

TABULATION OF RESULTS—*Continued.*

OILS, ETC.	SOLUTIONS.				
	SERIES A.			SERIES B.	
	1	2	3	4	5
Marjoram .....	—	—	—	—	—
Menthol .....	—	—	—	—	—
Mustard Art. ....	—	—	—	—	—
Neroli .....	—	—	—	—	—
Nutmeg .....	—	—	3 weeks	—	—
Orange Peel .....	1 week	1 week	—	2 weeks	2 weeks
Origanum .....	—	—	—	—	—
Pepper Blk. ....	1 week	1 week	—	2 weeks	2 weeks
Peppermint .....	—	—	—	—	—
Pimenta .....	—	—	—	—	—
Pine ( <i>Pin. pum.</i> ) .....	2 weeks	—	3 weeks	2 weeks	2 weeks
Pine ( <i>Abies pect.</i> ) .....	1 week	2 weeks	—	—	—
Pine Tar .....	—	—	—	—	—
Rose .....	—	—	—	—	—
Rosemary .....	—	—	—	—	—
Sassafras .....	—	—	—	—	—
Santal .....	1 week	3 weeks	—	2 weeks	2 weeks
Spearmint .....	—	—	3 weeks	—	—
Tansy .....	—	—	—	2 weeks	—
Terpineol .....	—	—	—	—	—
Thyme .....	—	—	—	—	—
Thymol .....	—	—	—	—	—
Turpentine .....	1 week	2 weeks	—	2 weeks	2 weeks

Conclusions:—The following act as preservatives; oils of bitter almond, bitter almond no acid, betula, cajuput, cardamom, cassia, chenopodium, cinnamon, citronella, cloves, coriander, cumin, eucalyptus, rose geranium, horsemint, lavender, mace, marjoram, mustard art., neroli, origanum, peppermint, pimenta, tar, rose, rosemary, sassafras and thyme and menthol, terpineol and thymol.

Oils of angelica, calamus, celery, cubeb, lemon, orange peel, black pepper, pinus, pumilio, santal and turpentine do not act as preservatives.

The preservative action of the following is questionable: oils of anise, bergamot, caraway seed, dill, fennel, ginger, hedeoma, juniper berries, lemongrass, nutmeg, pine (*abies pectinata*), spearmint and tansy and citral.

At this writing series B has not been standing sufficiently long to arrive at any definite conclusions as to comparison of results of the two series.

We would take this opportunity of acknowledging the willing and valuable assistance of Dr. Roddie Minor in preparing the solutions.

RESEARCH DEPARTMENT, SCHIEFFELIN & Co., New York, August 10, 1912.

### MORE TROUBLE FOR THE DRUGGIST.

One would think that with cut rate, chain store and department store competition, pure food and drugs legislation, drastic city health board ordinances, the Richardson Bill, the Owen Bill, and other restrictive measures in prospect, the retail druggist had troubles enough for one poor mortal.

But it seems that, like Job's boils, trouble no sooner is overcome in one place

than it breaks out in another. As poor Job could not even sit down in comfort, so the retail druggist is given no rest. He is the butt of every drug reformer's censure and is made the scapegoat for everything that goes wrong in medicine or pharmacy.

The druggist is expected to bear all, suffer all in a meek and lowly spirit, while he adheres strictly to high professional ideals, giving no thought to the morrow as to wherewithal he shall be fed or wherewithal he shall be clothed. He must eke out his existence from the filling of prescriptions and eschew all side lines, even if he gets only two or three prescriptions a day and these to be filled by proprietaries, whose virtues have been set forth in glowing colors before the physician by the detail man.

Now on top of all these troubles and tribulations comes the New York Medical Society, aided and abetted by certain members of the New York branch of the A. Ph. A., and seriously proposes to blacklist all druggists who deal in side lines. Only those who confine their business to the filling of prescriptions will be recognized as being worthy of the patronage of physicians.

Mr. Otto Raubenheimer, of Brooklyn, New York, who conducts a drug store that gives some idea of what the cutting out of side lines would mean to the average retail druggist, approves the plan of the New York Medical Society. He said in a recent interview: "My ideas on this are along the same lines as those of Professor Henry Kraemer of the Philadelphia College of Pharmacy, expressed by him in an address at a recent meeting of the American eMdical Association.

"I was a delegate from the American Pharmaceutical Association at that meeting. When Professor Kraemer brought out his ideas regarding the differentiation between the two kinds of pharmacists—the one who pays more heed to his side lines than to the careful compounding of drugs, and the one who is heart and soul in the work of preparing medicines, I told him that we in Brooklyn and New York had already made a step in that direction.

"I told him that there had been a committee appointed here, consisting of ten men from the county medical association and ten from the New York Branch of the American Pharmaceutical Association, to take up this matter.

"By the establishment of 'certified' pharmacies physicians would know whom to trust with the compounding of their prescriptions, especially when in a part of the city far from their homes. Some such plan of certification ought to be worked out."

When the members of the New York Medical Society have completed their list of good and bad pharmacists, it might be in order for the retail druggists of Greater New York to get together and make out a list of good and bad physicians. They have quite as much right to do this as the doctors have to classify the pharmacists, and "it is a poor rule that won't work both ways."

There is lying on our desk now a circular letter from a New York physician offering to pay commissions on cases of venereal ailments sent him by druggists.

Would it not be the better part of wisdom and discretion for both professions to cease meddling with the business of each other? Each has its own sphere into which the other has no right to intrude. Let each obey the laws governing its practice and there will be no good reason for either to complain of the other.—  
*The Voice of The Retail Druggist.*