SECTION ON EDUCATION AND LEGISLATION, AMERICAN PHARMACEUTICAL ASSOCIATION

PUBLICATION OF POTENT DRUG CONTENT IN ALL READY-MADE MEDICINES. IS IT DESIRABLE?*

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Provision No. 2 for the draft of a Modern Pharmacy Law as proposed by the Voluntary Conference operating under the Section on Education and Legislation of the American Pharmaceutical Association, presents a tentative proposition for your consideration.

Inasmuch as the several propositions are to be presented to the various state associations for consideration with the purpose in view of eventually becoming part of the statutes governing Medicine and Pharmacy, the general operation of any or all of these proposals must necessarily be in the very distant future.

It would therefore seem apparent that the primary effort should be made to have this with several of the other provisions become a federal requirement, thereby necessitating the passage of adaptations by every state.

In the minds of the vast majority of the laity, the appearance upon the label of a content whether potent or non-potent, has absolutely no significance.

To demonstrate this point, a daily publication in one of our largest cities devotes a portion of its valuable space to health hints from the viewpoint of a supposed expert.

Some weeks ago I chanced to call at the home of a friend of whom it might be said enjoys the reputation of being well educated; incidentally principal of one of our largest public schools, a close student of the health hint column and apparently well versed in the action upon the human system of the health-giving constituents of food products, adulteration, misbranding, etc.

After listening to a rather lengthy dissertation upon the subject, I asked to see the recently purchased bottle of Extract of Vanilla and much to the consternation of my student of pure food products found the preparation to be a Vanillin compound; the label upon the bottle having attracted no attention or could its purpose be interpreted.

Still another instance as to the effect upon the laity of the publication of a content, and possibly a bit more amusing, can be traced to an interpretation by the Food and Dairy Commissioner of a section of our Food and Drugs Act.

Actuated by a desire that the public should not be imposed upon in purchasing any article enumerated in the food and drug list coming within the jurisdiction of his department, he promulgated a ruling to the effect that at all soda fountains where syrups fortified with $^1/_{10}$ of 1 percent of sodium benzoate were dispensed, a card bearing a statement to this effect should be prominently displayed.

* It was the intention of Chairman Freericks to have this paper read at the time Provision No. 2 of the Voluntary Conference on Model Pharmacy Laws was discussed, but the reporters records do not show that this was done, hence the paper is separately printed.—Editor.

Shortly after the card's appearance in one of our progressive pharmacies, a patron of apparently more than ordinary intelligence inquired as to the variety of syrups the notice referred to and selecting one of those enumerated, consumed it with great satisfaction, favorably commenting upon the beverage and inquired as to whether this particular kind of syrup could be obtained at all drug stores.

While the incidents herein do not deal with potent drug content it is fair to assume that the appearance upon the label of any drug content, irrespective of its potency, would receive no more serious consideration.

It is not an uncommon occurrence for a prescription containing a potent drug, copied from the pages of "Diagnose Your Own Ailment," "Be Your Own Physician," or some similar publication, to be presented to the pharmacist for compounding. In the majority of cases no amount of persuasion avails.

When one considers the popularity of some of our nationally used proprietary and semi-proprietary medicinal compounds containing approximately the average dose of potent drug content to the teaspoonful, single tablet or pill, and as often as otherwise sufficient quantities are taken at one time to bring the dose to the supposed maximum without serious result, it is well within the realm of imagination to believe that the self-medicator is the favored child of an all-seeing Providence.

This being true, it would seem that the initial effort should be made along educational lines that will convey to the mind of the public the dangers of potent drug medication.

The proper conservation of public health and safety should be the only consideration given to the measures relating to medicine and pharmacy. It is an extremely happy thought that through the untiring and consistent efforts of the pharmacists of this country, laws conserving public health and safety are upon our statute books. Inadequate though they may be, radical changes should not be attempted until such time as measures can be formulated that will place equal responsibility and restriction upon medicine and pharmacy in all its allied branches; these provisions made so specific that an interpretation will be dependent upon the wording and absolute intent rather than upon rules and regulations promulgated by officials unfamiliar with the needs and requirements and at the instigation of an individual or organization influenced by the desire to bring relief to one branch while imposing unwarranted and harrassing restrictions upon another.

If it is deemed essential that a record be kept of all packages of medicines containing the isolated active principle of a potent drug, it would seem equally essential that the use of such principle as a content should not be permitted except in preparations and medicinal compounds distributed upon the prescription of a regularly licensed physician or dentist, purposely omitting the veterinarian, as the pernicious practice of the veterinarian's prescribing for human ailment should not be tolerated.

The detail connected with the keeping of a record could be reduced to the minimum and satisfied by the corresponding numbers upon the prescription and container.

The keeping of the record of the disposal made of so-called patent medicines, the use of the isolated active principle being permitted would entail no small amount of time and effort which together with the present federal and state record-

keeping requirements would necessitate the employment of an efficiency expert for this purpose alone.

That there is urgent need of legislation as suggested in the provisions presented by the Voluntary Conference is further evidenced by the latest periodical attack on the retail pharmacists by the Technical Assistant of the Division of Pharmacology of the Hygienic Laboratory of the U. S. Public Health Service.

