

would not want our lawyers, our doctors, our apothecaries, our clergymen, to be distinguished principally as mere business men. We like to have them remain in the realm of professionalism, and be as great and as useful in professional work as others are in the business field. Now, I trust that with these great houses compounding so many of the things that the apothecaries themselves compounded not many years ago, that we will not have a change in this line of work, and that the apothecary may remain the professional instead of the business man, realizing, of course, the necessity of good judgment and of business skill in the conduct of any business enterprise. There are very important matters connected with pharmacy that are wholly unrelated to the mere question of bookkeeping and income and outgo. We are all interested, and you are particularly interested, in the legislation tending to restrict the use of noxious drugs. Here is a line of endeavor that of course should be absolutely divorced from the business end of the work. Here is a question that appeals to you as professional men and as men who desire to adapt their profession to the best interests of their brothers and sisters, and any attempt, I fear, to connect this kind of legislation with the business end of the pharmacist's occupation and profession would tend to detract from the high professional standard that the apothecary has always had, and that the modern pharmacist should endeavor to maintain. I am not a pharmacist, but a mere observer. I have spoken simply as a layman in a general way. My purpose in coming here was not to deliver a lecture. I could not hope to impart advice to men and women like yourselves who have studied the subject for years, but I may in a way represent the layman who looks upon the pharmacist as the majority of laymen do—who wishes him well and desires to see the time-honored and highly-respected profession maintain all that is good in it, and push on to high and better results. I welcome this body here this morning. I repeat my greeting. I trust that you will accomplish much for yourselves and much for the benefit of your profession throughout the state and country. I thank you.

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### THE HARRISON ACT.

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F. H. FREERICKS.

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All comprehensive narcotic legislation is of comparatively recent origin. The first state in the Union to pass a law governing the sale of cocaine was New York, only twenty-three years ago. This was followed within the next five or six years by similar laws in all of the states. It is with considerable pride that we note all of these laws, as enacted in the various states, to have their origin with, or to have been enacted because of the strong support which they have received from pharmacists.

However, after their enactment, it soon became apparent that the narcotic evil had grown to such proportions that these laws in the different states were insufficient to control it. This was due in part to the inadequacy of the state laws, and in greater part to the fact that state officials were either unwilling, unable, or indifferent with reference to the enforcement of them.

It was about seven or eight years ago, that the matter of a general federal law

governing the distribution of narcotics was advanced for the first time. A few years later Dr. Hamilton Wright, who was at that time connected with the Federal Department of State and a representative of our government at the Hague Opium Conferences, became aware of the enormous amount of narcotics then being used in this country. It is reported that he resolved to secure, in some manner, federal legislation which would control the narcotic evil as it existed in this country, and I want to say to you that the federal law which is before you to-night comes to us primarily through the activity of Dr. Hamilton Wright. He was chiefly instrumental in its introduction in Congress. It then first attracted the greater attention of Pharmaceutical Societies, most of which went on record as favoring such a law. Congressman Foster, of Vermont, introduced the original bill, the underlying purpose of which was the control of narcotics, but however little was done toward securing its enactment, for several years. Then Dr. Wright with persistent effort, using his influence with men of standing and power, induced Congressman Harrison, now Governor of the Philippines, to introduce his bill first known as the Foster Bill, but now known as the "Harrison Act." Both Foster and Harrison had little to do with the drafting of the bill.

