

EDITORIAL

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ON TO MIAMI.

MONTHS go by quickly; it seems only a short time ago since the members of the AMERICAN PHARMACEUTICAL ASSOCIATION met in Baltimore and now preparations must be made for the convention in Miami. Particular attention is called to impress the fact on the Section officers that the programs must be in the hands of the Secretary this month; partial programs are printed in this issue. Contributors of papers should get in touch with the officers of the sections for which their papers are intended.

Carbon copies of the contributions may be sent to the Editor of the JOURNAL; titles and abstracts of the papers should be prepared and mailed in order to assist in giving publicity and enable all pharmaceutical publications to give an account of the work of the section. Prompt coöperation by members and officers is earnestly asked for—please do your part so the General Program may go on the press before the end of this month.

TRANSPORTATION TO FLORIDA.

The approaches to Miami are (1) by automobile, (2) by the Florida East Coast Railroad down the East Coast and connecting at Jacksonville with the Atlantic Coast Line, The Southern Railway and other trunk lines, (3) by the Seaboard Air Line Railway down the West Coast, (4) by various steamship lines from Atlantic and Gulf ports and through the Panama Canal, (5) by various Air Lines.

Those who plan to motor should consult the automobile association and arrange the trip so as to see both coasts of Florida. The state roads are excellent and connect with highways to all sections of the country. The famous Tamiami Trail crosses the state from Miami to Tampa.

The Railroads offer two rates and those expecting to travel by rail should consult their ticket agent well in advance and inquire about side trips and return by other routes. There is a low rate round-trip excursion ticket good for 30 days, with stop-over privileges, from points bordering on and outside of the Southeastern Passenger Association Territory. Those using this ticket must arrange to leave from or pass through New York, Philadelphia, Baltimore, Washington, Chicago, St. Louis, Cincinnati, Memphis or stations south and east of these cities, on July 25th. If this ticket is not available at any station, an excursion ticket may be purchased to some point where it is sold.

THE TRIP TO CUBA.

A five-day excursion following the meeting has been arranged for and the visitors will be entertained at several events by the Cuban Pharmaceutical Association. To Key West the trip will be made over the ocean railroad, as it is called—bridged from key to key—and from Key West by boat to Havana. Trips are planned to points of interest in and around Havana and one all-day trip to the interior. The special train will leave Miami on Saturday morning—August 1st—and Havana will

be reached in the afternoon. The return trip will be made on Wednesday—August 5th—reaching Miami in time to connect with outgoing through trains leaving that evening. Reservations for this trip should be made promptly.

References to the meeting will be found elsewhere in this issue; the purpose of this comment is to call attention to the urgency of completing the programs.

COLOR NAMES IN THE PHARMACOPŒIA.

BACK in 1921, attention was called to the need of carefully checking the names of colors as used in the monographs of the Pharmacopœia. The use of the term "blackish-white" aroused an inquiry as to which color names and how many were used in the Pharmacopœia. Nearly 300 different color names were used, a total of more than 2000 times in U. S. P. IX.

A color chart of 100 to 150 different colors with a simple nomenclature was proposed for inclusion in the Pharmacopœia. As the preparation of such a color chart would require much careful and extended investigation, its inclusion in U. S. P. X could not be accomplished. However, an endeavor was made to replace the more odd, bizarre and objectional of the color names in U. S. P. IX by more suitable ones in U. S. P. X.

The Board of Trustees of the U. S. P. encouraged further study of this question. It is very evident that the problem of designating colors is not limited to the medical or pharmaceutical professions alone, but exactly the same problem is met with in many lines of science, art and industry.

Out of this work on color names there was presented in May 1930 at the U. S. P. Convention in Washington an extended report, accompanied by a large exhibit of color charts, color standardization apparatus and illustrations of the lack of uniformity in color-name vocabularies. A meeting of many scientists, artists, teachers and professional men interested in color resulted in the formation of a committee to consider the organization of a national color council.

During the past year the Optical Society of America and other organizations have become interested in some of the ideas presented in the U. S. P. color report and just recently at a large representative gathering in New York City, the Inter-Society Color Council has been authorized and it is now in process of organization. It is proposed that this Inter-Society Color Council shall deal with just such problems as the U. S. P. color names have evolved.

The following proposal has been drafted as the basis of the first investigative work of the Inter-Society Color Council:

The Request.—A means of designating colors in the U. S. Pharmacopœia, in the National Formulary and in general pharmaceutical literature is desired; such designation to be sufficiently standardized as to be acceptable to science, sufficiently broad to be appreciated and usable by science, art and industry and sufficiently commonplace to be understood by the whole public.

Two Simple Illustrations.—The following is a quotation from the monograph on Aloe in U. S. P. X page 41: . . .