This report would occasion no serious thought were it not for the fact that the reports emanating from this department are distributed among those whose influence is deemed sufficiently powerful to retard at least any effort toward legislation affecting their individual interests.

A close analysis of the report and the statement contained therein, that, "this variation in purity and strength of widely used drugs and preparations is a vexation to the physician and a menace to the patient" may well give rise to the question of sincerity of purpose.

It says: "The risk of placing too much reliance on what can be accomplished by state control alone without putting a proper amount of responsibility for the purity and strength of medicines where it rightfully belongs—on the pharmacist or druggist who sells or dispenses." No reference being made to the physician who dispenses and sells or to the claims made by close students of conditions that 65 percent of the medicines consumed by the American people is distributed by dispensing physicians, the standard of strength for which, though in many instances questionable, has never been the subject of any report from this important branch of government service. Further, out of a total of 2872 samples collected from five states a general average of 30.5 percent was rejected. An analysis of the list of widely used drugs and preparations examined, shows that for $33\frac{1}{3}$ percent of these the pharmacist should not be compelled to assume the responsibility as to purity and strength.

From these deductions it can readily be seen that the proportionate share of the pharmacist's offense, $33\frac{1}{3}$ percent of the general average of 30.5 percent, approximates 10 percent.

Closer scrutiny suggests why medicines when given for their physiological effect are frequently disappointing in expected results or the reverse; in the latter instance producing secondary manifestations of drug intoxications. Once more it might be said that those taking medicine are the favored children of an all-seeing Providence. What would be the result if this selected list of drugs was up to the required standard!

The concluding statement to the effect, "that the laws designated to regulate the practice of pharmacy and to restrict the distribution of potent drugs to especially trained and capable individuals are ineffective and sadly out of keeping with present-day needs and that efficient and active control of drugs and their preparations can be exercised only by the dispenser or distributor of medicines to the consumer," is absolutely true. But why place upon the pharmacist the entire responsibility for the dispensing and distribution of medicines to the consumer?

If the author be sincere in the statement and the organization which he so ably represents be strictly in accord with his expressions, the purpose for which this Voluntary Conference was originally created is approaching the goal.

With the members of the American Medical Association a unit in support of

measures pertaining to medicine and pharmacy and all allied branches, the proper conservation of public health and safety will be positively assured, since the measures proposed by the Conference were formulated for this express purpose.

In conclusion, permit me to suggest that the chairman take under consideration the advisability of ascertaining the mind of the medical profession upon these propositions in their entirety, as experience has served to make plain that the real opposition to effective and sufficient control of the distribution and use of drugs and medicines is found with part of the medical profession or those allied with them.

PARAFFIN TREATMENT OF BURNS.

In a British War Office Departmental circular, part of which was reprinted in the Journal for March, page 335, the statement is made that Paraffin No. 7 has been giving better results than Ambrine. The method of application is given by Albert Gray, Chairman, in London, of the French Wounded Emergency Fund, in a letter to the *Outlook*, and printed in the number of March 21, 1917, page 522.

"The paraffin treatment is begun at the first dressing; very exceptionally in very septic burns the paraffin is replaced by hot boric fomentations for two days after two days of paraffin treatment. The burn is washed with sterile water and dried. The drying is accomplished by placing a dry piece of gauze over the burn. If an electric drying apparatus is available, such as is used by a hairdresser for drying hair, it forms a convenient method of drying the burn. The burn is now covered with a layer of paraffin at a temperature of 50° C. No. 7 Paraffin has a melting point of 48° C. The temperature may be estimated by waiting till the wax shows a solidifying film upon the surface. A broad camel's hair brush has been found to be a rapid and painless method of applying the paraffin. A spray may be used, but sprays get out of order, are troublesome to use, and the dressing takes longer. In theory a spray should be used in order to prevent any damage to the epithelium. In practice we have found that a brush skillfully used is sufficiently satisfactory; the brush allows the paraffin to be applied at a lower temperature.

"A thin layer of cotton-wool cut the same size as the area of the burn is placed over the wound after the first layer of paraffin has been applied. This layer of wool is covered with a second layer of paraffin; the wool is cut in thin sheets and pressed between layers of wool. The dressing is completed by applying wool and bandage. The burns are usually dressed daily. In the later stages, when the burn is clean and only a small amount of pus is formed, the dressing is changed every forty-eight hours.

"Blisters are not interfered with in any way at the first dressing; the paraffin is applied after washing the burn. Sloughs usually separate after a few dressings. The separation of sloughs is accelerated by applying a layer of jaconet over the wool and paraffin beneath the wool and bandage dressing.

"The treatment of burns by paraffin must not be discontinued in the latter stages. The substitution of ointments or fomentations is most strongly contraindicated. Cases have come under our notice in which the good results of treatment have been entirely negatived by unsuitable treatment applied in the later stages. The newly formed skin is easily destroyed by fomentations. Paraffin must be continued until the burn is sufficiently healed to permit of any dressing with boric or talc powder."