It was three years ago, that it became generally known that stronger effort was being made to enact a law of this kind. The American Pharmaceutical Association, then in session at Denver, decided to call a conference of the various National Drug Societies throughout the country for the purpose of coming to some decision in the matter. At the conference so called together there were gathered representatives from the various National Pharmaceutical Societies, including manufacturing chemists, and the National Wholesale Druggists' Association. They considered the bill in all its phases, and soon found that it contained an enormous number of impossibilities, not that it was the intent to cause unnecessary trouble, but because the man who had drafted it lacked the necessary practical experience to know how to make it meet the practical needs. Dr. Wright was persistent to have his draft adopted, and the bill was to be brought before the House on the next day. The National Drug Trade Conference proceeded immediately to formulate its objections and presented them at a meeting of Congressman Harrison's Committee arranged for that purpose. There were present at this meeting representatives of the American Medical Association, the Veterinarian Society, Dental Association, and representatives of various other National bodies connected with medicine and pharmacy. After the objections were presented, it became apparent to the Committee in charge, that the Bill, as it was, could not be, and should not be, enacted into a law. It was the decision of Chairman Harrison of the House Committee that Dr. Hamilton Wright and the Drug Trade Conference should together draft a National Narcotic Law, and that he would then see to its enactment. On the same evening and extending through the following days, the conference of the National Drug Trades met with Dr. Hamilton Wright, without coming to an agreement, and this resulted in many subsequent meetings. It should be mentioned that the National Drug Trade Conference at its organization decided that delegates representing all the National Societies interested in this law should be invited to attend its future meetings. I wish to say that in all the sessions that took place for two years thereafter, there were invariably present, representatives of the American Medical Association, who took part in the discus-

sion. I am free to say that, in my judgment, the representatives of the American Medical Association either directly or indirectly have been more largely instrumental in having this law passed as it is to-day than any one set of men constituting the Conference. The representatives of the American Medical Association most prominent in the discussion were Dr. Woodward, of Washington, and Mr. M. I. Wilbert.

Now, I do not mean to go beyond what I have said in speaking of the law and how it was secured, other than to say that Federal Narcotic legislation is, I believe, an essential thing, to supplement State Laws, in view of the fact that the narcotic evil has grown by leaps and bounds until to-day there is not a week passes but that at least 100 arrests for the violation of state laws, as they now stand, are made. It must be plain that, where there are regularly on the average 100 arrests weekly for the violation of a given law, there are many, many more times that many violations.

I have been presented to you as a member of the National Drug Trade Conference. I refer to that fact, because in what I am likely to say, I do not want to be misunderstood. I did have the honor of representing the National Association of Retail Druggists in the Drug Trade Conference, but I wish to say that the form of bill which has now become a law found the more or less willing approval of 14 members of said Conference,—two subsequently dissenting,—and did not find and has not yet found the approval of one member of that Conference, and that member is myself. I tell you this so that I may not be misunderstood. I am not prepared to defend in every respect the form of the law as it now stands, nor am I prepared to defend all the regulations that have been drafted under the law. But it seems to me that the question is, not whether we like the law or whether we like the regulations which have been drafted under the law, but *that we have the law, and we want to know what it is and how it applies to us*. While I am not prepared to defend every provision of the law, yet its aim I am prepared at all times to defend.

The law we are discussing this evening is known and will be known as an Act of Congress approved the 17th day of December, 1914. It will also be known as the Federal Narcotic Revenue Act. Its regulatory provisions are an incident to the taxing powers. The law contains twelve sections, the three last of which concern the government and its officials. To my mind, it seems, first of all, that the ninth section is the most important. It provides that any person who violates the Act is subject to a fine of not more than \$2000.00, or to imprisonment of not more than five years, or both. This alone seems sufficiently important to awaken all of us to the necessity of complying with the provisions of the law.

In Section 1, the law provides that "Every person, partnership, association, company or corporation who produces, imports, manufactures, compounds, deals in, distributes, sells or gives away opium or coca leaves, or any compound, manufacture, salt, derivative or preparation thereof, and not specifically exempt, must, on or before the first day of March, 1915, register with the Collector of Internal Revenue of the district" and pay the special tax imposed for the period, March 1, 1915, to June 30, 1915, amounting to thirty-four cents. That means that every person who is in possession of these drugs with a view of supplying others, no matter in what form or under what circumstances, must be registered under this act. I

should here say that Section 6, by inference, provides that there should be included in the list of drugs specially named under Section 1, alpha and beta eucaine, or any synthetic substitute for cocaine. The field of synthetic substitutes for cocaine and eucaine, including novocaine and alypin, should be constantly in mind.