"upon separating the benzene layer, and adding to it 5 cc. of ammonia T.S., a permanent, deep rose color is produced in the lower layer."

The term "deep rose color," in itself, is not objectionable. That is, it is a term easily read and grasped by the public; it is a very proper term to be used in science, art and industry; but it is *not* sufficiently standardized to be acceptable to science, nor indeed does it have a really definite meaning to anyone.

The following terms occur in the U. S. Pharmacopœia: . . .

"pale green tint, distinct greenish tinge, slightly greenish, pale greenish, greenish tint, faintly green, pale green."

Are these terms synonymous or are there distinctions in meaning among them? If there are distinctions in meaning among them, where can one learn what those distinctions are?

The Problem.—Is it not possible for the Inter-Society Color Council to so standardize our present (and future) English vocabulary of color names that the following results will be accomplished?

(a) Each name should be limited to a fairly restricted field of color.

(b) This limitation to be established by certain designations on the charts of pigment colors; by certain curves or readings obtained with the spectroscopic colorimeters; by comparison with certain colored fluids (glass, etc.) in the comparator colorimeters, and by other suitable means.

(c) The definitions or limitations to be so accurate that science will accept them (at least to an extent); so broad that science, art and industry can use them (to a large extent); so popular that the public can understand them (at least in a general way).

The Accomplishment.—We all know that the solution of the problem stated above is not easy. Perhaps some of us do not realize how difficult (perhaps impossible) this solution may be of accomplishment. Certainly there will be necessary great acumen, great perseverance, great patience and finally much compromise. The accuracy and strictness of science must give way to some extent to the sensitiveness of art, and the carelessness of the public. Art must bury her idiosyncrasies, jealousies and critical attitudes. The public must be taught by a long period of education the need of more care in the naming of colors. The accomplishment will be possible only by:

(a) An organization or group formed by science, art and industry, and receiving the whole-hearted support and confidence of each of these portions of our public.

(b) A well-prepared plan wrought out by the best minds representing all those interested in color.

(c) A strong financial support for the engagement of adequate talent and personnel.

(d) The devotion of one or more talented lives to head up and push forward the work.

The Results.—Pharmacy and Medicine would no longer be compelled to use haphazardly chosen, undefined terms to designate colors in connection with medical standards and descriptions. More time and effort would be required to determine the proper word or term by which to designate a color, but once this be determined the name would have a real, definite meaning. No doubt other professions, arts and industries would also find such defined terms of great value in their respective fields.

Other results that might be accomplished are as follows:

(a) A limitation upon the coining of new color names. If the Inter-Society Color Council becomes sufficiently strong and respected, it could publicly state that no new color names

would be recognized by science, art or industry, except they conform to the rules laid down by the Council. One of these rules might be that new color names should be originated and applied only to colors that are new or had not yet received any designated name.

(b) Perhaps many of our present-day color names could be synonymed. Just how many of them could be eliminated in this way is a matter of interest.

E. N. GATHERCOAL.

PHARMACOPŒIAL VITAMIN CONFERENCE.

A CONFERENCE of experts in vitamin investigation was held under the auspices of the U. S. Pharmacopœial Board of Trustees and Committee of Revision on May 7th. The report, in part, will be found under Committee Reports. It is worthy of note that there were present at the Conference the discoverers of both A and D vitamins and others who have been the pioneers in this work. The standards worked out after thorough study will become effective before the completion of the next edition of the Pharmacopœia; in other words it may be termed an interim revision.

The accepted opportunity and willingness of coöperation by manufacturers through their laboratorians and other auxiliary workers with the Committee of Revision speaks well for coöperative efforts that should produce a new edition of the standard, which will maintain its foremost rank among pharmacopœias.

THE COSTS OF MEDICAL CARE AND PUBLIC HEALTH.

THE committee on the Costs of Medical Care met in Washington on May 15th and 16th. The work of the committee, now in its fourth year of activity, is underwritten by a group of philanthropic agencies which include the Rockefeller Foundation, the Russell Sage Foundation, the Twentieth Century Fund, the Milbank Memorial Foundation, the New York Foundation and the Josiah Macy, Jr., Foundation. Five main questions are being studied by sub-committees: (1) To what extent should an attempt now be made in the United States, with due consideration to economic and geographic variations, to supply all the people's needs for medical service? (2) What general and specialized personnel and what buildings and equipment should be provided for supplying this medical service? (3) How may personnel and equipment be organized so as to insure the highest practicable quality of service and the maximum economies in the use of equipment, and of the time of both practitioner and patient, compatible with adequate return to the persons and agencies providing service? (4) Should there be agencies in local communities to plan for existing and future medical needs and to provide for the co-ordination of all medical services? (5) To what extent should payment of medical services be based upon individual purchase or upon group purchase?

