

holds a spring and a fall regional meeting independent of the yearly convention; on October 17, 1933, at the Hagerstown regional meeting, it was proposed and passed that a letter should be mailed to every pharmacy in Maryland, asking for a donation of one dollar. There were about 75 members present at this meeting and about sixty-five dollars were collected before adjournment.

On November 1st, the appeal requesting this donation was mailed to every pharmacy, and to date about \$400.00 has been collected. The outcome of this appeal for one dollar was somewhat of a surprise, as it was expected to receive at least 90 or 95% of replies from the independents and little or no support from the chain organizations; however, the chains responded 100% and the responses from the independents was below the expectancy. This loss being observed, the Baltimore Retail Druggists' Association formed a committee to canvass every drug store in Baltimore that had not subscribed, and to date the result has been very satisfactory.

There have been a number of joint meetings of the pharmaceutical bodies with the doctors and on each occasion some comment was made of the value of the U. S. P. and N. F.

It is gratifying that the *Maryland Pharmacist* has been good enough to give the space of two pages or more for this work. The second mailing has just been completed and responsive thereto a number of very complimentary letters from medical friends have been received and the results of the undertaking are very encouraging.

NOTE: Reprints and formulas accompanied the paper, also copies of an address on "U. S. P. and N. F.—Their Relationship to the Cost of Medical Care," by R. L. Swain, delivered before the Maryland Academy of Medicine and Surgery, January 16, 1934, reprinted from the *Maryland Pharmacist*, February 1934.

Accompanying a series of prescriptions (exhibited with the paper) mailed to physicians it was stated:

"The purpose of sending you these prescriptions is to direct your attention to some of the useful combinations which can be made from items official in the Pharmacopœia of the United States and the National Formulary with the hope that you may be induced to make more frequent use of these standard works in writing your prescriptions. If you have any criticisms to make of the above prescriptions or any suggestions to offer as to other means by which we may accomplish our purpose, it will be appreciated if you will communicate them to the Committee.

"Prepared under the auspices of the U. S. P. and N. F. Publicity Committee of the Maryland Pharmaceutical Association and the Baltimore Retail Druggists' Association."

(Signed) MARVIN J. ANDREWS, *Chairman*.

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## THE PHARMACEUTICAL POSSIBILITIES OF DENTAL SUPPLIES.\*

BY LEON RICHARDS.<sup>1</sup>

The potential possibilities in the field of dental supplies are worthy of considerable attention by the present-day pharmacist. This opportunity of mutual benefit by the coöperation of the professions of dentistry and pharmacy demands more than casual interest. It is not a new idea, but the advantages to be gained from this coöperative effort seemingly need more emphasis. The knowledge and services of both groups are not being utilized to the extent they should be.

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\* Section on Practical Pharmacy and Dispensing, A. PH. A., Washington meeting, 1934.

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It can hardly be disputed that the dentists are required to pay exorbitant prices for a number of relatively simple mixtures masquerading under meaningless, high-sounding titles. This exploitation, by some manufacturers, has created an antagonistic reaction within the profession and the dentists are a ready market for the pharmacist seeking new fields for his professional services.

There are a large number of secret formula preparations being sold to the dentists by supply houses that can be successfully replaced by official preparations, or materials prepared from recognized formulas. The scientific background of the pharmacist especially equips him for this specialized work and he should avail himself of this opportunity to increase the scope of his professional services.

Frequently, the practitioner unknowingly has been imposed upon by some of the manufacturers. Certain dental supply houses and nostrum dealers have persistently foisted harmful preparations on the public and the dental profession in the guise of beneficial remedies. The hydrochloric acid tooth stain removers are outstanding examples of this type of preparations; some of them have been found by chemical examination, to be strong hydrochloric acid solutions—a rather important matter which some supply house salesmen have neglected to mention.