From now on, for the sake of brevity, I shall use the term "Doctor" to refer in a general way, not to doctors alone, but to dentists and veterinary surgeons, unless for some reason, it becomes necessary to specifically refer to one of them. I understand that the local Collector of Internal Revenue has distributed the Blanks for Registration among the doctors, but unless you have had such application, it is necessary for you to either go or write to the Collector of Internal Revenue for your District, and have him send you an application to register under the Federal Narcotic Act, and to have the necessary revenue stamp. I would suggest that you write for a requisition form upon which you will have to secure the so-called official order forms, which are also furnished by the Internal Revenue Collector. After receiving your application form, go to the Internal Revenue Office, or to a notary, to be sworn, then send it in together with the specified tax. If you see fit to make requisition for order forms, send an additional ten cents. The order forms are done up in tablets of ten forms each. Your remittance will need to be made in U. S. Money Order, cash, or certified check. Forty-four cents covers the tax until July 1, 1915, and ten duplicate order forms. After that date an assessment of \$1.00 is made for the ensuing year, and ten cents for each ten order forms in duplicate.

Doctors must register but once, and that from their office. Druggists, however, are required to register from each separate place of business that they may conduct, and, under a ruling of the Commissioner, which I have, they are required not only to register for the purpose of dispensing on physician's prescriptions, but they are also required to register for the manufacture and sale of narcotics. In other words, a druggist must register under two separate provisions. Certain classes have been provided for, one for Doctors, Dentists, and Veterinarians. In another class belong the manufacturer and the wholesaler, and in still another class, the pharmacist who would sell only on prescriptions. The Druggist under above-mentioned ruling, which may be changed, will need to secure registration both for selling and manufacturing, and again for the purpose of selling at retail on prescriptions, so that each retail druggist, if he has but one store, will have to register twice. The doctor, druggist or dentist who may have an office and a separate residence should register from the office only, but if his office is not separate from his residence, it is, of course, necessary to register from his residence.

The law in Section 1 provides that employees who act within the scope of their employment, and are employees of registered doctors or druggists, do not need to be registered. That is important, because under Section 8 of the law, it is made unlawful for any person other than those who are registered to be in possession of any of the drugs, except in cases of certain exemptions, which will be later referred to.

Under Section 1, the law does not apply to County, State, or Municipal Hospitals, or Penal Institutions, and it does not apply to the Doctor who is engaged

therein, when so engaged. In other words, such county and municipal hospitals are not required to register under the act, and they may purchase the drugs and no record need be kept of the supply to such institutions. The Doctor who visits such *public institutions* is not required to make record of any of the drugs he may order therein, but in private hospitals, the Doctor is required to give to the person dispensing the drug, some authority for doing so. The best way to order narcotics in private hospitals would be to write prescriptions, and for the druggist at such hospitals to fill only under prescription. That applies to private institutions, and in private hospitals, it is always necessary, for the Doctor to make a written order *not to be kept by him*, but to provide a record to be kept by the person who supplies the drug in the house.

With reference to veterinarians, many, I believe, conduct hospitals of their own, and whenever this is the case, they are, under the regulations of the department, required to make a record of all the drugs they would dispense and use in their hospitals.

Under Section 8, possession of the drugs by unregistered persons becomes absolutely unlawful, except in cases of specified exemption, and when these drugs are found in the possession of any unregistered person, it is for that person to prove that he is in lawful possession of them. Possession is lawful when in the hands of a person acting within the scope of his employment. Possession for a registered person is lawful when found in the hands of nurses to whom they have been given by the Doctor, when they are used under the supervision of the Doctor, and only in such cases is possession of narcotics by nurses lawful unless they are registered. They must come from the doctor to the nurse for use in administering to the patient of that doctor, and in no other way.

