

## PROCEEDINGS OF THE LOCAL BRANCHES

"All papers presented to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council."  
—Part of Chapter VI, Article VI of the By-Laws.

Article IV of Chapter VII reads: "Each local branch having not less than 50 dues-paid members of the Association, holding not less than six meetings annually with an attendance of not less than 9 members at each meeting, and the proceedings of which shall have been submitted to the JOURNAL for publication, may elect one representative to the House of Delegates."

Reports of the meetings of the Local Branches shall be mailed to the Editor on the day following the meeting, if possible. Minutes should be typewritten, with wide spaces between the lines. Care should be taken to give proper names correctly, and manuscript should be signed by the reporter.

### BALTIMORE.

Charles Stevens, of the Experimental Medicine Department of Messrs. Parke, Davis & Co., delivered the lecture before the Baltimore Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION on April 29, 1926. The subject included "Small-pox and Vaccination, and Bacterial Vaccines," illustrated by means of stereopticon and slides.

In the lecture on Small-pox and Vaccination, Mr. Stevens gave a description of small-pox or variola; the first authentic medical record of the disease, the history of its first appearance in Europe and Germany and its first appearance in the Western Hemisphere in Mexico in 1520, and in Massachusetts in 1633.

In the first part of the lecture slides were shown of cases of small-pox that had been occurring in the United States up to within the last five years, of what is known as the confluent and discrete types. In the latter part of the lecture cases of small-pox of the hemorrhagic type, which have been occurring within the last few years, especially amongst the unvaccinated, with an extreme high death rate were shown. The pictures shown were photographs of actual small-pox patients.

Attention was called to inoculation which had been practiced in China and Asiatic countries, which no doubt caused many an epidemic in those days, and which was advocated by Lady Montague in England in 1718. It was recognized at that time that a disease, which affected heifers and cows, an eruption appearing on the teats, udder and neighboring parts, having been transmitted to people attending these animals, dairy maids, etc., protected these people from small-pox; but it was not until Sir Edward Jenner, on May 14, 1796, first inoculated a patient with the contents of a cow-pock

that the preventive influence of vaccination was first tried in a scientific manner.

The manufacture of Vaccine Virus was described and illustrated by slides, the first examination of the heifers or yearlings; the preparing of the animal for the rubbing in of the seed virus (virus from cow-pox) the length of time they are kept in the propagating room; also the removal of the virus with the curet; the pulp extracted, and mixed with glycerin, passed through sterilized grinders; then in a shaking machine and shaken for a number of hours; the test for activity and sterility was described, also the different methods of supplying the vaccine virus for commercial use from the ivory points to the capillary glass tubes now used.

The lecture on Bacterial Vaccines was a brief discussion of the subject of immunity, natural, acquired and active immunity, briefly what a Bacterial Vaccine is; a history of some of the men whose work marked distinct epochs in the development of bacterial vaccine therapy. Pictures were shown of Drs. Robert Koch, Louis Pasteur, Rudolf Virchow, Elie Metchnikoff, Sir Armroth E. Wright, with a brief description of some of the work of these men in connection with immunity and bacteriology. Mr. Stevens described the preparation of culture media; the obtaining of pure cultures; the identification of these colonies; the planting of these for the growing on a large scale for commercial purposes; the removal of the bacteria from the surface of the culture media; a description of the testing of Bacterial Vaccines for sterilization by means of the aerobic and anti-aerobic tests, and the physiological test on the guinea-pig; the finishing of vaccines in packages for commercial use and the final check for sterility of the commercial package by means of cultural and physiological tests.

The "Piperaceæ Family"—young artists of the School of Pharmacy, furnished the very delightful musical program of the evening.

The May meeting of the Baltimore Branch will be held on Tuesday evening, the 25th. Dr. Robert P. Fischelis of Newark, N. J., President of the Drug Trade Bureau of Public Information, will present a paper on "Pharmacy's Message to the Public."

B. OLIVE COLE, *Secretary-Treasurer.*

#### MAY MEETING.

The last meeting of the season of the Baltimore Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at the Hotel Emerson on the evening of May 25, 1926, Dr. R. L. Swain presiding.

Dr. Robert P. Fischelis, of Newark, N. J., President of the Drug Trade Bureau of Public Information, gave a very interesting presentation of "Pharmacy's Message to the Public." Upon entering the South Hall of the Hotel Emerson, one was confronted with a display of "Valuable Prints and Sketches." This display included not only the pictures and record of achievements of the leaders of pharmacy, but also unusual clippings portraying public opinion of pharmacy.

