

COMMITTEE REPORTS

REPORT OF THE COMMITTEE ON DRUG REFORM, AMERICAN PHARMACEUTICAL ASSOCIATION.*

Your Committee on Drug Reform, which has been continued by official action, has the honor to report its progress during the last year.

President Wulling appointed the following members to act: E. L. Newcomb, Minneapolis; E. N. Gathercoal, Chicago; C. B. Jordan, Lafayette; Gustav Bachman, Minneapolis; L. E. Sayre, Lawrence, *Chairman*.

Correspondence between the members has been carried on at intervals during the year, in order that each one shall be informed of their work, and discussion has kept the members informed with regard to any procedures which might be followed either individually or collectively.

A letter was sent to each one of the members early in the year, asking for suggestions as to what definite line of work the Committee might pursue. A very characteristic letter and one which represents the situation of the Committee was received from Professor Gathercoal in which he says:

"You know, as well as I, that there are problems, simply huge in magnitude, that might properly come before this Committee and we both know, also, that neither of us has the time nor courage nor ability (let me say it in all soberness), to cope with these great questions. I remember one year we discussed 'Self Dispensing;' again, the 'Teaching of *Materia Medica* in Colleges of Medicine;' last year, 'Patent Medicines.' What immense problems these are. We know, too, that 'every bit helps' and that 'constant dropping wears away the hardest stone,' so that perhaps our little bit each year keeps the question before the Association, and really does help some."

The reply from Professor Jordan emphasizes the importance of the consideration of the "patent medicine" evil. He says:

"I would say that the stand you have taken toward the matter of the 'patent medicine' vender being permitted to peddle his wares about the country promiscuously and, in fact, being licensed by the county in which he does business, is, to my mind, a deplorable one. I believe that every association of pharmacists, county, state and national, should do all in their power to restrict the poisonous articles handled by such itinerant vendors and in that way protect the health of the community. I feel strongly regarding the question of the lack of representation of the pharmacists in the Army and Navy, and I believe that every section of the American Pharmaceutical Association and practically every committee of the Association should hammer away on this proposition until proper recognition is accorded us."

He then states what he is doing himself in connection with the Indiana Pharmaceutical Association and other organizations. He says:

"I am not quite sure that it is within the province of this Committee to discuss this subject, but since we feel as we do about it, I believe we should not stop to ask the question whether it is in the province of this Committee, but to go ahead and do all we can for fear that no other committee will attack the proposition. I would suggest that we incorporate in our report a careful presentation of the importance of pharmacy in the Army and Navy, together with a statement of fact regarding the lack of representation that we have to-day. Would also suggest that we recommend a committee to be appointed to carefully investigate the service in the Army and Navy of other countries and determine whether we, the pharmacists of America, are not being discriminated against."

Following the suggestions of his associates, your Chairman would state that the problem of proper representation of pharmacists in the Army and Navy has been very boldly and satisfactorily faced by various organizations. President Wulling, it is well known, initiated a movement in the right direction. Some have deplored the fact that this movement had been delayed—but it is a waste of time to spend it upon introspection and criticism. We should at once form a representative organization which would be of effective service.

* Presented before Section on Education and Legislation, A. Ph. A., Indianapolis meeting, 1917.

It would seem to your Chairman that this is time when the various pharmaceutical organizations should form a coöperative federation for national service. Within the past few years there have been created notably the American Drug Manufacturers' Association and the National Drug Trade Conference. The existence of these valuable organizations suggest the possibility of the formation of a still larger and more representative body—an organization that would link together these bodies and others with the older American Pharmaceutical Association in one federation, all working toward the proper representation of pharmacy, securing authority to practically handle the pharmaceutical and chemical supplies of the Army and Navy.

Dr. A. R. L. Dohme suggests¹ "that the six national associations constituting the Conference (the American Pharmaceutical Association, the National Wholesale Druggists' Association, the American Drug Manufacturers' Association, the National Association of Retail Druggists, the American Association of Pharmaceutical Chemists, and the Proprietary Association of America), should, at their next annual meetings, authorize their duly elected, or appointed, three delegates, to form a Conference to be clothed with the power to act, instead of the power to advise, confer, and refer back to their respective associations. These powers should, of course, be specific instead of general, and should, as a preliminary experiment, be limited to matters of national and state legislation affecting the drug trade." The combined committees should know all the practical conditions and their service would be of value to the Nation. The proposition to have the drug trade thus represented, it is needless to say, is not a self-seeking one. It is one saturated with the patriotism of the best order. Pharmacists are anxious to help in the Government at this time of emergency and there is no other profession more ready to sacrifice their own interests than this one. Pharmacy should ask that it have, rather than the medical profession, a domination of the drug situation, for which medical men are not specially trained, or qualified.

