

EDITORIAL

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A PHARMACY CORPS IN THE U. S. ARMY.

THE pharmacists who gathered at Portland, Maine, in August had presented to them the proposition of the formation of a Pharmacy Corps in the U. S. Army, and there gave their whole-hearted approval to the proposition and dedicated the AMERICAN PHARMACEUTICAL ASSOCIATION to the task of bringing such a branch of the Medical Department of the Army into existence. A tentative bill was presented and discussed, and this was referred to a committee which later recommended that the provisions of the bill be adopted in principle. The report of this committee was approved.

The American Association of Colleges of Pharmacy endorsed the proposition at the same time, and have appointed a committee to cooperate with the committee of the A. PH. A. The National Association of Boards of Pharmacy, also in session at the same time and place, endorsed the bill by resolution, and a committee from that organization will work with the A. PH. A. committee. The Conference of Pharmaceutical Association Secretaries also endorsed the bill and will lend its support. Several of the Sections of the A. PH. A. took action endorsing the proposition.

At San Francisco, in September, the National Association of Retail Druggists put its stamp of approval on the measure by the adoption of a resolution in which the proposition was endorsed. Representative Clyde Kelly, of Pennsylvania, who was a guest of the N. A. R. D. during this convention, was impressed with the merits of the proposal and later endorsed the plan in an interview which appeared in the *United States Daily*.

The National Association of Wholesale Druggists, in convention in Atlanta, early in October, endorsed the effort; and later in the month, in Philadelphia, the Federal Wholesale Druggists' Association gave its stamp of approval.

Wherever drug organizations have met and have had an opportunity to examine the proposition they have without hesitation shown their willingness to help secure the necessary legislation. Six of the constituent member organizations of the National Drug Trade Conference, which meets in Washington in December, have already approved the plan. With such wide-spread approval, it would seem that pharmacy is solidly behind the effort, and the committee is going ahead with plans to shape the legislation for introduction in December.

There is a fly in the ointment, however, as is usually the case when reforms are contemplated. In this case the Surgeon-General of the Army is decidedly opposed to the formation of a pharmacy corps and in response to a request for a conference with the committee he expressed his belief that this was unnecessary. His plan would keep pharmacy as effectually smothered as it has been, in the army, for many decades past. A few pharmacists might find places in the formation of an auxiliary corps, in which they might work their way to commissioned rank, but as we understand it, would not be commissioned as pharmacists, but as administrative officers. These commissions might be attained, if we are correctly informed,

after two years' service as privates and after passing certain specified examinations in branches foreign to pharmacy. This plan appears to us to be merely one in which a pharmacist is not prohibited from working up to commissioned rank, but he is not promised any such promotion because he is a pharmacist. We should refuse to be satisfied with such an arrangement. What we expect is a proper recognition of pharmacy because of the genuine worth of pharmacy to the army.

To-day pharmacy is not deemed worthy of proper recognition in the army. That is perfectly plain from the manner in which it is handled. There are few, if any, graduate registered pharmacists serving as pharmacists in the army. There are a few registered pharmacists serving as pharmacists in the army. There are an unknown number of practically untrained men, drawn from the ranks, who are dispensing the medicines and filling the prescriptions in the army. Why does this deplorable condition exist? There are several reasons. First, it may be said that there are two kinds of doctors in the army, those who are practicing medicine, and those who are holding down swivel chair jobs, and the latter type have no need for the coöperation of trained pharmacists in their sort of work. They give voice to the idea that trained pharmacists are not needed because the army uses "canned medicines" and that no knowledge of pharmacy is necessary to dispense them. We have an idea that the army doctors who are actually practicing medicine would express themselves otherwise if they thought it expedient to declare themselves on the subject at all, and would welcome an adequate pharmaceutical service. Then there are several other considerations. Among these may be mentioned the important one that, in order to serve as a pharmacist in the army, a pharmacist must enlist as private at thirty dollars a month, or some such munificent remuneration. This is not an appealing offer. He can make more than that in a week in civil life and not occupy an inferior position while doing so.