Dr. Fischelis outlined the history of the creation and progress made by the Bureau, and mentioned the difficulties encountered at first in the selection and approval of news to be bulletined in this manner. Experience gained in the first years of the existence of the Bureau has been of valuable assistance to Dr. Fischelis in formulating methods of disseminating publicity applicable to national, state and local pharmaceutical associations, as evidenced by the great number of complimentary articles pertaining to pharmacy now being printed in the newspapers throughout the country.

The members of the Baltimore Branch tendered a rising vote of thanks to Dr. Fischelis for his presentation of this very necessary and interesting phase of publicity.

Mrs. Mamie R. Rysanek Toulou rendered several very pleasing solos, including Bohemian folksongs. She was assisted at the piano by Mr. Frank J. Slama.

The members of the Baltimore Branch were also pleased that Mrs. Fischelis accompanied Dr. Fischelis on this occasion.

B. OLIVE COLE, *Secretary-Treasurer.*

#### CHICAGO.

The Chicago Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION adopted the following resolution at its April meeting after careful consideration of a paper presented by Pharmacist Peter J. Kolb at the meeting, March 5th, entitled, "The Problem of the Narcotic Addict."

WHEREAS, pharmacists have been harassed and placed in jeopardy of prosecution and persecution from officials enforcing the Harrison Antinarcotic law in connection with the dispensing of narcotics to incurables upon registered physicians' prescriptions; and

WHEREAS, individuals with incurable diseases requiring narcotics and aged and incurable addicts under the advice of physicians need remedial and humanitarian treatment, therefore be it

*Resolved,* That the pharmacists of this country unite in a demand that provision be made for registering each such sufferer from addiction or other incurable disease and that a method be devised whereby pharmacists may supply the legitimate requirements of such sufferers upon receipt of proper order forms from the physician in attendance without interference from uninformed narcotic inspectors.

#### THE PROBLEM OF THE NARCOTIC ADDICT.

BY PETER J. KOLB.\*

A man becoming afflicted with an ailment such as bronchial asthma consults a physician and to relieve the difficult breathing and spasmodic cough the physician administers a narcotic hypodermically and relief is obtained at once. However, as the conditions are not cured and the suffering from the pain and impaired breathing continues, more of the narcotic drug is prescribed and in time the patient is afflicted with another disease, namely, that of narcotic addiction. Now the treatment must be continued indefinitely for a double purpose—the distress of the asthmatic attack and also to take care of the increasing requirements of his addiction. This condition may go on for years and sooner or later his narcotic requirements attract attention. The physician who treated him at first perhaps has passed

\* Pharmacist.

away and he comes under the care of another or perhaps several other physicians. The only remedy which gives any results whatever appears to be morphine. In some cases other sedatives are tried but the patient gets no relief from these and the doctor is forced to continue the narcotic treatment with the morphine, and if it is not prescribed and dispensed, the condition of the patient becomes pitiful.

Patients such as those described above are not so few in number, as almost any pharmacist knows, and the problem that faces the pharmacist is his attitude toward such patients with their prescriptions constantly calling for narcotics. In case the large quantity of morphine needed attracts the attention of the narcotic authorities, the case is investigated, but beyond going around in circles, nothing can be changed in a very material way. Either the patient must continue to receive treatment in the established way or he will die and although the situation is severely criticised, what can be done? The physician may ask for a consultation with other physicians but the consensus of medical opinion is that the patient must continue the narcotic. If an attempt is made to cure the patient of addiction, the old symptoms of asthma cause such suffering that the remedy cannot be withdrawn. Even if the addict is not suffering from another incurable disease and is over 50 years of age, his addiction is considered incurable.

In cancer cases, inoperable exophthalmic goiter, etc., death usually solves the problem in a short time, but in asthma and chronic neuritis the patient may live for years under morphine and his general health appear to improve if his systemic requirements are met in a proper way.

Whenever the authorities try to make a criminal case because the amount of morphine prescribed and dispensed to a person over a period of years is so large, serious trouble may result to the physician and the pharmacist, but the status of the patient and his ailment is not changed and he must continue to receive treatment or death will ensue. The question then arises as to what is too much narcotic and when does legitimate treatment end and criminal practice begin. How can this question be answered in a correct, scientific way?

