

## EDITORIAL

E. G. EBERLE, EDITOR

2215 Constitution Ave., WASHINGTON, D. C.

### THE PHARMACY.

THERE has been greater demand during the past several months for information that may be helpful in the establishment of professional pharmacies and reference is therefore made to two contributions published in the August issue of the JOURNAL. There has also been discussion on the same subject in British Pharmaceutical publications.

Liberty is taken in quoting from an article in a recent issue of the *Chemist and Druggist*:

"Any suggestion to limit the sale of therapeutic agents to pharmacists is usually dismissed as Utopian, but no explanation is ever vouchsafed as to the desirability of perpetuating the unrestricted sale of medicines. For this reason the pharmacist in this country (Great Britain) has been compelled to take up the sale of many articles more or less remotely connected with pharmacy, simply in order to make a living; and in taking up these side-lines he necessarily enters into competition with other traders."—An evidence that things may not be so very different from conditions in this country.

It is therefore pleasing to refer to a professional pharmacy which succeeded a strictly commercial drug store, one wherein many items that had no relation to pharmacy were sold. The change to the present status, which is exclusive, was the result of years of development, but after due consideration elimination of side-lines was made quickly.

The contributor of the other article conceived the idea that his establishment could render better pharmaceutical service by separating it into two divisions, one professional and the other devoted to the soda fountain, candies, cigars, etc. Two entrances to the store from the street were provided, one leading directly to the professional pharmacy and the other to the commercial section. This move, at first an experiment, has turned out to be very satisfactory.

R. L. Swain concludes his column in *Drug Topics* of November 12th: "No doubt real pharmacy will always be in conflict with the commercial side of the store. No doubt pharmacists will always be torn between contending forces. However, just so long as pharmacists maintain a proper balance between their various duties, and bring their best talents to professional work, drug stores will be truly public health institutions, and pharmacists, indeed, more than merchants."

### "HOW MUCH IS A TEASPOONFUL?"

THE *Journal of the American Medical Association* comments editorially on the article on above subject in the August JOURNAL by F. W. Nitardy. The editorial concludes: "Since the average teaspoon obviously holds more than 4 cc., an effort should again be made to have a more nearly correct metric equivalent for the average teaspoon recognized in the United States Pharmacopœia."

The subject is somewhat in line with the reports of the Committee on Tolerances by S. L. Hilton, Robert L. Swain and Hugo H. Schaefer, published in the

August JOURNAL, 1934, and October issue of 1933; also with the extensive reports made by Marvin J. Andrews on "Determination of the Reasonable or Permissible Margin of Error in Dispensing;" and the "Accuracy of Medicine Droppers with Flared Tips," by William J. Husa and Lydia M. Husa.

In the concluding paragraph of the latter article it is stated that "from the results given it is apparent that the medicine droppers with flared tips delivered drops 35% to 60% larger than recommended by the Brussels Conference."

Other interesting and important measurements are reported in the paper first quoted and all the references cited point out that variations in effect may be due to the quantity administered and not due to variations from the standards of the products dispensed. How best to standardize the teaspoon for dosage has been a subject of study for many years and the importance is always brought forward by the revisions of the U. S. Pharmacopœia and National Formulary. It remains a question as to whether the laity can more readily be impressed with the need of accuracy than the manufacturers. Should the latter be required to stamp the measure of capacity on the spoon to be used for dosage? If so, 5 cc. as a dose basis (teaspoonful), is suggested, following the standards and suggestions of others.

#### DISGUIISING VALUE OF COLLOIDALITY.

A STUDY of vehicles for medicine has been the subject of a number of contributions by Bernard Fantus and co-workers. In the one dealing with Acacia on the value of colloidalilty and that on Glycyrrhiza vehicles as disguising agents were brought out and seem worthy of further consideration. As a vehicle for the administration of urea no vehicle was found to be as good as Syrup of Acacia, and methyl salicylate was found to be an ideal flavor for the syrup. The results of the study suggest further investigations and applications.

Glycyrrhiza has proven to be a valuable disguising agent by the medical profession, evidenced by the increase of its use in some prescriptions as shown in Professor Gathercoal's report. The authors state that the disguising power of glycyrrhiza for saltiness appears to be more than a mere matter of sweetness; apparently, there is a loss of saline ions as far as taste sensation is concerned. The latter results are discussed in the paper published in the September JOURNAL on page 916. A further result, however, is not as favorable, *i. e.*, Aromatic Syrup of Eriodictyon is superior for disguising the bitter taste of alkaloids. The research has also brought out that there is variance in glycyrrhiza which affects the palatability of the preparations therefrom and this is not due to taste idiosyncrasies of individuals.

The favorable and unfavorable reports have made the subject worthy of comment as it presents opportunities for pharmacists to coöperate in this research, which may be helpful in prescription service.

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#### GLYCYRRHIZIN CONTENT OF LICORICE JUICE.

As the result of a comparative investigation, Z. Csipke (*Ber. u. Pharm. Ges.*) concludes that either a standard should be set for the glycyrrhizin content of the juice, or it should be prepared directly from the root. The method of Eder and Sack, in which the furfural obtained from the hydrolysis of the glycyrrhizin is determined by precipitation with barbituric acid, was found to be very satisfactory for the present purpose.—G. MIDDLETON, *Quart. J. Pharmacy & Pharmacology*.