Now, what is the remedy to this situation? Certainly not the plan of the Surgeon-General, which will merely perpetuate the present unsatisfactory arrangement, with a few possible chances to reach commissioned rank after two years of service. That plan is not going to build up a satisfactory pharmaceutical service. The plan of the pharmacists proposes the formation of a corps in the army composed of pharmacists who will serve as pharmacists and coöperate with the army physicians who are practicing medicine whereby guarding the lives of the men in the service and their families, just as by law in the several states, the pharmacists who will do the pharmaceutical work in the larger centers will be men of commissioned rank, entering as first lieutenants and having open to them advancement up to the rank of major. These men will come first from the present army pharmacists who have the qualifications, and after 1932 will be filled by graduate pharmacists who have the necessary qualifications from four-year pharmacy schools. The corps will be headed by a pharmacist and will be a branch of the Medical Department of the army just as is correspondingly provided for medicine, dentistry, nursing and the veterinarians. This plan, in our opinion, offers the remedy.

If pharmacists expect to see pharmacy come into its own in the army every pharmacist must take a part. Pharmacists will not be handed recognition on a silver platter. On the contrary, there will be the strongest opposition on the part of those who have in the past successfully lulled us into inaction or successfully blocked our legislative efforts. Every pharmacist in the country should have

pride enough in his profession to bestir himself and help remove from the profession the onus of inferiority with which it is stamped by those in the army and in whose hands its destiny at present reposes.

We believe that the lives of the men in the army and the lives of their families are just as valuable as the lives of civilians and should be as adequately safeguarded in a pharmaceutical way. The doctor who is practicing medicine in the army is entitled to more skilled pharmaceutical coöperation than is at present provided for him, and, we believe would welcome it. The question of whether there is need for trained pharmacists in the army could be answered by these practicing physicians in the army, but in this case they hesitate to answer. There is need for better pharmaceutical service in the army.

There is not a pharmacist practicing anywhere in this country who at some time or other has not met situations in filling prescriptions requiring independent judgment and action. A failure to meet the demand of such a situation is sometimes dangerous to the patient. This is not maudlin sentimentality. Every pharmacist knows what we are talking about. The army physicians can make mistakes just as readily as others. Who catches the mistakes of the Army doctors? Can the untrained man, transferred from the ranks to the dispensary, be relied upon to do so? We fear not. At any rate, the men in the service ought to be given the benefit of the doubt.

Just so long as army doctors practice medicine and write their orders or prescriptions and have them filled in army dispensaries or hospital pharmacies there is need for the best pharmacists obtainable. Anything less than the best pharmaceutical service is unfair to the army physician and an injustice to the men in the service.—A. L. I. WINNE.

THE PHARMACEUTICAL SYLLABUS.

BECAUSE of the pressure of his present executive duties, Dean Theodore J. Bradley, of Boston, Massachusetts, is compelled to relinquish the Chairmanship of the Pharmaceutical Syllabus Committee, after many years of service in the position. Prof. John G. Beard, of Chapel Hill, North Carolina, has been unanimously elected as the new Chairman of the Committee and immediate steps will be taken to proceed with the preparation of a fourth edition of the Syllabus.

When the prerequisite of graduation from a recognized college of pharmacy was adopted in New York State, in 1904, it became necessary to formulate the basis of recognition of colleges of pharmacy, and the need of an outline of a standard minimum course was felt. This led to the organization of the Committee, which prepared the first edition of the Pharmaceutical Syllabus, and this first edition was published and distributed free of charge, by the New York State Board of Pharmacy, in 1910. Soon after the first edition appeared, the AMERICAN PHARMACEUTICAL ASSOCIATION, the American Conference of Pharmaceutical Faculties and the National Association of Boards of Pharmacy were each asked to appoint seven members of the committee and to contribute to the expense of the work, which they have done since that time. Since the Committee has been appointed in this way, it has prepared and distributed the second and third editions of the Syllabus. All the work has been done without compensation to anyone and by

the practice of rigid economy, the expenses for printing, postage and supplies have been met by the sale of the book and the small contributions from the three organizations which appoint the members of the Committee.

