

# EDITORIAL

E. G. EBERLE, EDITOR

10 West Chase Street, BALTIMORE, MD.

## PROFESSIONS ENGAGE IN SELF-EXAMINATION.

DR. RAY LYMAN WILBUR, the Secretary of the Interior, pointed out in an address at the fiftieth anniversary dinner of the New York Post-Graduate Medical School and Hospital that within three decades American medicine has been made over.—“The laboratory has won its way into every department of the medical school as well as the hospital. Empiricism has largely succumbed to the scientific method. The doctor’s growth must be alongside of that of his profession. The doctor who does not read the current medical journals, follow the activities of the various medical societies and attend occasional clinics is not a good public servant.”

He contended that “in the United States we have not provided such opportunities for keeping the doctor up-to-date as might be expected with all our wealth and our manifold medical interests. We have been concentrating for the last quarter of a century on the better training of men seeking the degree of Doctor of Medicine. The amalgamation of the medical schools with the universities and the installation of the scientist into the medical school has consumed most of our energy. Bringing the hospital into the medical school and conducting it upon an educational basis has also reacted largely to the benefit of the undergraduate medical student. The interne year has brought into the hospital a large body of keen, active-minded young men who are enlarging their experience under the best of clinical leadership. Each year we have ripened a group of graduates better trained fundamentally in medicine, but still green in the great game of the care of the sick.”

“There has been some attempt,” he said, “to give clinical experience and training to the physicians alongside of the young men who were in the cub-stage of medicine. We have had too few institutions concerned with offering adequate opportunities to the physician himself. There have been a certain number of doctors who received more or less training in the specialties but we have not had in this country graduate Medical centers comparable to those of some of the capitals of Europe.”

Justice Philip J. McCook, of the New York Supreme Court, has stated that to improve materially the standards of the legal profession not only must membership therein be more jealously guarded, but the condition of legal education must be so revised as to arouse in the members of the bar higher idealism and a greater sense of public responsibility.

Dean Young B. Smith, of Columbia University Law School, said that it would be a step forward if all the schools in a particular locality would agree upon some minimum standard of fitness and refuse admission to all applicants who did not measure up to such a standard. It would seem there is no surer way of inculcating into prospective members of the bar a sense of public responsibility than by so organizing legal education as to reveal the function of law in society and the social implications of legal rules and legal practices, in addition to acquainting the students with laws of technique.

Leonard A. Seltzer, writing in the *American Journal of Pharmacy*, stated that “there are, of course, and always will be in both professions persons who will ignore

their responsibilities. On the other hand, the leaders in the professions of medicine and of pharmacy recognize the great significance from the standpoint of breadth, of scope, and vital interest of the relationship of pharmacy and medicine. They recognize also how much greater and more vital is the benefit to themselves and to the public if a cordial coöperation between the two professions exists, and the importance of working for the advancement of such coöperation."

The prescription interlocks the efforts of physicians and pharmacists; it is written after careful diagnosis by the physician; the pharmacist has been trained in the fundamentals of drug knowledge, essentials of dispensing and compounding—the best forms of administration. If the patient treats the prescription indifferently, it signifies his lack of faith in the physician or in the pharmacist; it requires the coöperative efforts of both professions to correct these conditions if they exist, and it is to the interest of both professions and public health standards that professional faith and confidence be in evidence; loss of faith invites calamity. Dr. W. D. Chapman, writing in the *Illinois Medical Journal*, said, "A better-educated public assuredly demands a better-behaved profession."

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#### RENDERING FIRST AID.

**D**IFFERENT viewpoints obtain relative to the rendering of first aid; in fact, the pharmacist often feels that it is safer for a layman to render "first aid" than it is for a pharmacist, and this viewpoint is largely responsible to a number of occurrences which have resulted either in inconvenience or financial worry. "First Aid Service" is explained and taught in various educational institutions, in clubs, to boy and girl scouts, and to a large extent in the hospitals or active service of the military and naval divisions.

In the January number of the *American Journal of Pharmacy* there are two articles which present two different viewpoints, one by Dr. H. C. Wood, Jr., and the other by Dr. F. B. Kilmer, who advocated as little practice of "first aid" as possible by the pharmacist. Dr. Wood agrees with Dr. Kilmer that much harm has been done by well-meaning medical efforts, by persons who do not understand, but he insists that this is argument for more, rather than less, education of the pharmacist in the means to be employed for first aid. He states that he teaches his students it is of great importance to know what to do, but at the same time he believes he is justified in teaching pharmacy students how to do certain tasks which in his opinion they in later years may be called upon to perform.

There is no question but that anyone who sees an accident, and whose judgment tells him that he is competent to help the injured, will render possible aid. In our opinion, Dr. Wood is correct when he says that the students should be taught what not to do and what to do in case of accidents, so as to be of assistance to one who has sustained an injury.

The question has been discussed a number of times in these columns, and in a recent communication to a British pharmaceutical publication a correspondent states "it seems to be rather surprising that 'first aid' has not been included in the curriculum for students." The correspondent refers to his experiences, largely obtained in a doctor's office, where cases of accident were of frequent occurrence; he also relates an occasion when he had the opportunity and did save the life of an

individual who otherwise would have died from hemorrhage. The Editor comments that branches of the St. John Ambulance Society hold classes in nearly all the public centers of Europe and Great Britain, and many of the pharmacists attend these classes and are qualified to give first aid treatment. The Editor comments further by saying that there are, however, legal as well as professional reasons that limit the nature and scope of first-aid treatment that can be given by pharmacists.

