

sive, is incorporated in the plaster so that the ends protrude from the sides of foot piece. These protruding ends serve as points of attachment for the rubber bands.

The use of the adhesive does not need any explanation. If applied below the knee, motion at that joint is unimpaired.

This apparatus is useful for the prevention and relief of foot drop. It obviates the use of plaster boots, gutter splints, fracture boxes, and similar devices. It allows active motion at the ankle joint, is easily made and well tolerated by the patient, allowing him to be up and about either in a chair or with crutches. It also allows easy access to the dorsum of the foot, heel, ankle and leg, so that dressings can be simply done without the inconvenience of plaster windows, which would be necessary if a plaster boot were used.

114 East Fifty-Fourth Street—777 West End Avenue.

#### OSTEOMYELITIS OF THE COCCYX

W. P. BLUNT, M.D., MILWAUKEE

Osteomyelitis of the coccyx is of sufficiently infrequent occurrence to warrant the report of a case in which a complete record is obtainable. The literature is surprisingly barren of similar summaries. Boland<sup>1</sup> cites one case which was complicated by stricture of the rectum. Tuberculosis of the coccyx is often included in discussions of Pott's disease and has been well discussed by David<sup>2</sup> as a specific entity. Pyogenic infections of the coccyx and sacrum have been written up with varying accuracy, but among the reports of thirty-one cases published by Monnier,<sup>3</sup> Gaudier<sup>4</sup> and Grisel<sup>5</sup> prior to 1912, there were none in which the diagnosis was definitely established. Disease of the sacro-iliac joint was not excluded in most of these. X-ray evidence was often lacking, and surgical measures were limited to incision and drainage.

The case reported here illustrates the possibility of recognition by physical and x-ray examination. The diagnosis was confirmed postoperatively by the gross, microscopic and bacteriologic observations. After complete removal of the diseased tissues, the patient went on to recovery.

#### REPORT OF CASE

R. H. S., a white man, aged 32, first examined in December, 1927, complained of periodic aching pain at the end of the spine which was of at least fifteen years' duration. It was much increased by prolonged sitting, upper respiratory infections and constipation. It had become increasingly severe and had been present almost constantly for nine months. The onset had not been preceded by any single trauma, but numerous falls on the ice and considerable horseback riding were cited as possible causes. At 11 years of age, just preceding the onset, a crop of boils persisted for several months.

A summary of the childhood diseases included mumps at 11 with atrophy of the left testis, and scarlet fever followed by a transient nephritis. The patient had gonorrhœa in 1922. There were further crops of boils in 1907 and 1917. Appendectomy and a scrotal operation were performed in 1909, and tonsillectomy in 1920. Otherwise the past and familial histories were irrelevant.

Physical examination was entirely negative except for the essential pathologic condition. There was tenderness on palpation of the coccyx externally and by rectum. There were crepitation and pain on moving this bone.

Laboratory examination showed a trace of albumin in the urine, but no casts. The blood count was 9,950 leukocytes, with 67 per cent neutrophils, 20 per cent small lymphocytes, 5.5 per cent large lymphocytes, 5.5 per cent transitional cells, and 2 per cent eosinophils. There were 5,950,000 red cells with a hemoglobin of 95 per cent.

X-ray examination showed a destructive bone lesion of the coccyx and lower sacrum, surrounded by some sclerosis.

April 24, 1928, the coccyx and lower sacral segment were removed by Dr. F. J. Gaenslen through a dorsal midline incision.

1. Boland, F. K.: *Osteitis of Coccyx*, J. A. M. A. **88**: 1883 (June 11) 1927.
2. David, V. C.: *Tuberculosis of Os Coccygis*, J. A. M. A. **82**: 21 (Jan. 5) 1924.
3. Monnier, L.: *Rev. d'orthop.* **15**: 161 (March) 1904.
4. Gaudier, H., and Bertin, P.: *Rev. de chir.* **44**: 238 (Aug.) 1911.
5. Grisel, P.: *Rev. d'orthop.* **23**: 313, 1912.

No actual pus was encountered, but smooth-walled excavations in the bone were filled with soggy granulation tissue. The coccyx was more friable than normally. All of the disease was eradicated, and the wound was closed. One drain was removed at the end of twenty-four hours. Except for a febrile rise with an upper respiratory infection on the fourth and fifth days, the convalescence was uneventful. A sinus persisted for one month, and then healed completely without residual symptoms. There has not been any recurrence.

Cultures from the granulation tissue showed *Staphylococcus aureus*. Microscopic study of the sections of bone and granulation tissue showed evidence of chronic inflammation. There was nothing to suggest a tuberculous etiology.

#### CONCLUSION

In long standing cases of pain in the region of the coccyx, osteomyelitis must be considered. Roentgenograms should always be taken. Surgical treatment may result in a complete recovery.

141 East Wisconsin Avenue.

## Council on Pharmacy and Chemistry

### REPORTS OF THE COUNCIL

THE COUNCIL HAS AUTHORIZED PUBLICATION OF THE FOLLOWING REPORT.

W. A. PUCKNER, SECRETARY.

#### AEROSAN TABLETS NOT ACCEPTABLE FOR N. N. R.

The Aerosan Company of America, New York, distributor for Aerosan G. m. b. H., Berlin, Germany, offers Aerosan Tablets (which the firm proposes to market under a new name, "Benzomenteriodol") and a lamp for their vaporization as a "new dry inhalation treatment, by Dr. P. Rosenberg of Berlin."

With reference to the tablets that form the basis of the "treatment," a circular letter states: "All vaporizable medicaments which have proven their worth in the treatment of affections of the bronchial tubes have been combined in tablets which contain: menthol, terpene, pinene, benzoic acid ester, tetraiodopyrrol, chinoline bisulphate and paraform." The trade packages of the tablets "Aerosan Tabletten" offer no information in regard to composition. In the information sent the Council, the distributors stated that the respective quantities of each ingredient was not known to them and no information in regard to the identity of the benzoic acid ester was offered. (Subsequently, they stated the ester to be benzyl benzoate.)

Therapeutic claims are based on the "theory" on which the shotgun preparations of bygone days were founded, that of combining in one mixture all the medicaments that have been proposed for the treatment of a given condition. Thus the advertising enumerates the claimed qualities of each ingredient, without consideration as to whether any or all of the ingredients are present in amounts that will produce the desired effect. A German circular accompanying the tablets asserts that the inhalation of the vapors generated from the tablets will bring about the healing of all diseases of the respiratory passages including asthma, whooping cough and affections of the lungs (Lungenleiden). In this circular it is also asserted that the regular use of these tablets will act as a preventive of colds. The Aerosan Company of America proposes the use of Aerosan for the prevention of hay-fever, claiming that of one hundred patients given the preseasonal Aerosan treatments in Berlin, eighty were completely immunized.

As evidence for the usefulness of this complex mixture of nonquantitative composition, the Aerosan Company of America offers an article by Prof. Erich Leschke (*Deutsche med. Wchnschr.* **53**:1602 [Sept. 16] 1927). This article lauds the use of Aerosan but offers no evidence in favor of the combination presented by the tablets. It is typical of the puffs for proprietary mixtures which were to be found in American medical journals some twenty-five years ago.

Without considering for the present other conflicts with its rules, the Council declared "Aerosan"—to be marketed as Benzomenteriodol—unacceptable for New and Nonofficial Remedies because it is an unscientific mixture of indefinite composition which is marketed under unwarranted therapeutic claims.