

the articles; or if they be mixed, colored, powdered, coated, or stained in any way whereby damage or inferiority is concealed; or if they consist in whole or in part of filthy, decomposed, or putrid animal or vegetable matter."

"Section 8. That the term "misbranded" as used herein shall apply to all drugs or articles of food or articles which enter into the composition of food or drugs, the package or label of which shall bear any statement, design, or device, regarding such article, or the ingredients or substances contained therein, which shall be false or misleading in any particular; or if it be a drug. (excepting brandy, gin, whisky, or wine) when offered for sale, barter or exchange from any state, territory, or the District of Columbia, into any other state, territory or the District of Columbia, which contains any of the following ingredients, to wit: acetanilid, antipyrin, acetphenetidin, anesthesin, alcohol, aspirin, alpha and beta eucain, arsenic, carbolic acid, chloroform, chloral, cocain, croton oil, cannabis, heroin, holocain, lead salts, morphin, mercury salts, except calomel, novocain, opium, orthoform, phenacetin, theobromin, trional, sulphonal, stovain, strychnine, veronal, cotton root, ergot, pennyroyal, rue, savin, tansy, or any compound or preparation or derivatives of any of the foregoing, unless it is marked to show that it has been manufactured or compounded by or under the personal supervision of a pharmacist legally registered or licensed as such in the State, Territory or District where manufactured or compounded, or when offered for sale directly to the consumer, unless it is marked to show, that it is being sold by or under the direct supervision of a physician or pharmacist legally registered as such in the State, Territory or District, where it is offered for sale; or if the label or labels or any advertisement, poster, circular, catalogue, price list, or other means of publicity, contain any false or misleading claims or representations, relative to disease or symptoms of disease; or if any false statement of any fact concerning its curative or remedial property be made or promulgated in any manner; or if, (except in the case of bona fide prescriptions of licensed practitioners of medicine or dental surgery and veterinary surgeons, in the course of their personal practice) the package fail to bear a statement on the label of the quantity or proportion of any of the following ingredients, to wit, acetanilid, antipyrin, acetphenetidin, anesthesin, alcohol, aspirin, alpha and beta eucain, arsenic, carbolic acid, chloroform, chloral, cocaine, croton oil, cannabis, heroin, holocain, lead salts, morphin, mercury salts except calomel, novocain, opium, orthoform, phenacetin, trional stovain, strychnine, sulphonal, veronal, cotton root, ergot, pennyroyal, rue, savin, tansy, or any compound or preparation or derivative of any of the foregoing; and to any food or drug product which is falsely branded as to the State, Territory, or country in which it is manufactured or produced.

## Matters of General Interest

### THE MAIL-ORDER DOCTOR.

L. E. SAYRE,

Dean, School of Pharmacy, University of Kansas.

The writer is constantly receiving letters which bring to his notice the various problems, connected with the practice of legitimate pharmacy by pharmacists on the one hand, and, on the other, the legitimate practice of medicine by physicians. Not least among these problems is how to deal with what seems to be a purely business enterprise, showing itself in a certain form of practice of medicine that may perhaps be best designated as "mail-order practice." Circulars and circular letters, typewritten, written in script and in all possible attractive forms of communication, serve the public, through the mails, with all kinds of medical literature, and through this medium, large amounts of medicines, sometimes of a poisonous character, reach the homes of numerous families. These letters adroitly call the attention of the "Dear Madam" or the "Dear Mr. So and So" or even the "Dear Doctor" to phenomenal "discoveries" in therapeutics. One of these personal letters is now before me. From it I quote:

"My Dear Patient:

"Your statement of conditions is to hand. An earnest examination of it convinces me that both of us have reason for satisfaction. Yours has been a very stubborn case. You have suffered this way for a long time. It cannot be expected that such suffering as you have undergone can be banished in a few days. Your general health is now, no doubt, vastly improved. A few minor points aside, you are in every way better today than you were a month ago. You have suffered so much and so long that you can scarcely realize your improvement. It is often so with sick people. I have treated many in my time. I have watched your case since commencement. I speak, therefore, from a knowledge of the subject, etc., etc."

The patient to whom this affectionate epistle was addressed was found one afternoon unconscious under the influence of a very powerful narcotic which led to a request for an investigation of the medicine he had been taking. The same had been sent by one of these mail-order physicians. The results of

this investigation will be handed to the victim and to his friends.

Another one of these typical epistles I have before me.

"Mr. \_\_\_\_\_ We are sending you a sample package of the remarkable discovery for \_\_\_\_\_.

We say that it is a wonderful remedy for the simple reason that it actually does the work, gives instant relief and cures \_\_\_\_\_ Something that you have undoubtedly hunted for in vain ever since you became afflicted.

The trial treatment we are sending you is going to prove it. It is going to prove it in your particular case, if you follow the directions for its use.

We consider your search for a cure is now finally at an end.

No longer will it be necessary for you to leave home and friends behind and fly away to some other climate, to the mountains or seashore, undergoing heavy expense and waste of precious time from your work.

Just keep right on with your daily work and pleasure as usual.

By using this exceptional remedy you save money, spent in useless treatments of various kinds. You save time besides, etc., etc."

The above is another example of a personal communication, by mail, sent us by a patient, of a "mail-order physician."