As regards the question of "patent medicines," it was stated in the report for last year that your Chairman, as an associate member of the Kansas Board of Health, was instrumental in securing a conference committee between the Board of Health and the Kansas State Pharmaceutical Association, looking toward some sort of control of "patent medicines" or such agents as are fraudulent and those that would be in violation of the provisions of the Shirley Act; also those that might be sold in violation of the Anti-Narcotic law. In correspondence with Dr. J. H. Beal, I have received his valuable advice as to any procedure that the conference committee might make in the direction of this control. His reply, dated October 14, 1916, states:

"I would recommend that you go slowly in the formulation of state legislation to regulate the package medicine business, bearing in mind that every regulation which applies to the widely advertised proprietary must apply equally to package preparations put up by the local druggist and by druggists' coöperative societies, whether secret or non-secret. After a study of several thousand popular package remedies, our Commission is convinced that the principal evil is connected with the manner in which they are advertised or exploited and not with the preparations themselves. The great majority of such preparations are based upon formulas of recognized therapeutic usefulness in common use by the medical profession, the principal objection to them being, that they are advertised to do things they are not capable of accomplishing. In my estimation legislation affecting the subject should be federal legislation. If the states adopt separate laws there will be endless disagreement and confusion, which will require a quarter of a century to correct. It is the hope of our Commission to formulate, before long, some sort of a measure for introduction into Congress."

Acting in accordance with the advice of Professor Beal, your Chairman has not felt it wise to suggest to the conference committee any definite form of regulation until a report from Dr. Beal's committee is received. Therefore, at the last meeting of the Kansas Board of Health, held June 13th, this matter, by consent of the Board, was held in abeyance until a later meeting. The form of the action of the Board of Health was, in substance, that no change be made in regulations now in force, which in Regulation 5(b) of the Kansas Law, reads as follows: "Proprietary medicinal preparations and similar medicinal products are required to conform in composition to the freshly prepared non-deteriorated article, and to conform to the claims made for the preparation as to therapeutic properties, quality and strength." This provision in its execution has led, in Kansas, to the condemnation, during the past year, of 2,032 packages of medicine. This is referred to hereafter.

¹ *Bulletin of Pharmacy*, page 186, March 1917.

As to the itinerant vender problem, it needs no argument to show the injustice of the regulation of the law which permits the sweeping privileges of the itinerant vender. No greater injustice has ever been perpetrated than that which protects the so-called medicine wagon. In the state of Kansas the law assumes that an itinerant vender may dispense and prescribe drugs, medicines, nostrums or any kind of appliance for the treatment of disease, injury or bodily defect; and it protects all such itinerant vendors as those who profess to cure disease, who shall simply pay to the county clerk of the county, in which he wishes to pursue his occupation, an annual fee of fifty dollars. At the meeting of the last legislature this vicious law was fought strenuously but without success. The active contention for proper control of dispensing and prescribing was fought by statements, sent broadcast to the farmers of the various counties, such as the following:

"By careful perusal of these bills you will note that the druggists are not seeking in any particular to safeguard the public health but simply to drive the wagon salesman out of business. A registered pharmacist knows no more (and often not so much) as to the contents of the medicines he sells in packages than I or any other wagon salesman and for this reason he is no better qualified to sell such medicine than I would be. * * * I deliver our medicines to your doors every six months. Our medicines are compounded in strict conformity to the laws of State and Federal government, and our farmer customers prefer them to the medicine sold by the drug stores, as they find them better because they are fresher, being direct from our laboratory to the customer without standing a long time in warehouses and shelves. * * * Our customers, the farmers, are not asking for this legislation but the druggists are seeking to secure legislation which will force the farmer to patronize them. Another feature of our business is that we allow liberal credit to all our reliable customers, while the drug stores demand cash. * * * It would look now as if the druggist's traffic in alcoholic drinks has passed from him so that he is now seeking to recoup his illegitimate profits of the past by trying to get the Kansas legislature to enact a law that will enable him to steal the business of a law-abiding competitor, etc."