It is just at this point that the humanitarian point of view should enter in. Physicians

frequently refuse to take care of these cases, they "pass the buck" as it were, but that does not change the fact that the patient must have treatment or die. If morphine is the only remedy which science has that will enable these unfortunate victims to live, why look at the prescribing and dispensing of morphine to such patients only from the criminal point of view?

Whenever a pharmacist dispenses prescriptions for such an unfortunate person for some time, he lays himself under the suspicion of catering to the criminal element of society, and even if the facts prove conclusively that medical science can do nothing else but give relief, technical points are usually found to embrace and punish the pharmacist who has been so unfortunate as to have such sufferers as his patrons.

There is an element of irony in this situation. If narcotic prescriptions are refused, the patient and the family do not understand why all medicines are not legal. If the morphine can be obtained and used regularly, the patient may outlive his physicians and thrive under this treatment. On the other hand if the medicine is refused they are in a terribly pitiful condition. Society has functioned well for other unfortunates such as the insane, the poor and the ill; why cannot some capable and legal provision be made to provide for those individuals with incurable diseases requiring narcotics and the aged and incurable addicts? Why are such persons subject to suspicion, humiliation, cross-examination and why is the pharmacist threatened with criminal prosecution for the dispensing of narcotics to such persons?

The Harrison Law was passed as a measure of public necessity to permit the dispensing of dangerous habit-forming drugs only to the hopelessly ill, but when the fact is established beyond doubt then only the medical profession can decide how much and how long treatment must be continued. No theory can stand between the physician and what can be done for the hopeless sufferer. In spite of what laymen or officers may say or do, the physician, both by education and practical observation, is the only man who can determine the solution correctly.

The author would suggest as the first step toward protection of physician, pharmacist, and patient that all chronic cases should be reported and listed with the Narcotic Division. If these cases are ambulatory they should be

required to report about once in 30 days for examination to show that the narcotic is still needed. In this way complete control of such cases could always be had. Such examination of the patient should, of course, be made by a competent physician. A second suggestion would be that a record of all prescriptions calling for an unusual amount of narcotic be sent by the pharmacist monthly to the narcotic division in order that a check may be kept on these unusual cases and in case criminal practice is being followed it can be detected promptly.

#### MAY MEETING.

The 159th meeting of the Chicago Branch, AMERICAN PHARMACEUTICAL ASSOCIATION was held at Hotel Sherman, Friday, May 7, with President Kolb in the chair. The meeting was preceded by a dinner in honor of Prof. John Uri Lloyd and Dr. John Thomas Lloyd. President Kolb introduced Dr. John T. Lloyd who presented an illustrated lecture on "Coca, Its Use by the Indians of the Highlands of Columbia." The pictures were beautifully prepared and Dr. Lloyd held the rapt attention of his audience with his account of the travels and adventures on the journey from the port of Buena Vista on the Pacific across two ranges of the Andes to the headwaters of the Magdalena River. His experience with the coca-eaters was of great interest and the account and pictures of them very vivid. He stated that many times he had seen these men travelling on foot with heavy loads for twelve hours without a stop for food and keep it up for day after day. The coca-using Indians are a rugged, strong race of splendid physique and health.

Prof. John Uri Lloyd also addressed the meeting for a few minutes and told the audience how to be happy. He believed in plenty of profitable work but deprecated the rush and struggle of the present day.

P. J. KOLB, *President*.

E. N. GATHERCOAL, *Secretary*.

#### DETROIT.

The May meeting of the Detroit Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at Ann Arbor, Friday the 14th.

A dinner at the Michigan Union preceded the meeting, which was called to order by President Rowe in the Pharmacy and Chemistry Building of the University of Michigan at 8.15 P.M.

The minutes of the previous meeting were read and approved. The President announced the death of Dr. A. B. Lyons. J. H. Webster moved that resolutions be drawn up and a copy of same to be sent to the widow.

Mr. Seltzer, chairman of the committee on nominations, reported the names of the nominees for officers for the ensuing year as follows:

*President*, L. W. Rowe

*Vice-Presidents*: A. A. Wheeler and Frederick T. Brandt

*Secretary*, Bernard A. Bialk

*Treasurer*, F. F. Ingram, Jr.

*Chairman of Program Committee*, R. T. Lakey

*Council of Clerks*, A. E. Meyer and W. E. Meyer

*Council of Students, University of Michigan*, E. A. Nehlson and Ray A. Petelski

*Council of Students, College of the City of*

*Detroit*, Norman Gabel and Alfred Tellin

*Council of Students, Detroit College of Pharmacy*, Clifford Anderson and Forest Baker

W. L. Scoville moved that the report be accepted. This was seconded by C. H. Stocking and, thereafter, it was moved that the Chairman cast a unanimous ballot for the officers named by the Committee.—Carried.