In a circular which has been sent out to the pharmacists of Kansas, as the Chairman of the Committee on Drug Reform of the American Pharmaceutical Association, I have endeavored to bring before the profession of pharmacy some of the evils close at hand which relate to the loop-holes in the execution of the drug end of the Food and Drugs Law. These loop-holes are connected with the dispensing doctor, itinerant vendor and now we have a far more subtle problem, the control of the so-called mail-order doctor, who can dispense, apparently, all kinds of remedial agents, including narcotic poisons, and be absolutely independent of the provisions of the Food and Drugs Law. This problem, relating to the irregular practice of medicine and pharmacy and bringing them into proper control for the welfare of the public, is a huge problem and what is needed first on the part of the pharmacists, who should take an interest in it, is an *awakening* so that the exact conditions, which are now existing, can be plainly seen and felt. Some of the correspondents who have addressed the writer as Chairman of the Committee on Drug Reform concerning this agitation, do not seem to feel as keenly as others the grav-

ity of the situation. They wish to minimize its seriousness and are inclined to the opinion that an agitation, in this direction indicated, borders on fanaticism. But the majority of those who have considered it soberly, believe as one of the most eminent pharmacists in the country has written:

"I feel sure that you are making no mistake in this agitation, bearing upon drug reform, and I am sure that, as regarding all essentials in the matters you are bringing out, we shall find that we view the subject alike."

The question might be asked, "What can be accomplished by such an agitation without a well-thought-out plan for future action?" I have replied to such questions as these: Because one has not a clearly, well-thought-out plan from beginning to end is no reason why a start should not be made, if this is made in the right direction. One step at a time is all that one can expect to make. After the first step is made, the right second step and third, and so on, to the end may appear more and more plain as one advances. Perhaps it may be found that our present law can reach and properly control such practice. If not, a statutory law covering the case is possible—it is worthy to strive for.

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#### THE AMERICAN DRUGGISTS' FIRE INS. CO.

The regular quarterly meeting of the Executive Board of the American Druggists' Fire Insurance Co. was held at Cincinnati, on April 26th and 27th, Messrs. Avery, Beal, Kauffman, Heinritz, Rothwell, Zwick and Freericks, being present.

The Executive Board devoted much of its time to the carrying out of the orders given at the stockholders' and directors' meetings in January. During the first three months of the year it was shown that the company had written insurance amounting to \$2,560,730.21, which after allowing a 25 per cent. reduction, was at a premium charge of \$27,034.79. The total business in force on the first day of April amounted to \$8,501,169.90, at a premium of \$88,627.83. The increase in business for the first three months of the year over the first three months of last year amounted to \$569,996.88 at a premium increase of \$5,070.46. The re-insurance reserve of the company during that time was increased by \$2,055.60.

During the first quarter the company saved its policyholders the sum of \$9,011.59; which

said amount was retained by its policyholders. The net losses for the first three months of the year amounted to \$21,279.18.

The Executive Board authorized an additional investment in securities to cover the increase in re-insurance reserve.

The continued splendid growth of the company's business was a source of satisfaction. Arrangements were made to give special attention to those states from which a larger volume of business should be expected. The great fire waste and loss throughout the country during the winter season fully sustains the frequently announced position of the Executive Board, that the druggists of the country should be careful in carrying their insurance in companies having sufficient capital and assets and that are thus provided for every emergency, and in this connection it is requested that the drug trade of the country always have in mind that the American Druggists' Fire Insurance Company is the only Capital Stock Druggists' Fire Insurance Company in existence.

### Communications and Correspondence

All communications must be signed by their  
Authors

TO THE MEMBERS OF THE  
COMMITTEE ON DRUG RE-  
FORM AND OTHERS WHO  
ARE INTERESTED IN THE  
COMMITTEE'S WORK.

The Chairman of this Committee wishes to ask its members and all those who are interested in the work of the Committee to write the Chairman of the above Committee and reply to questions which are herewith submitted. The Chairman of the Committee has circularized the State of Kansas and will make a report of his findings at the State Association meeting. He begs others who are interested to do the same for their particular State, so that at the coming meeting of the A. Ph. A. statistics may be furnished of interest and value.

1. Do physicians of your acquaintance dispense their own medicines?
2. Do they buy full standard preparations and drugs, or mainly proprietary remedies?

3. Are their goods inspected as in drug stores?

NOTE: That the public is served unwittingly by two standards is apparent to every one when the law fails to provide for an inspection of the physician's drug stock. It is true that physicians may invite such inspection, but it is our desire to know how many physicians voluntarily give such an invitation.

4. From what houses do they buy?
5. What sized stocks do they carry?
6. To what extent are doctors selling drugs and medicines on a call not actually prescribed by them?
7. Would your doctors prefer to dispense or prescribe?
8. What steps would you advise for the betterment of the aforesaid conditions?
9. Are your doctors in favor or opposed to the standardization law?
10. How are the physicians and druggists observing the spirit of the anti-narcotic law? Is the complaint of the former abusing their rights, and of the latter, who are legally restricted, dispensing morphine, cocaine and narcotics to habitues, true?

11. To what extent are drugs and medicines sold in your town by mail order houses and through clubs offering premiums?

12. Do other stores ever carry medicinal preparations of any kind? If so, what kind?

L. E. SAYRE,

Librarian of Kansas Pharm. Association;  
Chairman of Committee on Drug Reform  
of the American Pharmacy Association.

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### BULLETIN No. 1 OF THE SEC- TION ON HISTORICAL PHARMACY.

Our great A. Ph. A. has now reached an age of three score, and its youngest offspring, the Historical Section, should do its full share to present the mother with valuable contributions at the Denver meeting. The members are asked to submit papers, letters, photos, books, etc., on historical subjects. Especially the Western members are earnestly requested to present papers on the development of pharmacy in the Western United States, in order to make such history available to future generations.

Let the Western pioneers of pharmacy become active and present a record of this history at Denver!

Let the "forty-niners" tell us of the early