It is needless to say, in passing, that the conditions above described are not unique but are met with in many other states. These will not be overcome, except by wide-spread agitation and public education. We would suggest that the various state associations secure representation in their state boards of health and have this agitation and education emanate from that source rather than from the druggists. It is believed by some of the Committee that it is the duty of the State Board of Health to carry on a campaign against this evil, and, if done from this source, the argument of "self-interest" will be eliminated. The coöperation which is now initiated in Kansas, between the Board of Health and those representing pharmacy, it is hoped, may lead to some such result.

Another kind of combat against the measure of Kansas pharmacists was inaugurated by a physicians' supply house by issuing a circular, as follows:

"We take the liberty of suggesting that you write to your state senator and representative at once asking them to vote against this measure and calling their attention to its inconsistency. It might be a good idea for you to take the matter up with your county society, and get a number of prominent people in your vicinity to write to your state senator and representative, asking for their votes AGAINST this bill."

This advice by this physicians' house was based upon a misrepresentation, stating that the bill introduced made it illegal for any physician to dispense his own medicine and that the bill also required that the physician must write a prescription to be filled by a registered pharmacist. It is needless to say that the bill contained no provision whatever relating to the dispensing doctor, as great an evil as this has become. The said physicians' supply house evidently did not wish to face the issue squarely.

The above description of the legislative campaign against the itinerant vender only partially shows what seems to be true, that there is an accumulated wealth and influence in the nostrum fraternity which lends itself freely to the support of the itinerant vender and his cause and the conditions which support it. If pharmacy is to drive out dishonest advertising and worthless products, your Committee feels that it is time, as before stated, to join with boards of health and urge their coöperation in combating this growing evil.

Aside from the intricacy of the problem of patent medicine control, the question finds itself very largely rooted in the status of the pharmacist and the profession he represents. If pharmacy is to take the lead, instead of being led, in handling such large questions, its general standing must be higher, which standing, it must be admitted, rests with those who have the opportunity to exact requirements for those who are permitted to practice. These requirements should be such as would greatly increase the percentage of those who should be masters of their calling.

When our representative organ of commercial pharmacy, the N. A. R. D., sounds the alarm, it ought to be high time to take heed. In the June 28th issue the following language is found:

"Commercial pharmacy cannot much longer stand up under the terrible neglect that professional pharmacy has suffered: the strain is becoming too great. Still the pharmacist sleeps on! It is possible for pharmacy to fall over night, etc."

This should be enough to make educational institutions, boards of pharmacy, and associations of pharmacy take serious notice and to impel them to mobilize all of their resources toward bringing the average training, efficiency and spirit, now so depressed, to a higher level. One effort at least, toward this end should be made—for the young pharmacist of the future—to dispel the delusion that a few lessons in science, in business management, etc.—furnish a complete pharmaceutical education.

Public impression has much to do with influence. What can we expect of public impression and influence when druggists themselves give a higher rating for a good salesman as clerk, than for a well-trained, educated pharmacist?—at the same time claiming the prestige of the professional pharmacist. Pharmacy, to be accorded the right of control, it should have, in questions relating to the sale and dispensing of remedial agents, must gain and deserve favorable public impression and influence—otherwise it is confronted by the intrusion of a foreign element. This foreign element—which among others includes the medical profession—has unfortunately a seductive theory in regard to the unreliability and capacity of the average pharmacist. This theory permits the statement to be made, however unfair and unjustifiable, that recognizable skill and scientific attainments are limited to a comparatively few in the vocation and that the great mass are unrecognizable as pharmacists, judged by any fairly reasonable standard.

It is more than unfortunate that this prejudice greatly retards active coöperation between medicine and pharmacy. If the time should arrive when barriers to perfect coöperation should be removed all such questions may be successfully dealt with.

Physicians' prejudice in rare cases is due to a feeling of retaliation of unfair dealing, other than that of so-called counter prescribing on the part of the pharmacist. If a druggist permits, for example, a physician to look over another doctor's prescriptions, in that way undermining his practice, there can be but one result—an antagonist and a dispensing doctor. This has actually happened.