The New York Branch, A. Ph. A., discussed several papers on "First Aid" during its December meeting and they are referred to in connection with this comment—see page 80. It would seem that here is a subject that may well receive further consideration by physicians, hospitals, medical colleges, colleges of pharmacy and other organizations.

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#### DEVELOPMENT OF PURE FOOD LAWS AND ORIGIN OF PROPOSAL AND LEGISLATIVE ADOPTION.

**H**ENRY S. MANLEY, Counsel Department of Agriculture and Markets, State of New York, recently discussed "Pure Food Legislation." (*U. S. Daily* for February 3, 1932.) He makes a statement that "the modern movement for pure food legislation in the United States originated with some citizens of New York about 1879, and bore early fruit in a New York statute of 1881, upon a pattern which has been followed in the Federal Act and in nearly all other modern pure food legislation." In 1879 Dr. Edward R. Squibb read a paper before the New York Medical Society on "A Proposed Law to Prevent the Adulteration of Foods and Medicines and to Create a State Board of Health."

The outstanding work of Dr. Squibb is well and favorably known to the members of the AMERICAN PHARMACEUTICAL ASSOCIATION, because during many years he was an active worker among them. The purpose of this comment, however, is to call attention to the interesting and instructive article by Dr. L. F. Kebler<sup>1</sup> on "George Thorndike Angell, the Fearless Pioneer for Pure Foods and Drugs." Due reference is made to the work of Dr. Squibb in this legislation and the clause which aided in bringing about the legislation regulating the manufacture of foods.

In a prior article Dr. Kebler<sup>1</sup> discusses the work of three pioneers in initiating federal pure food and drug legislation; they are: Hon. H. B. Wright, of Pennsylvania; Gen. R. L. T. Beale, of Virginia; and Col. H. Casey Young, of Tennessee. It may be stated here that one of the reasons for the organization of the AMERICAN PHARMACEUTICAL ASSOCIATION was the desire of pharmacists to improve the provisions under which drugs and chemicals were imported. Quite a time before 1848, the United States Pharmacopœia had appeared (1820) and the interest shown in the standards for foods and drugs was evidenced by the publications and writing of that period.

Frederick Accum's treatise on "Adulteration of Foods" appeared about the same time as the first edition of the Pharmacopœia. In 1823, James Cutbush, pharmacist and physician, published his lectures on food adulteration, and shortly before the enactment of the law of 1848 Lewis C. Beck's book, entitled "Adulteration of Various Substances Used in Medicine and the Arts," appeared. The first

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<sup>1</sup> *Jour. A. Ph. A.*, 19 (1930), 591, 753.

general pure food bill was introduced on January 20, 1879. This was known as the Wright Bill, but no final action was taken relative to its enactment.

In 1881 a commission of three persons was appointed to investigate and report on the adulteration of foods and other articles. This commission made an exhaustive report and, gradually, led the way to the Federal Pure Food and Drugs Act. The American Medical Association is providing standards for foods, and thought may be given by pharmacists to supply such standardized foods for invalids and the sick-room.

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#### CHEMISTS AND CHEMISTS.

**T**HE CHEMIST for January, under above caption, in an editorial states that "one conclusion which can be reached from the discussion of the professional status of chemists is that chemistry is a profession whose field can be definitely limited. All bricklayers lay bricks. Some lay more or lay them better than others. Practically all physicians deal with the care of the human body, although some are chemists and a few are speculative builders and real estate operators. Many chemists have nothing specific to do with chemicals or materials. Chemists are not only research men and analysts, but also patent lawyers, designing engineers, and plant executives. We no longer say that a man is not a chemist because he has graduated from the laboratory to some form of executive work. If we did a sizable percentage of our members would have to give up their fellowship in the Institute.

"To what does this all lead us? Simply to a realization that the problem is much more complex than the case of the lawyer or physician or other professional group. It will not be so twenty years after there is a definite licensing plan for all chemists. Within that time chemistry will have provided boundaries for itself.

"Haven't you met some one to whom you were introduced as a chemist, who immediately said: 'Oh, yes, I want to ask you a question—Is tincture of ipecac good for colic?'

"With all the varieties of chemists in mind can we expect homogeneity or solidarity without some special effort?"

Wonder if the editor of *The Chemist* has ever thought of the pharmacist?—Scheele certainly was a pharmacist throughout his short life, but chemists claim him; seldom do they mention the fact that he was a pharmacist. He declined a place on a faculty, fearful that he would neglect the work in his apotheker. Sertürner was a pharmacist; his pharmacy is still standing and is still a pharmacy. A monument to Caventou and Pelletier designates them as two French pharmacists who discovered quinine but, usually, they are spoken of as chemists, and so we could go through a very long list of noted pharmacists. We hope *The Chemist* will always credit pharmacy with its achievements and not overlook those who honored this profession, and we wish the publication success in holding chemists within its professional fold.

A pharmacist does not necessarily cease to be a pharmacist when he makes important discoveries in chemistry, as shown by the examples given.

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"Unless we act wisely and with courage among ourselves and speak with one voice among the family of organizations, our own educative efforts may be expected to presently lead intelligent people to resent in us futilities which they do not understand."—DR. W. D. CHAPMAN.