Possession is lawful for those who have it because of a doctor's prescription, or to whom as a patient it has been given by the doctor.

There is one very important exemption with reference to preparations that contain some of these drugs in minimum quantities, and I would make clear that this includes preparations on physician's prescriptions. This exemption is with reference to preparations that contain, in the fluid or *avoirdupois* ounce, not more than 2 grains of opium, nor more than a  $\frac{1}{4}$  grain of morphine or its salts, nor more than  $\frac{1}{8}$  grain of heroin, nor more than 1 grain of codein. In other words, an ounce may contain not more than two grains of opium, not more than a quarter of a grain of morphine, or  $\frac{1}{8}$  grain of heroin, and not more than a grain of codein. If it *does* not contain more than these quantities, then the act does not apply in any shape or form. Preparations for external use that are in good faith intended for external use may contain any quantity of opium, or any quantity of the derivatives of opium. Neither the doctor nor the druggist is required to make a record of such distribution. It is a question as to whether suppositories should be regarded as being for external use. I do not believe that the pharmacist would be allowed to sell suppositories unless upon a doctor's prescription. No preparation intended for either external or internal use may contain any cocaine, alpha or beta eucaine, nor any substitute for them, unless it be on doctor's prescription or record.

There is an exception with reference to decocainized coca leaves, or, in other words, the leaves or its preparations from which all cocaine has been removed.

Section 2,—the most important section of the law, in so far as it concerns us all, provides that the sale and distribution of the narcotic drugs may now be made only on an official order form excepting certain exemptions. There can be no sale by the manufacturer or by the jobber to either the doctor or the druggist, unless it be on this official order form, which has been specially drafted by the internal revenue department, and is supplied by the collector of internal revenue. It will contain your registry number and bear your name, and you will retain this number throughout the period of registration and also when you re-register. Each order form, when filled out, must carry the date of the order, also your signature, registry number and address. It must be made in duplicate, and the original is sent to the manufacturer, to the jobber, or to the pharmacist, and must be preserved by them for two years. It must be filed by the person or firm filling that order in its regular numerical order. For instance, all orders from a person registered as No. 95 must be filed together, no matter when they come. The doctor or druggist who places the order, is required to keep his duplicate when order is filled, for two years in a place readily accessible for government officials who are charged with the enforcement of the act.

All sale and distribution of narcotics, as stated, must be upon official order forms, excepting in instances governed by sub-section (a) and (b) of Section 2. The drugs that the doctor, dentist, or veterinarian supplies to his patients upon whom he *personally attends*, need not be recorded on the official order form. Under a regulation which the commissioner has promulgated it is ruled by him that personal attendance *means personal visits*, and the doctor is required to make and keep a record of all the drugs that he would dispense, to his patient, at the office, but he need keep and make *no record when he visits the patient at his home*. In other words, the doctor is not required to make or keep a record when called to attend a patient at the patient's home. He may there dispense all the drugs necessary without being required to make or keep a record. But when the doctor dispenses in his office, he must make a record of that he dispenses. He may select any kind of record-book that suits his fancy, but it must be kept specifically for that purpose, and he must enter therein the name, and address of the patient, and the date, and quantity of the drug dispensed to that patient. This applies also to the administration of hypodermic injections of narcotics in the office, but not at the bedside of the patient. This must be done regardless of the quantity that may be administered. This applies to dentists as well. Every time a dentist uses cocaine or a synthetic substitute in a dental operation, he will have to make a record of it in his office. I have already stated that when the doctor prescribes these drugs in private hospitals, he must provide the means of recording to the person who gives the drugs. The most ready way is to write a prescription to be filed by the pharmacist, or it can be noted on the chart containing the patient's hospital record. Private hospitals are required to show what they have done with narcotics bought on official order forms, and there will be no way to do this unless the doctor gives them some written order.