Pharmacy is interested and represented in this work as evidenced by the questions of the foregoing studies. Dr. Robert P. Fischelis and Dr. C. Rufus Rorem are members of the research staff, and are preparing a joint study of the "Service of Pharmacy" as it pertains to medical care. The status of pharmacy as a profession is largely dependent on its service in the protection of health and the education of the public relative to the importance of that service. It is necessary that pharma-

cists not only have adequate pharmaceutical education and training, but put these into practice, so that the public may understand the purpose of the restriction of the selling and dispensing of medicines, which otherwise may only mean to them the handing out of a labelled package. Without the professional service whereby the public is protected the drug business becomes a competitive merchandising enterprise.

Maryland has had a pharmacist on the State Board of Health for a number of years and pharmacy is ably represented in its laboratories and other activities, strengthened and supported by the coöperative interest of an outstanding Governor. In other states pharmacists fill corresponding appointments; Colorado has recently come into the lines of State health service and Texas has enacted legislation which provides for a pharmacist on the Board; it is a hopeful sign of public interest for, after all, legislatures are representative in a degree, of the public viewpoint; these opportunities must be made best use of, if pharmacy would gain thereby and make progress.

There is to-day less of the personal contact and relation between pharmacists and the public than formerly, but pharmacy receives more publicity than formerly, which sometimes is embarrassing; it is, therefore, of importance that pharmacy receive the right kind of publicity, and to that end what druggists do is a matter of great concern to pharmacists.

THE 1931 CONGRESS OF MILITARY MEDICINE AND PHARMACY.

“**I**N 1921 the King of the Belgians, recognizing the importance to humanity of preserving and standardizing the dearly bought experiences of the World War as regards the rescuing of the wounded in battle and the preserving of the armed forces from disease, called an international Congress of Medicine and *Pharmacy* which met in Brussels in July 1921. Twenty countries sent official representatives to this congress, and its results were so valuable that subsequent congresses were held in Rome in 1923, Paris in 1925, Warsaw in 1927 and London in 1929, thirty-nine countries being officially represented at the last named meeting.”

The United States has accepted an invitation extended to the Netherlands Government and was officially represented by delegates at the Sixth Congress of Military Medicine and Pharmacy held at The Hague, June 1st-6th. The following delegates were appointed: Capt. James C. Pryor, Chairman, M. C., U. S. Navy; Commander William Seaman Bainbridge, M. C.-F., U. S. Naval Reserve; Colonel Ralph A. Fenton, Medical Reserve, U. S. Army; Lieutenant-Colonel Francis E. Pronczak, M. C., U. S. Army; Major Edgar Erskin Hume, M. C., U. S. Army; Colonel Angus McLean, Auxiliary Reserve, U. S. Army; Colonel Charles R. Reynolds, M. C., U. S. Army; Colonel Frederick H. Vinup, Maryland National Guard; Assistant Surgeon General R. C. Williams, United States Public Health Service.

No objection is raised regarding the appointments, except that Pharmacy was *not* represented. Other countries appoint pharmacists; why not the United States? No pharmacist was appointed to the Geneva Conference; no pharmacist was appointed on the National Advisory Health Council and none on The Conference Board of the National Institute of Health. Pharmacists took an active part in

encouraging the passage of the bill creating the National Institute of Health. Unquestionably, no other organization contributed more to formulating Anti-narcotic laws than the AMERICAN PHARMACEUTICAL ASSOCIATION. No further comment will be made at this time.

THE GENEVA CONFERENCE FOR LIMITATION OF THE MANUFACTURE OF NARCOTICS.

THE basis for narcotic control is stated in the following:

“It is indefensible for any civilized nation knowingly to permit the wrecking of human lives through the illegitimate use of these drugs. And it is likewise indefensible for any civilized nation not to do all in its power to suppress this illicit traffic.”

“In the United States every step in the production of narcotic drugs, including all derivatives and the exempt preparations, is carefully supervised by the Government, from the orders for the raw materials down through the manufacture and the distribution. One result of this is that the legitimate per capita consumption has been reduced to about three grains per year excluding codeine and the exempt preparations, and to about six grains including all derivatives and compounds. In contrast to this are the corresponding figures of eight grains and twelve grains, respectively, in some other countries where production is not so supervised. On the other hand, there is no doubt that the illicit traffic in the United States is large, judging from the frequent seizures of considerable quantities of drugs; but there is no way of determining how large it is, for it is built almost entirely on drugs smuggled into the country.”

John Caldwell, America's Chief delegate, addressed the League of Nations' conference for limitation of the Manufacture of Narcotics, May 30th.