Mr. Hall expressed the appreciation of the Branch for the service rendered by the past officers; he said their work was well done and they deserved reflection.

President Rowe, after a short address of acceptance, presented the speaker of the evening, Dr. Edward H. Kraus, dean of the Pharmacy Department of the University of Michigan. He gave a most interesting talk on "Pharmaceutical Education in Europe." He referred to the condition of the war-ridden countries and their endeavor to stage a comeback. The Americanization of the educational systems and their growing favor toward prohibition were the outstanding features of his observation. The speaker exhibited a large number of books and newspapers to illustrate his talk.

President Rowe thanked Dr. Kraus for his interesting talk and the hospitality shown the Detroit Branch at Ann Arbor. Mr. Webster then moved that the meeting adjourn in honor of the late Prof. Leonard Ransom Wagener whose brilliant career was cut short by death.

BERNARD A. BIALK, *Secretary*.

#### PITTSBURGH.

Dr. F. J. Blumenschein addressed the Pittsburgh Branch, A. Ph. A., May 18, on "Some New Emulsifiers."

## PHILADELPHIA.

The May meeting of the Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at the P. A. R. D. Building, 2017 Spring Garden St., Tuesday evening, May 18, 1926. President Cliffe presided.

The minutes of the April meeting were read and approved. The Secretary reported that about twenty new members had been obtained but he was unprepared to announce their names at this meeting.

The following Committees were announced as having been appointed by President Cliffe for the ensuing year.

*Membership:* Freeman P. Stroup, Chairman; Mort. M. Smith, Otto Kraus, A. G. Keller, John K. Thum.

*Practical Pharmacy:* B. C. Goodhart, Chairman; E. J. Hughes, Bertha L. deG. Peacock, Howard J. Siegfried, Leo Penn.

*Professional Relations:* Frank E. Stewart, Chairman; F. W. Haussman, Charles T. Pickett, R. H. Lackey, J. W. Sturmer.

*Entertainment:* J. W. E. Harrison, Raymond Hendrickson, Wm. J. Stoneback.

The President reported that Professor Stroup was unable to serve on the membership committee and that vacancy would be filled later.

Local Secretary Hunsberger, A. Ph. A., reported the following appointments of chairmen for the various committees for the A. Ph. A. convention during week of September 13; each chairman to complete his own committee.

## COMMITTEE CHAIRMEN:

- Allied Professions*—John R. Minehart  
*Entertainment*—Raymond Hendrickson  
*Finance*—O. W. Osterlund  
*Hospitality*—M. M. Smith  
*Hotels*—B. C. Goodhart  
*Information*—J. W. E. Harrison  
*Secretary to General Committee*—Robert J. Ruth  
*Treasurer to General Committee*—J. C. Peacock, Treasurer  
*Ladies*—Mrs. Ambrose Hunsberger  
*Publicity (National)*—R. P. Fischelis  
*Publicity (Local)*—C. H. LaWall  
*Registration*—Wm. J. Stoneback  
*Speakers*—W. L. Cliffe  
*Sporting Activities*—R. H. Lackey  
*Veterans*—Harry Swain

The report of these appointments and the plans for their work was accepted.

The President then presented the speaker of the evening, Howard Kirk, Esq., a member of the Philadelphia bar and lecturer on Pharmaceutical Law and Jurisprudence at the Philadelphia College of Pharmacy and Science. Mr. Kirk presented a splendid story of the Narcotic Act and a phase of it that not many ever have followed. He first gave a general review of the act itself and then proceeded to unravel the history and growth of the use of opium from the earliest times, referring particularly to the parts played in this by China, India, England, the United States, the World War, the League of Nations and its Opium Conference from which the U. S. delegates withdrew because the effort of the conference seemed impractical. The method of Mr. Kirk's presentation was splendid and most interesting throughout and a rising vote of thanks was tendered him at the close of his talk.

A general discussion followed and a number of points regarding the Harrison Act as amended in November 1925 were discussed. The requirements for pharmacists under this act as amended were read in abstract form and special attention was directed to the following points, as these cover the questions which are most frequently raised to-day:

"Narcotic prescriptions must be kept for two years.