Now, I have stated that any kind of book that suits you, can be used as a record book, but it must be used exclusively for recording the distribution and the dispensing of these drugs. I would suggest that it be used also to keep therein your

duplicate copy of orders that you may give, and also an inventory to which I will refer later.

After the first day of March, no pharmacist will be permitted to fill your prescriptions for these drugs unless you are registered under this act. The prescription which you write must contain your registry number, your name and address, the name and address of the patient, and finally, of course, the quantities ordered, and the doctor's full signature. Pharmacists may not fill prescriptions wherein these requirements have not been fulfilled, except, of course, with reference to compounds that may be ordered on prescription which contains not more than the minimum quantities allowed.

The question has been raised as to whether a doctor might not, after having written a prescription meeting all the requirements of the law, order such prescription refilled in writing. This is a matter that has not been ruled upon. However, I should think that, if the prescription-blank upon which the doctor would order a re-filling of the first prescription, complies with all the original requirements, then he should be authorized to write "Re-fill prescription, No. —," and the pharmacist should be authorized to refill it. The pharmacist, when he receives a doctor's prescription for any of these drugs must keep it upon a separate file. He may number his prescriptions in their regular order, but those containing these drugs beyond the exempted quantities, must be kept on separate files by the pharmacist. If the pharmacist does not choose to keep them on separate file, he is required to keep a record-book in which he must enter, in each instance, the name, address of the person for whom the prescription is intended, and the name of the doctor. He must use one of two ways. The most practical way, in my judgment, would be to keep two files, to number the prescription in its regular consecutive order, and to keep those containing narcotics on separate file, referring thereto by memorandum on the principal or regular file. Let me say to my friends, the druggists who are here, that if I were still in the drug business, I would find out from my neighboring doctors and dentists what their registry numbers are, as soon as possible, and then have prescription blanks made for them to contain these numbers and addresses. I make that suggestion purely from a practical point of view. Under Section 3 of the Harrison Act, every person who has registered and who buys these drugs and has them in his possession, may be called upon to make a sworn statement as to what drugs he has purchased during three months prior to the time of such demand for a statement. During three months prior to the demand for a statement, you may be asked by the collector to give an account of all such drugs you have purchased, the quantities of the same, from whom and when purchased. You may be called upon at any time by the collector of internal revenue to make a sworn statement to the foregoing effect.

These requirements are made in order to ascertain the violators or those who are likely to be violators. In other words, if the collector of internal revenue finds from the sale of official order forms that any person seems to be using an out-of-proportion number of them, you can look for him to make the demand in that connection. After the first day of March, any person who supplies the consumer with narcotics, must make an inventory of all the drugs in his possession. It must be completed and sworn to by the person, on or before the fifth day of

March, and then must be filed by that person, so that when the inspector calls upon him within two years, he may be able to produce it. My suggestion would be to file this inventory with the record-book, or with the duplicate copies of your official order forms. The inventory must include everything,—the drugs themselves, the preparations that contain the drugs in more than the quantity exempted,—and then be filed by you for inspection of the authorities at any time within the next two years.

With reference to the registry number of the physician's prescription, there is no specific form or requirement. It is only necessary that the prescription shows your registry number, name and address. My suggestion would be that the following words be used:—"Registry No. —, under Drug Revenue Act of Congress, approved December 17, 1914." This may be just at the upper left-hand corner of the prescription. This, it seems to me, would prove in every way satisfactory.

The law also concerns itself, in Section 4, with the drugs that may be carried from one state to another. It is altogether unlawful for any one to carry or to ship narcotic drugs from one state to another, if he be not registered. There are also exceptions to this provision. An employee of a registered person acting within the scope of his employment, may carry them from one state to another, and a Common Carrier may do so. Persons who purchase the drugs upon a written prescription from a doctor, may carry them from one state to another. Persons to whom a doctor has dispensed such drugs, and has made a record of the dispensing, may carry them from one state to another, but in no other case may persons carry these drugs from one state to another.

