

standing relative to the drugs and preparations complained of, and be helpful in their elimination, when desired. The result of the efforts in this special direction would also aid the revisers of the United States Pharmacopoeia and National Formulary.

#### DISCUSSION.

**THE CHAIRMAN:** I think that all of us, who are closely associated with the practice of pharmacy, realize that if physicians would tell us just what they want in scientific compounds they would relieve us of a great deal of responsibility in the matter of preparing remedies. It is to be regretted that we have so many unscientific compounds, but they exist because there is a demand for them, and unfortunately these are multiplied by others. The success of one proprietary is considered sufficient reason for trying to make another even more successful. Co-operation of physicians and pharmacists as outlined by Professor Sayre would, no doubt, accomplish a great deal of good.

**BERNARD FANTUS:** This is certainly one of the constructive moves that I believe should be made. It is only to be hoped that the physicians will meet the pharmacists as they ought to. You know doctors have quite a way of being autocrats in the sick-room, and they get to feel that they have a right to be autocratic in all respects, and many of us here, I suppose, including myself, are opinionated. The fact Hippocrates discovered and published, that experience is fallacious and judgment difficult, is so true of medical practice that the opinion of any one physician or any number of us, on such questions as the desirability of certain preparations, should not be regarded altogether too seriously. I am convinced that pharmacists could be of great help to physicians in their learning about the value of preparations. I believe that humanity is not so foolish as to use a certain material indefinitely unless there is some good in it. I am, perhaps, not a fit person to discuss the other view that has the upper hand with our medical editors, namely, the conservative view, as they see it. The trouble with our *materia medica* has been that nearly everything has been recommended for nearly everything. The scientific physician was, in the past, so helpless in handling this enormous mass of handed down material that he wanted to start with a clean slate. Let us remind you that five thousand remedies were at one time carried in the *materia medica* of the educated physician and he was supposed to know them. Professor Sayre's idea is an excellent one and one which should receive action. I hope, as I said before, the medical profession will cooperate as it should in arriving at a cooperative understanding. The perniciousness of having in the Pharmacopoeia endless preparations that are known to be unscientific is one the medical teacher can appreciate.

Others participated in the discussion, emphasizing the need of cooperation by physicians and pharmacists to bring about a reform and also in order to arrive at a better understanding relative to unnecessary and useless *materia medica*. The paper was referred to the Publication Committee.

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### PUBLICATION OF POTENT CONTENT ON ALL READY-MADE MEDICINES. IS IT DESIRABLE?\*

BY OSCAR DOWLING.<sup>1</sup>

The topic for discussion, selected from the list sent me by your Committee, is one in which you and your confreres, health officers and physicians are vitally concerned. The signs of the times are clear—the patent “cure-all” with its flaring, sensational, lying appeal is doomed. A few years more and these will be known only as the relics and antiquities of the patent medicines' lurid and dishonorable past. This is not a prophecy; it is a conclusion borne out by the history of recent legislation.

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\* Read before Section on Education and Legislation, A. Ph. A., Chicago meeting, 1918.

<sup>1</sup> President Louisiana State Board of Health.

The Federal Food and Drugs Act, and the subsequent Sherley Amendment, are evidences of a nation-wide awakening to the evils of the disreputable, deplorable traffic which flourished by the exploitation of human weakness and human agony.

The Food and Drugs Act, as you know, makes mandatory a specific statement as to the amount of certain habit-forming drugs; the Sherley Amendment prohibits statements concerning therapeutic effect on the label, carton or other literature. These laws were passed in spite of opposition, open and secret—mostly secret—and I do not believe any one now would dare to say they are other than wisely protective.

We can recall the popularity of the multitudinous family of "bitters;" we remember the "Spring Tonics," and we know now, if we didn't then, that the basis of these and many so-called remedies was alcohol. With the enforcement of the Food and Drugs Act there was a very great change in content, and there was a passing of many of these alcoholics.

