M. Edin., aged 52. Used to have a fair practice in the North of England, but lost it during a long illness, and is now quite incapacitated by paralysis. No income, and entirely dependent on wife's earnings as a masseuse. Voted £18.
5. Widow, aged 38, of L.R.C.P., L.R.C.S. Irel. Quite unprovided for at husband's recent death from new growth, and has been unable to sell the practice. Two children, aged 7 and 6. Voted £10.