This prejudice, checking coöperation, is fostered by some of the manufacturing houses from trade motives. Houses that would eliminate the pharmacist and make the physicians their direct agents, or, if necessary, would eliminate both physician and pharmacist, going directly to the public as some are doing. Until pharmacy can rise above these antagonistic influences and until it can justly command the coöperation of the physician—until the time arrives when the two professions see the value of one to the other—pharmacy is not likely to be able to cope with these great problems.

Referring again to the item of drug control, your Chairman would state that the assistant chief, L. A. Congdon, reports that 2,032 bottles and packages patent and proprietary medicines and drugs had been condemned on account of very apparent deterioration, etc. A letter from Mr. Congdon, referring to the condemnation, states: "The condemnation was taken up personally by the inspector, who is competent to judge of such matters." When on the face of them they are misbranded or deteriorated, the proprietor agrees with the inspectors' opinion. The legal form of rejection, it should be stated, is not to condemn until after an investigation in the drug laboratory has shown that condemnation is necessary. In the above cases it appears that the inspector and proprietor had made the decision, amicably.

The Department of Agriculture, at Washington, referring to fraudulent medicines, makes in the June communication the following statement:

"Attempts to counterfeit or adulterate imported drugs have been more common since the recent high price and scarcity of many of these products and this has encouraged their

imitation. It is interesting to note that of the 1,036 cases terminated in the courts during the year, 198 were brought on account of the false and fraudulent labeling of medicines. In all of these medical cases, save five, the courts found for the government, and this, it is believed, has exercised an important deterrent effect on the venders of nostrums shipped from one state to another.

"The work of controlling the fraudulent labels of medicines and mineral waters has been greatly strengthened by the establishment of a separate office to deal with these matters. At the request of the Secretary of Agriculture an officer of the U. S. Public Health Service has been detailed to take charge of this work. Moreover, through the close coöperation established with the foods and drug officials of many of the states, the Department was able to direct the attention of the local authorities to the presence of spurious goods in the hands of local dealers and beyond the reach of the Federal authorities which were destroyed by state and municipal officers who, in many cases, prosecuted those responsible for the local traffic."

In closing the report of this Committee, the Chairman would suggest that it would be quite proper at this time to consider its discontinuance or otherwise, in some way, reform the Reform Committee in order that it be made more efficient and useful to the Association as a whole. If the Council will consider the matter of reorganization as suggested, your Chairman is of the opinion that it would be in line of constructive work.

Respectfully submitted,

L. E. SAYRE, *Chairman.*

THE DRUG MARKET OF 1916.*

BY HARRY B. FRENCH.

The conditions governing business in 1916 were very much the same as those in 1915, with one important difference. In 1915 there were large stocks of crude drugs and chemicals bought at ante-war prices. These stocks were almost entirely sold during 1915. In 1916, sales were based on prices of crude drugs and chemicals purchased under existing conditions. It is our opinion, therefore, that the profits of wholesalers and manufacturers in 1916 were very much smaller than during 1915.

It is very unfortunate that retailers throughout the country have so signally failed in realizing the situation and in exacting those advances in prices that were warranted and indeed demanded by advancing costs. Almost all retailers continued selling prescriptions, chemicals and crude drugs on the cost of such products, often purchased before the war, long after they were informed that such products has trebled and quadrupled in price. If the statements made to us are correct, the retail druggists, instead of making larger profits in their business, have actually, during the last two years, been making less money than before. Furthermore, they run the risk of heavy losses when we come into, as we shall later, a falling market. It seems to us that the retailer is too much intimidated by the department store prices. At times, prices are made by department stores far below cost simply for the sake of advertising. We would suggest that the retailer bear in mind that he is the man on the spot, and that when he makes a sale to a neighbor, he is not making a sale in a department store three or four miles distant. Furthermore, his being open during so many hours of the day, the convenience and readiness with which orders can be filled, the advice and suggestions that are so freely given, entitle retailers to a little profit. We would say, in our opinion, it is largely a matter of sagacity and courage. All retailers should realize the conditions surrounding their business, and should charge prices in accordance with the service rendered by them. If they pursued this policy they would be astonished at the good results that would surely follow.

The entry of the United States Government as a buyer will have a very great effect on prices. Under the able guidance of the Council on National Defense, through various committees, much of the competitive bidding, that under existing circumstances would certainly force up prices to a

* From Report of Committee on Trade Interests, B. E. Pritchard, *Chairman*, presented to the Pennsylvania Pharmaceutical Association meeting at Pittsburgh, June 1917.