The remedy for this situation has been suggested by the Council on Dental Therapeutics of the A. D. A.; it is for the purpose of correcting this condition that they publish from time to time critical reports on various products submitted to them for approval and recommend that U. S. P. and N. F. materials be used whenever possible. Many outstanding men in their profession have courageously pointed the way. Dr. Harold S. Smith (1), chairman of the Council, in his article entitled, "Dental Proprietary Remedies and Nostrums," states:

"Many of these remedies are secret formulas carrying some fancy copyrighted name, and carrying, in some cases, in the literature accompanying them, therapeutic claims which may not be supported by scientific evidence. This situation would not exist if the therapeutic training of the dentist were adequate. If it were adequate, he would consult the U. S. P. and N. F. regarding the therapeutic agents required, and secure them on the basis of rational costs, rather than on the tremendously inflated prices of the proprietary formulas."

This work of the Council has been supplemented by various papers that have pointed out official materials especially applicable for dental use. For example, Aaron Isaacs (2), associate chemist of the Bureau of Standards, comments on mercury as follows:

"Many different terms such as pure, chemically pure, distilled, redistilled, double distilled and U. S. P. are used to designate the quality of mercury—none of these terms has a definite meaning except the term U. S. P. and the requirements given in the U. S. Pharmacopœia are entirely adequate for mercury to be used in dentistry."

The fact that a busy dentist does not have time, nor possess the specialized training necessary to evaluate new drugs tends to emphasize the dependability of the official products. However, the average practitioner needs to be more fully informed concerning the individual materials that he can utilize in his office. Therefore, the pharmacist should detail his dentists on the specific materials that he is able to supply them at reasonable prices.

To this end there are listed below as suggestions, a few of the more common materials found in dental offices:

1. Arsphenamine U. S. P., in the treatment of Vincent's disease.
2. Howe's Ammoniacal Silver Nitrate Solution (3), to retard the progress of dental decay.
3. Compound Chloroformic Solution of Mastic, N. F. V, pulp capping.
4. Chloroformic Solution of Rosin, N. F. V, pulp capping.
5. Dental Polishing Paste (Mickelsen) (4), professional use only.
6. Compound Dental Liniment of Aconite, counter-irritant for relieving pain involving the gums.
7. Compound Dental Liniment of Aconite and Iodine N. F. V, used on the gums as a refrigerant counter-irritant.
8. Eugenol U. S. P., reducing agent.
9. Formaldehyde U. S. P., reducing agent.
10. Toothache Remedy N. F. V, Black's well-known 1-2-3 mixture.
11. Liquefied phenol U. S. P., devitalizing agent.
12. Mercury U. S. P., amalgams.
13. Compound Solution of Iodine U. S. P., disclosing agent.
14. Tincture of Iodine U. S. P., counter-irritant and antiseptic.
15. Sodium Perborate, treatment of Vincent's disease.

## REFERENCES.

- (1) Smith, *Jour. A. D. A.*, 18 (April 1931), 637.
- (2) Isaacs, *Ibid.*, 19 (January 1932), 54.
- (3) Gorden, *Ibid.*, 20 (March 1933), 530.
- (4) Mickelsen, *Jour. A. Ph. A.*, 22 (November 1933), 1115.

## HOSPITAL PHARMACY.\*

BY RICHARD D. FRANKLIN.<sup>1</sup>

## MANUFACTURING.

The amount of manufacturing to be regarded as advisable depends largely upon the number of prescriptions dispensed and the number of pharmacists employed. For a small hospital with only one pharmacist it is often advantageous to buy most of the finished preparations. Our hospital has a capacity of about 300 beds, and treated 35,000 out-patients during the past year. We have found it profitable to manufacture many of the official and non-official elixirs, ointments, mixtures and solutions, but deem it advisable to buy many other preparations, such as assayed tinctures and fluidextracts, ampuls of various medicinal substances, and all tablets and pills. In other words, the simpler preparations can be made in the pharmacy, while those requiring more elaborate equipment, or better suited to mass production, should be purchased.

## PURCHASING.

Purchasing merits the personal attention of the pharmacist, and should not be left entirely to the purchasing agent. Quality and service are most important,

\* Charles V. Chapin Hospital located in Providence, R. I., was formerly known as the Providence City Hospital; the name was changed in December 1931, in honor of Charles V. Chapin, M.D., who was for forty-eight years Superintendent of Health of Providence. The hospital was, primarily, for infectious diseases, but tubercular and neuropsychiatric patients are treated also.

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