Dean Willis G. Gregory, of Buffalo, New York, was Chairman of the Committee during the preparation of the first and second editions of the Syllabus, on which a large part of the work was done by Dr. Henry L. Taylor, of Albany, N. Y. Dean Bradley was elected Chairman in 1917, and the third edition was prepared and distributed while he has been Chairman. The lists of members of the Committee have been published frequently during the twenty-two years of its existence, and they include the names of many leading workers in pharmacy during this period.

The Syllabus has been of value to pharmacy in several directions and its inception marks one of the first organized efforts toward establishing definite standards for the education and registration of pharmacists. Before it was established, there was no standard to insure that the course in pharmacy as given in various colleges was similar or that the examinations as given by boards of different states were based on the same subjects. More important still, there was no certainty that the examination given by a board covered what the student had been taught in the college. The fourth edition will probably prove to be of great assistance in the proposed pharmacy survey and in the standardization of pharmacy schools.

Many differences of opinion developed during the first few years of the work, and the first and second editions showed many evidences of compromises between extremes of opinion. The Committee has always realized the difficulty of its task and the impossibility of bringing out a book that would entirely satisfy anyone. For this reason, and others, the use of the Syllabus is optional and not obligatory. It tries to be helpful to those who need or desire its help and no one is required to use any part of it, excepting by his own opinion that it is helpful to him. Each edition has shown a marked improvement over the preceding edition, making the book more and more helpful to the colleges and boards of pharmacy. The increase in the minimum course in pharmacy from two to three school years, with a further increase to four school years by 1932, and the appearance of new editions of the United States Pharmacopœia and the National Formulary, make necessary a new edition of the Syllabus.

The report of the survey of pharmacy conducted by the Commonwealth Fund and published under the title "Basic Material for a Pharmaceutical Curriculum" will be of great assistance in the forthcoming revision, as it places at the disposal of the Committee information as to what the pharmacist is called upon to do in the every-day practice of his profession. In other words, the Syllabus can be based on facts established by a study of the pharmacist in action and of what he needs to know in order to discharge the duties expected of him.

Considerable preliminary work on the revision has been done under the chairmanship of Dean Bradley, but he has found it impossible, under present conditions, to put aside other pressing duties to work on the Syllabus, and has insisted that a new chairman be chosen who can devote sufficient time to the work to bring out a new edition soon. Professor Beard did not seek the place, but he has shown that he has the requisite qualifications for the work and has accepted the chairmanship because of the opportunity it offers for service to pharmacy and to pharmaceutical education.

AN IMPORTANT QUESTION OF PHARMACOPŒIAL INTERPRETATION.

THE question "Is there any official or legal authorization for the making of a U. S. P. fluidextract from a drug that is not of U. S. P. character" has been answered in the negative in hundreds of cases, by federal and state authorities, and this answer has been sustained scores of times, when carried to the courts. It would seem that the reason for this decision must be valid and, if so, must apply to all official drugs. These drugs naturally fall into three classes:

A.—Those for which the descriptions and standards are only physical, Buchu being a typical illustration. This must be of the species named and must contain not more than a stated percentage of stems or of other foreign organic matter. It must agree with the description of shape, size, color and surface of leaf and with the taste and odor. Unless these physical standards are to be enforced, any leaf that grows may be sold as buchu, and buchu leaves may be impure in any way and unfit for medicinal use. It is not likely that any question will ever be raised against the decision that fluidextracts of this class must be made only from drugs that comply with the physical requirements of the Pharmacopœia and Formulary.