He found none of the plans before the conference was satisfactory in the present form and urged that they be completed by extending limitation and control to raw materials and then to all derivatives of opium and coca leaf instead of to a specified list of manufactured narcotics.

After briefly mentioning that the United States was deeply interested in drug limitation, because the lack of it resulted in “enormous quantities” of narcotics intended for illicit trade reaching the United States in recent years, Mr. Caldwell closed by expressing appreciation for the Canadian delegates' tribute a few days ago to the strictness with which the United States controlled the manufacture of narcotics and for the coöperation which Washington received from Ottawa in fighting the narcotic traffic.

The AMERICAN PHARMACEUTICAL ASSOCIATION has pride in its contributory work to the limitation of the use of narcotics; its PROCEEDINGS bear records of the earliest efforts and legislation on this important subject.

MAKING THE PHARMACIST, PHARMACY, DRUGS AND DRUGGIST BETTER ACQUAINTED WITH THE PUBLIC.

“FIGHTING Disease with Drugs” has just come off the press and has been accorded the distinction of second rank among the new books on science for the month of May. The work has been prepared under the direction of the National

Conference of Pharmaceutical Research and the editorship of Dr. John C. Krantz, Jr. A more extended notice will be found in the division of "Book Notices and Reviews," but the importance of the book for pharmacy and pharmacists deserves an editorial comment. There are books on historical pharmacy, but "Fighting Disease with Drugs" has a different purpose—it is to acquaint not only pharmacists and physicians with drugs used in medicine, but more particularly the public, so that a better understanding may be had of drugs and of pharmacy, and the part which the search for drugs, their discovery and manufacture has played in the development of commerce, science, education and the industries. The thought which prompted the preparation of this book, now brought to completion, will mean much for pharmacy and pharmacists; it presents an opportunity of acquainting physicians and the public with the subjects discussed by men who speak with authority of their respective studies and activities.

A comment states that "It is an entertaining story of human endeavor, of the evolution and perfection of a vital service to society. And it is a story which can scarcely fail to lead to better understanding of the business of getting well and keeping well.

DR. JOHN GORRIE'S SERVICE TO HUMANITY.

Florida is represented in Memorial Hall of the Nation's Capitol. His name is memorialized because of his invention of ice-making and refrigeration by mechanical means, because he was actuated by the purpose to cool the rooms of a hospital for fever patients; his energies were bent on an air-cooling system for the benefit and comfort of the sick and to make treatment of these cases more effective. He first directed his efforts of controlling fever by cooling the patient by external means and this is reported in the press of about 1845. The medical profession has profited by his investigations, but the name of Dr. Gorrie is not often referred to, hence, the coming meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION in Miami prompted this brief reference to a great benefactor of the afflicted. He is deserving of the title "Father of Mechanical Refrigeration," and he foretold the application of refrigeration to preservation of foodstuffs and cooling of hospitals, other institutions and homes by such means. Dr. Gorrie practiced medicine in Charleston, S. C. and Apalachicola, Fla. He deserves the honor paid him and references to his work should be made more accessible.

CANADA'S FIRST PHARMACIST.

The AMERICAN PHARMACEUTICAL ASSOCIATION will meet next year in Canada. The premier-colonist of Canada was Louis Hébert, born in Paris, son of the apothecary to the court of Catherine de Medici, and Louis was trained in the same profession. Several references to this pharmacist have heretofore been made—see volume of 1929, page 155, and page 805, 1930. This Apothecary had the advantage of his knowledge of botany which aided him in his agricultural work; for as a student and with a desire for service, everything was to him a matter of serious study and, hence, the results of his work contributed largely to the development of Canada. So beneficial was the work of this apothecary-colonist to New France that the King created him Seigneur of the lands he had cleared. In ennobling Louis Hébert the King's Minister felt that his services had not been sufficiently rewarded and, therefore, added a further grant of land. He died in Quebec in January of 1627, lamented by Europeans and the early settlers, and the Indians joined in testimony to the love and respect they bore for him.

PRODUCTION OF PHARMACEUTICAL PRODUCTS IN JAPAN.

Statistics furnished by the Japan Pharmaceutical Society indicate that the production of pharmaceuticals in 1929 was considerably increased. Production figures follow: 1927, \$32,700,000; 1928, \$28,000,000; 1929, \$40,000,000. The increase in 1929 is due partially to the inclusion of serums and preparations for injections. Among the leading products manufactured in 1929 were: White petrolatum, \$6,000,000; menthol crystals, \$2,800,000; peppermint oil, \$2,000,000; salvarsan, \$900,000. (Assistant Trade Commissioner H. B. Titus, Tokyo.)