

SECTION ON PRACTICAL PHARMACY AND DISPENSING, AMERICAN PHARMACEUTICAL ASSOCIATION

THE REAL AND THE IDEAL IN DISPENSING.

RANDOM REFLECTIONS.

BY L. E. SAYRE.

Many and devious are the ways of the pharmacist for making an honest living. Some emphasize one phase of the vocation, others another. Some specialize in sundries—with "side-lines to the front." Expert salesmanship, skilful buying, advertising and even the curb-stone gasoline supply pump has been installed as compatible with the vocation, especially by those who are on the firing line fighting the commercial adversaries, the department store, the mail order, the chain store, the itinerant vendor and others. All honor to our commercial soldiers who will not lie down or run from the field! They are making an honest living in pharmacy and have the courage of their convictions that commercialism in pharmacy is the best means of promoting the interests of our calling. There are others who are also courageous—those who look at pharmacy from a different viewpoint—consecrating their efforts upon manufacturing and dispensing. It is to those these random reflections may be of interest.

It seems to the writer that the time has come when pharmacists should emphasize and take a broader view regarding the authenticity of Drugs and Drug Preparations. Few perhaps are more impressed with this problem than one who has for several years been burdened with the responsibility of assisting in the administration of the Food and Drugs Law. Scores of preparations drift into the trade and are found on the shelves of pharmacy stores which are seemingly devised to take advantage of public ignorance. It is true that the public demands these advertised articles, and I am not criticizing a merchant for what the members of his community demand, but I would say that if pharmacists would have a deeper conception of what is involved in authentic material it would in a greater measure check them in forwarding the cause of deceit.

The United States Pharmacopœia and National Formulary propaganda has had some effect in calling the attention of the medical profession to a certified list of medicinal agents. This effort has been resented here and there from different motives, but in the main the propaganda campaign has been fruitful of favorable results.

This campaign was partly directed toward overcoming the growing evil of medicinal combinations duplicated by various manufacturing establishments, the pharmacist being compelled to keep a supply of the same preparation made by two, three, or more different laboratories—each claiming a superior preparation and each convincing different groups of physicians of the reliability of their claims. Whether this campaign has lessened the burden of the pharmacist it is difficult to show, but that the practitioner has become better informed regarding certified preparations, through this team work of pharmacists as well as physicians, there is little doubt. This team work, discouraging as it has been, should be

continued, and a broader policy adopted—a policy that would debar, as far as possible, unauthenticated material. We have now in the possession of the two professions, the United States Pharmacopœia, the National Formulary, New and Non-Official Remedies, and other publications of the American Medical Association. In addition we have the current pharmaceutical and medical journals and it is hoped we shall have later the A. Ph. A. Recipe Book; all these give a volume of open formulas and a compass of remedial agents outside of which it would seem a transgression of authenticity to go.

What is meant by the restraint which a certified list would put upon the pharmacist and physicians is, a list such as would be comprised within the above well recognized sources. Such a self-imposed restraint by organized team work would be not only consistent with the dignity of the pharmacist, but would align him with a movement sanctioned by the medical profession and the public. Furthermore, it would be an official check upon the guileless public in patronizing unwarranted preparations, the formula and ingredients of which he is not only not conversant with, but the means by which he may be informed are partly or wholly denied him. This policy would eventually involve not only a release from the unprofitable patent medicine business, but much more. It would mean a policy the two professions have been groping toward for years. It means more than an open formula policy—which is often only a half revealed formula, the other half being a key to the preparation. Such a policy would mean a more intelligent dispenser—one who would be induced to learn and to know the history and record behind a given drug or preparation. The appendicitis and consumption cures, so-called "Prescription Compounds," and many other classes of preparations would have to give a reason for their existence, or they would meet the team work obstruction they are entitled to. From personal pride one would not recommend a remedy which he has not proven worthy either by direct knowledge or reliable recommendation. Instead of working for the prestige and profit of some expert advertiser, he will work for his own prestige as well as profit. This is by no means a new thought, it is indeed an old one that needs to be repeated over and over, in every possible form, so that it will finally command more extensive and united action. Very recently I found this statement in one of our leading pharmaceutical journals and I quote verbatim: "I believe," says the writer, "that no man can persuade himself that he is doing right in helping to foist upon sick people whose illness he knows nothing about, stuff that he does not know enough about to know whether it ought to be good for them or not."¹ This opinion, coming from a pharmacist, the physician would say has something of an ethical tone to it and if an extensive, determined and united effort were made in the direction indicated the medical profession would have less grounds for complaint and to say that pharmacists are independent and resent any interference on the part of the medical fraternity does not mitigate the evil or remove responsibility—both physician and pharmacist are responsible to the public.

The writer is aware of the feeling of the extremists in the profession of medicine who express themselves vehemently against the pharmacist's right to know anything about the action or application of any remedial, much less to express any opinion upon the same.

It is true the pharmacist has no right to pose as a diagnostician, but he

¹ David Strang in *Druggists' Circular*, August, 1916, p. 475.

certainly reserves the right to know about drugs, their preparations, their value as remedial agents and about their application. By his better knowledge of drug constituents and possible combinations he is often able to lend some assistance to the practitioner, which the latter has not infrequently cordially recognized as valuable.

A pharmacist who may show his ability, following the policy indicated, of knowing about the remedial agents he dispenses, agents which have an established record, approved by investigators; a pharmacist who will refuse to forward the interest of those who care nothing for authenticity, whose principal interest lies in a profitable revenue, will have little difficulty in securing the coöperation of the members of our sister profession. Such a coöperation existing, the problem which surrounds the question of household remedies and remedies for minor ailments will be more successfully met. These remedies the public will demand, naturally. It is a demand which should be intelligently and constructively controlled so that the ignorant public may be protected and may be induced to use more judgment and discrimination in its demand for over-commercialized medicinal agents. Household remedies from time immemorial have been easily available without waiting in line at the physician's office. They should be, however, required to meet standard requirements which the pharmacist is especially capable of meeting. The clamor for "preventive medicine" means preventive sickness. Remedies for minor ailments which do not call for service of a diagnostician is one important factor in this important field. In supplying these remedies the pharmacist would not, surely, encounter the criticism of physicians. If he should, the public would not be likely to lend its support, seeing that such a criticism was most likely rooted in a hidden motive not altogether humanitarian in its nature.

THE EARLIER YEARS OF SIR HUMPHREY DAVY.

Sir Humphrey Davy in earlier life was considered eccentric and won a reputation for odd and original thinking. He reasoned out things for himself, dissecting the causes of all happenings and forming his own conclusions. Some of these were considered idiotic, as, for instance, when he wore on a very hot day a heavy overcoat and explained his action by saying: "If it will keep out the cold, it ought to keep out the heat."

At the age of sixteen, he was apprenticed to an apothecary. His apprenticeship was not an entire success in the eyes of the apothecary, largely because of Davy's continual experimenting, but he certainly in a very short time acquired more knowledge of chemicals than the apothecary who employed him. Possibly the making of "thunder powder" lost him his position in the drug store, for a few days afterward an elderly Englishman, named Tonkin, who had charitably given refuge to Humphrey Davy, expressed his opinion of Davy by saying that he was incorrigible, and would blow everyone in the community into eternity with his silly chemical messes. This followed an explosion which had blown part of Tonkin's kitchen to atoms.

Some of Davy's early apparatus consisted of bowls, glasses, tea-cups, jars and tobacco pipes. The money for his earlier experiments was secured through his writings. He gradually advanced step by step and before he had reached manhood his immortal life work had begun.