The publication of the habit-forming drugs contained in patent preparations had also a marked effect. Nearly every one is more or less afraid of morphine, opium or cocaine; when it became known that these drugs were contained in certain preparations, even the careless sufferer passed up the bottle or tablets thus labeled. The manufacturer was forced to substitute other drugs not so widely known and generally distrusted. One of the soothing syrups in 1908 contained 0.4 grain of morphine to the fluidounce; to-day we have the manufacturer's word that it is made up of senna, rhubarb, sodium citrate, anise, fennel, some other simple substances and sugar syrup. Which is likely to do the babies less harm?

The Food and Drugs Act was the initial step. It warned the public as to content, and, through the public, forced the manufacturer to lessen the quantity of habit-forming constituents. The Sherley Amendment forced him to drop or to substitute carefully guarded statements of curative qualities for the old blatantly false assertion of "instant or certain cure."

While the effect of these legislative Acts has been helpful in revealing the dangers of many nostrums, unfortunately they do not go far enough. Arsenic, lead acetate, strychnine, methyl alcohol and other dangerous drugs and substances are used in preparations now on the market. These, too, should be so labeled that the public may know the contents.

The Sherley Amendment makes no provision for control of newspaper advertising, with the logical result of columns of suggestive copy which deceive those who can least afford the experiment and the exorbitant charges.

That the American Pharmaceutical Association opposes fraudulent medical advertising is encouraging and gratifying, and its power for good is evident.

The effect of the publicity as to content, and restrictions as to effect, has lessened the sales of many patent nostrums—happily so for the consumers. Further publicity would no doubt lessen the demand for many worthless preparations more or less popular. In the light of the past, we must concede the necessity which existed for the protection of the ignorant, and not a few of the educated. We must also concede that the same need exists to-day.

I believe the opposition to publication of the formula is based on a misconception of what might occur, not what actually will happen. The manufacturer

thinks his preparation will be or can be duplicated by any one who has a mind to do so. This may be granted—but will they do so? The ingredients of medicines have been carried on the labels of some for years. How many individuals or companies have tried duplication, either for sale or use? It is true the list of ingredients is not sufficient; the proportions are necessary, but even if these also are given, how many would deliberately go into the business of re-duplicating? If this should be done, a different name must be given, and the preparation widely advertised before its sale can hurt the original. I believe the publication of the ingredients or formula should be required. It would give the public an idea of the content; it would make the manufacturer answerable for the results of his medication; it would tend to eliminate fake remedies; it would give the druggist and physician an intelligent idea of the preparation; it would foster confidence in the honesty of the manufacturer.

It seems very apparent that if any manufacturing establishment refuses to state the ingredients of a mixture, ointment, pill or solution, the indications are that it has good reasons for not wanting them to be known. Either the ingredients are worthless, and the advertisement the driving force behind the demand, or the effective ingredients are so minute in quantity or so inferior in quality as to constitute a swindle. Whichever way the matter is approached the result is the same; the public pay heavily for what they get—except in suggestion. You are familiar with examples of this kind. The cost of manufacture must be infinitesimal in comparison to the retail price; and the medicinal value small compared to the claims. It cannot be said that they are actually devoid of value; but vaseline or borax bought for one-fifth the amount charged for the advertised articles in most instances would be equally effective.

A firm that puts up a good remedy, one which is efficient and otherwise acceptable, need have no fear of losing trade by competition so long as the name or trademark is registered. But the day will come, if it has not already arrived, when the public will demand to know what they are paying out their money for. Time was when some of the one-time popular nostrums were to be found in every family medicine chest. Their decline in sale and popularity has been such that, as one druggist expressed it, they have literally become "drugs on the market" which are seldom called for. Possibly this is due to lack of advertisement; it is more likely, however, that years of trial have demonstrated how valueless they actually are.

From our office we recently conducted some investigations which gave interesting results. Our chemist was sent to interview all the druggists in New Orleans and other cities of the State. In New Orleans, and the towns adjoining, 208 retail druggists were visited. In reply to the questions formulated, the demand for the ten leading proprietaries was tabulated.

In relation to percent of business, approximate gross profits, percentage of patent preparations in prescriptions, and the attitude toward the proprietaries, we find the records show:

25.8 percent is the average percent of total business derived from patent and proprietary medicines.

19.3 percent is the average gross profit on patent and proprietary medicines.

23.3 percent is the average percentage of all prescriptions containing patent and proprietary medicines.