This brings me about to the end of the Act. I have sought to prepare briefly for you and in just a few words, the important things that apply to the doctor and to the druggist. *First* of all, the doctor and druggist must register. He must secure an application blank, fill it out, swear to it and send it to the collector of internal revenue, and all this must be done before the first day of March. The blanks can be secured and filled out in the office of the Internal Revenue Collector. He must send with his first application for registry thirty-four cents cash, money order, or certified check, and an additional ten cents for ten duplicate copies of the Official order form. *Second*, the doctor should secure a record-book, which he will use exclusively for recording such of the drugs as he may dispense at his office. My suggestion would be that he paste in this book the inventory that he is required to make on March 1st, make affidavit to same, and keep. I would suggest furthermore, that he paste therein all the duplicate copies of orders that he may give when purchasing the drugs. The druggist must on March 1st make and swear to his inventory and sell only on official order form, on doctor's complete prescriptions.

I have tried to set before you the important features of this law. I would add that, to me, it seems that the burden of this Act upon the doctor, the druggist, the dentist and the veterinarian, is more imaginary than real. I would also say that, when enforced, it will not cause the trouble that may be apparent when you first study it. When new, it takes a little time to set machinery in proper motion, but when in proper motion, it is neither difficult nor burdensome. I have said that I am not prepared to defend this law in its every feature, nor the regulations that



have already been made, and I am sure there will be added some changes in these regulations. You must bear in mind that the Commissioner of Internal Revenue, more than likely, never heard of these drugs until a month or so ago. We must be reasonable with him. The law has been enacted because of the need of humanity and because of the need of this country. I ask of you to give it your kindly and whole-hearted support, even though it may seem at first to infringe upon your rights and privileges. Let us consider it an essential thing for the good of this country, Let us accept it in the proper spirit, to the honor and credit of the professions.

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### SOME THOUGHTS ON AN EFFECTIVE PHARMACY LAW.\*

ROBERT L. MORELAND.

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The object of a pharmacy law is to regulate the practice of pharmacy by protecting the public from ignorant and incompetent persons attempting to practice the art. An act usually begins by creating a Board to enforce its provisions; orders examinations to be held and fixes fees; states the qualifications required of the applicants; provides sometimes for registration of pharmacists from other states; defines drugs and poisons; provides penalties for violations, etc.

Only those who have been charged with the enforcement of such a law as is usually enacted, can realize how difficult it is to carry out its provisions,—advantage is taken of every technicality to defeat its purpose and by none more than by pharmacists themselves. On one occasion, in recent years, the Minnesota Board of Pharmacy failed to get a conviction against an unregistered druggist who sold tincture of iodine. At the trial it was deliberately sworn to by a witness that the only use he knew of for tincture of iodine was the purely technical one of *cleaning cuspidors* and that was what the Iodine was to be used for. On another occasion, after an expenditure of several hundred dollars, the board failed to convict a general store-keeper for selling Strychnine, the defense being that the employee who sold the poison was *forbidden to sell it*, although strychnine was regularly stocked and kept for sale.

Most of our pharmacy laws are very defective. A pharmacy law to be effective, should be carefully worded and should specifically state what may be done and what is forbidden, with the fewest possible exceptions and the least superfluous verbiage. It should clearly define the duties of the Board charged with its enforcement and should make the penalties for violations clear and concise and should prescribe the most effective method of legal procedure that can be defined for its enforcement. Then as to what such a law should embody. If the same principles were applied to pharmacy that are embodied in the laws regulating the practice of medicine, dentistry or veterinary medicine, it would do away with one of the greatest troubles in regulating the practice of pharmacy, viz., that none but an individual or individuals duly licensed should be allowed to own or conduct a pharmacy. I mean that unlicensed individuals, co-partners and stock companies

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