B.—There is a limited number of drugs on which are imposed all the above physical requirements and, in addition, the possession of a stated percentage of active constituent, to be determined by chemical assay, Belladonna leaf being a typical illustration of this class. This drug must not contain more than 3 per cent of stems over 10 mm. (2.5 of an inch) in diameter and must yield not more than 3 per cent of acid-insoluble ash. All these, with shape, color, etc., are physical standards, the ash limit being to restrict the admission of dirt. In addition to all this, the drug must yield, on chemical assay, at least 0.3 per cent of the alkaloids of belladonna leaves. The question before us is whether, if a lot of belladonna leaves yields the required percentage of alkaloid, a U. S. P. fluidextract can be made from it, when it does not comply with the physical requirements stated. The question might fairly be raised when the only defect is an excess of stems or sand, yet it has never been entertained by the authorities when there was a material variation from the standard. The owner is always compelled to remove these defects before his drug will be admitted to use. If the defect is one of mouldiness or decay or discoloration in drying, or water damage, he will not be permitted to use it at all, in the making of a fluidextract. In my long experience, I have never known the authorities to render any other decision. However, we are not reduced to the necessity of depending on such authority, as there is no rational ground for any other view. The assay determines only that there is the proper amount of active constituent. It is no evidence, whatever, that other and dangerous substances are not present. I have frequently seen belladonna leaves adulterated with enough of the deadly poke-leaf to exclude them from legitimate use, yet there was the full percentage of alkaloids of belladonna. If there were not enough of the alkaloid, the ruling that the manufacturer might use a larger amount for making his fluidextract, and thus correspondingly increase the amount of poke-leaf, would be a deadly procedure. There are innumerable other objectionable articles, organic and inorganic, which could be included without impairment of the assay character. If, among all the readers of the JOURNAL, there is one who has the te-

merity to claim that the physical characters of drugs of this class can be disregarded in making fluidextracts, now is the time for him to raise his voice.

C.—The third class of drugs comprises those for which all the above physical requirements are provided, and which, in addition, must be biologically tested on an animal, to determine that they possess the requisite medicinal activity *for which that drug is employed and nothing else*. The test makes no reference to any other effect on the animal's system, no matter how deadly this may be. It carries no indication, whatever, of cleanliness or of purity; nothing, whatever; except the proper degree of one particular kind of activity. A typical illustration of this class is Digitalis Leaf which, in addition to all the physical characters named above, and these carried out in great detail, even to microscopical features, must be capable of producing a specified degree of a specified action within a specified time. One can easily name a dozen different things which could be added in dangerous amount, without modifying the particular action referred to, for example, poke-leaf, nux vomica or arsenic.

Here again we have a long series of decisions to the effect that the physical requirements must be met, and here we have also an unanswerable reason why that decision is right, but we have something else, of a far more compelling character to guide us. On page 1 of the "General Notices" of the U. S. P. it is stated that "Official preparations are to be made only from drugs that conform to the Pharmacopœial standards, definitions and descriptions." If these decisions and the statement quoted are correct, they must apply to all drugs of the Pharmacopœia, and if incorrect, the Revision Committee should employ such language as will eliminate all ambiguity or doubt.

H. H. RUSBY.

PASTEUR MONUMENT UNVEILED IN CHICAGO.

Among those who paid homage to Louis Pasteur at the unveiling of a monument in his memory—in Chicago, October 27th—was one man whose gratitude was not only general, for Pasteur's great services to humanity, but specific for the saving of his own life from rabies. This man was William T. Lane, who was a 14-year-old messenger boy in 1884 when a mad dog bit him and three other boys in Newark, N. J. Newark citizens raised a fund and sent them to Paris, where Pasteur cured them.

Lane stood at the unveiling of the 20-foot marble shaft in Grand Park and recalled for another generation a little wrinkled man, with kindly but piercing eyes and a black skull cap. He remembered and thanked Louis Pasteur for saving his life, the lives of his three friends and the lives of thousands of others the world over.

The French Choral Society, of Chicago,

took part in the program and the French Ambassador to the United States, Paul Claudel, made a brief address, extolling the work of the scientist. Vice-President Dawes spoke of Pasteur's achievements in many fields.

Speakers were Dr. Frank Billings, Chairman of the Memorial Committee, which gave the shaft to Chicago; Edward J. Kelly of the South Park Board, who accepted it. The statue stands near the west end of the Field Museum.

ANTIPYRINE IMPORTS INCREASE.

Antipyrine imports into the United States have increased in recent years. During the first eight months of 1928 were entered for consumption 43,019 pounds, almost three times the quantity imported for consumption during the entire year of 1926.