## THE CONSOLIDATION OF PHARMACAL FORCES.

BY ROBERT P. FISCHELIS.\*

RECENT developments in American pharmacy have again emphasized the necessity for unifying the forces which contribute to the welfare of the profession and the drug industry. A specific proposal upon which attention has been centered for a number of years is the proposed consolidation of the AMERICAN PHARMACEUTICAL ASSOCIATION with the National Association of Retail Druggists. Emphasis was given to this proposal by the experiences of those engaged in the retail drug industry when they endeavored to obtain from the National Industrial Recovery Administration a Code of Fair Competition which would eliminate some of the undesirable features now hampering recovery. The government demanded that those who claim to represent retail pharmacy should really represent it as far as numbers of units are concerned. As long as no one questioned the authority of the representatives of retail pharmacy to speak for the industry as a whole, the question of membership statistics did not come to the foreground. With the attempt to curb some of the practices resorted to by minority groups in the industry there came the challenge as to adequacy of representation by the spokesmen of the retail drug industry.

It has been assumed that the National Association of Retail Druggists speaks for retail pharmacy from a business standpoint. It appears proper, therefore, to urge every owner of a retail pharmacy to join the National Association of Retail Druggists in order to obtain proper representation along economic lines.

The AMERICAN PHARMACEUTICAL ASSOCIATION, although representative of all phases of pharmacy including manufacturing, wholesaling, retailing, teaching, law enforcement, research and economics, took part in the formulation of the National Retail Drug Code and is listed among the sponsors of this Code. It did not take such a part in the sponsorship of any other code within the drug industry. It was natural, therefore, to assume the AMERICAN PHARMACEUTICAL ASSOCIATION to be predominantly interested in retail pharmacy, although such is not necessarily the case. It was argued further, that there is no need for two national associations to look after the business interests of the retailer.

More recently a proposal has been made to merge the interests of the various State Pharmaceutical Associations into a National Federation which would at once exceed in its total membership both the National Association of Retail Druggists and the AMERICAN PHARMACEUTICAL ASSOCIATION, because the sum total of members of State Pharmaceutical Associations is greater than the total membership of both national associations. District conferences of State Associations recently formed appear to be the first step toward federating State Pharmaceutical Associations.

With the foregoing facts as a background it is easy to understand why many retail pharmacists are advocating a physical merger of the AMERICAN PHARMACEUTICAL ASSOCIATION and the National Association of Retail Druggists. Dr. James H. Beal, a former President of the AMERICAN PHARMACEUTICAL ASSOCIATION and a member of its Council, has argued eloquently against a physical merger of

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\* President of AMERICAN PHARMACEUTICAL ASSOCIATION.

the two associations on the basis that their scheme of organization is different, that their objectives are dissimilar and that both are needed in their respective fields of service and influence for the development of pharmacy as a whole. Many another past-president of the ASSOCIATION has been convinced after careful study that consolidation would be both desirable and possible if human factors could be controlled.

The National Association of Retail Druggists, at its New Orleans convention, passed a resolution disapproving consolidation of the two national associations. However, it agreed to appoint a committee to meet with a similar committee from the AMERICAN PHARMACEUTICAL ASSOCIATION to discuss methods of coördinating the activities of the two associations and bringing about closer coöperation between the National and State Associations.

It seems necessary under the circumstances to clarify the position of the AMERICAN PHARMACEUTICAL ASSOCIATION on the subject of consolidation. The writer of this editorial in his contacts with State Pharmaceutical Associations and in a communication to the National Association of Retail Druggists, expressed the view that physical consolidation and merger of the tangible assets of the two Associations is not necessary for a consolidation of pharmacal forces at this time. It is the latter consolidation which pharmacists in the United States desire. They are relatively uninterested in the method but they are very much interested in results. It is conceivable, of course, that if methods are devised for unifying pharmacal forces and obtaining the results which pharmacists in all lines of activity so greatly desire, some form of merger of all associations now in the field may result in the future. It is clear, however, from a careful examination of the political, financial and general situation within State and National associations that physical consolidation is not the first step in the process of consolidating existing pharmacal forces.

It must likewise be clear to the keen observer that the AMERICAN PHARMACEUTICAL ASSOCIATION, with its all-inclusive membership, constitutes the starting point for united effort in all directions. Its interests are general. It is the oldest national Pharmaceutical Association and is commonly referred to as the Mother of Pharmaceutical Associations in the United States. Its offspring may be found in every specialized field of pharmacy and the difficulty seems to be that the family has not had a real reunion for many years. It seems as though the time for such a reunion is at hand and it is the hope of the present administration of the AMERICAN PHARMACEUTICAL ASSOCIATION that when its representatives meet with representatives of the National Association of Retail Druggists at the special committee meeting early in December and with the representatives of the National Drug Trade Conference at another meeting in December, the Mother Association will be looked upon as the leader in constructive effort for the good of the profession and that the specialized units within the industry, while pursuing their individual tasks and carrying out their specific functions, will nevertheless support a renewed consolidation of pharmacal forces for the benefit of all concerned.

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