"Prescriptions must bear physician's signature, address and registry number, also patient's full name and address.

"Never fill a prescription written by a physician for his office practice. If a physician desires a solution, a retail dealer may supply him on an OFFICIAL ORDER FORM one ounce of an aqueous solution, any percentage, at one time. If he desires tablets his order must be made out to the wholesale dealer.

*Exempt Preparations—Internal:* These must not contain more than 2 grains of opium, 1 of grain Codeine, one-fourth grain of morphine and one-eighth grain of heroin to the fluid ounce of liquid, or, if solid or semi-solid, in one avoirdupois ounce and must contain valuable medicinal qualities other than that derived from the narcotics contained therein. A prescription conforming to these requirements may be refilled provided a proper record is kept of the same.

*Exempt Preparations—External:* Prescriptions for external use may contain any amount of narcotic drugs, but must contain sufficient other medication to render them unfit for

internal use. Use for aural, nasal, ocular, rectal, urethral or vaginal purposes is not regarded as external.

"A retail dealer is required to keep a record of all sales of exempt preparations including *Mistura Glycyrrhizæ Comp.* and other preparations similar to it."

The following resolution was presented, and passed and ordered to be sent to Attorney E. C. Brockmeyer, at Washington, D. C.

"Be it resolved that the Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION respectfully protests against Senate Bill 4085, a bill referring to the Harrison Narcotic act, as we consider it unwarranted interference with medical and pharmaceutical service to the public."

The following resolutions were also presented, passed and ordered sent to the Prohibition Director of Philadelphia.

"Be it resolved that the Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION will endeavor to cooperate with the Federal Prohibition Director in the enforcement of the 18th Amendment and the enabling acts—

That the President be authorized to appoint a committee of three to cooperate with the Prohibition Director."

The usual dinner for members was held early in the evening at Green's Hotel.

ADLEY B. NICHOLS, *Secretary.*

#### REMOVAL OF MERCUROCHROME STAINS.

According to "New and Nonofficial Remedies," 1924, "the aqueous solution (of mercurochrome) stains the skin red, but the discoloration may be removed by washing in a solution of sodium hypochlorite (solution of chlorinated soda)."

The A. M. A. Chemical Laboratory reports that mercurochrome, acriflavine and other like stains can often be removed according to the following general procedure: The stained cloth is immersed in as small an amount as possible of a solution containing about 1 per cent of hydrochloric acid (1 part of diluted hydrochloric acid U. S. P. and 9 parts of water) and 2 per cent of potassium permanganate. The cloth should remain in this solution not longer than one minute; it is then transferred without rinsing to a solution containing not more than 1 per cent of hydrochloric acid, to which from 5 to 15 per cent (by volume) of solution of hydrogen peroxide, U. S. P., has been added. As soon as the potassium permanganate has been reduced by the hydrogen peroxide, the cloth is well rinsed in water. If the stain has not been entirely removed, the procedure is repeated, the cloth being permitted to remain in the acid potassium permanganate solution for a somewhat longer period.

Before trying the method on cloth, however, it is advisable, if possible, to subject a remnant of the unstained material to the same procedure in order to determine (1) whether or not the cloth will withstand the treatment, and (2) in the case of dyed goods, whether or

not the original color is removed. In the case of fresh stains of mercurochrome, or acriflavine on dyed cloth, the former, not being fixed, can often be removed without affecting the original color of the cloth.

Stains on the hands can readily be removed by the use of the solutions just described.—*Journal A. M. A.*

#### TULAREMIA TRANSMITTED TO HUMANS BY RODENTS.

Research into the causes of tularemia, a disease which causes severe ulcers and swelling of the body glands, as well as other physical ailments, has disclosed that it has been transmitted to humans mainly through the rabbit, but that ticks and flies also convey the germs.

Dr. Edward Francis, of the Hygienic Laboratory of the United States Public Health Service, has been investigating the disease virtually since its discovery, in 1912. He has stated that notwithstanding precautionary measures some attendants of the Laboratory engaged in experimentations had contracted the disease.

Convalescence from tularemia is slow. Some patients have not entirely returned to normal for six months or even a year.

The disease heretofore has been diagnosed erroneously as septic infection, typhoid, influenza, anthrax and other infections, owing to some symptoms common in these diseases.

Charts and designs covering the ravages of tularemia, from its inception to its transmission to man, have been prepared by the Hygienic Laboratory for display at the Sesqui-Centennial Exposition at Philadelphia.