As to whether or not a drug store can exist without patent and proprietary medicines:

61.52 percent of the pharmacists expressed an unqualified "affirmative."

1.93 percent inclined toward "affirmative."

33.65 percent gave an unqualified negative.

Whether a drug store could, or could not, exist on U. S. P. and N. F. basis:

56.25 percent of pharmacists thought it possible.

10.27 in doubt, while 22.60 percent think it is not possible.

It is interesting and pertinent that our summary shows the majority of the retail druggists opposed to patents and proprietaries; although only 74.5 percent expressed themselves as being absolutely opposed, at least 5 percent more seemed to incline toward opposition.

In expressing a definite stand against patents and proprietaries a large number were moved by ethical reasons; that is, they believe that they are selling remedies, the value of which is doubtful and are accessories to what in many cases they consider absolute swindles. Still others regard the handling of patent and proprietary medicines as distinctly degrading to the profession, and would like to see them abolished with the hope that, with the elimination, pharmacy and pharmacists would gain in prestige and standing in the community. Many deplored a commercialized profession, which requires a certain amount of study and training, and this relegates them to a position equivalent in many respects to that of an ordinary untrained clerk.

It is conceivable that the printing of the ingredients or formula of a proprietary on the carton or bottle might possibly harm the manufacturer to a limited extent; it cannot, however, be clearly demonstrated in what way the retail man, the pharmacist, can be injured. In accumulating evidence for the Drug Store Report, the regret was frequently expressed by the pharmacist that he did not know what he was selling and wished that the firm would at least state what was contained in the bottle. The fact that 74.52 percent of all pharmacists of New Orleans expressed themselves as opposed to patents and proprietaries is significant, and it is also worthy of note that not one of the least important of their reasons for objecting was the fact that the public demand, and the struggle for self-preservation, made it necessary for them to act contrary to their personal convictions.

Most of the pharmacists are honest and honorable men and try to discharge their obligation to the public to the best of their knowledge and ability. It is to be assumed from their statements that they heartily approve of the printing of at least the ingredients on the label. Why should they not? They cannot lose by it and are bound to gain, if in nothing else than self-esteem, for it is more to the credit of the pharmacist to sell some remedy, the value of which he can vouch for, than a quack remedy of the composition of which he has not the remotest knowledge. He calls the latter the "fakes," but he does not place in this category those remedies of whose utility he is practically assured, even though their composition is not clear. He would certainly feel more assured in recommending the latter were their ingredients known to him.

There are, however, druggists and pharmacists who make, sell and advertise

their own "Just-as-good" or "Just as-bad" preparations. Whether they think so or not, they are "manufacturers" of "fake" or of reputable preparations, as the case may be. There are druggists also who lend their names to questionable "remedies." Equally with the physician, the druggist who makes or exploits a patent preparation is responsible—it may be culpable. As he knows drugs, he is the more culpable should his preparation be worthless or ineffective.

One of our convictions, based on investigations, is that the percentage of patents and proprietaries does not justify their maintenance. If there is a sudden slump in the demand, the druggist is left with a large stock for which there is no sale. Whether or not a condition of this kind is due to lack of business foresight is not a matter for discussion, but it is certain the sale of patent medicines is a business proposition and the benefit they may possibly confer on the public is a secondary consideration to the manufacturer. It is apparent to us that opposition to legitimate control of the manufacture and sale of proprietaries arises from persons or firms whose money is invested, or who have made contracts to handle a certain quantity of different preparations. It is natural that they should look out for their own interests, and it is also apparent in some cases that the manufacturer has the small dealer by the throat. We are not unaware of the tremendous power of these interests. With \$71,000,000 invested it means that those having the business in hand will do their utmost to head off interference. It means that money and influence will be used to the benefit of the Company, and it is logical that they do not consider the small dealer or the public.

It is urged that the average physician does not know the pharmacologic action of drugs, and that he does not utilize the Pharmacopoeia and the National Formulary. That he does use the proprietaries. Undoubtedly there are physicians who are guilty as charged. But if a reputable physician uses the proprietary, there is a reason. He finds that many proprietaries are better acting and more reliable productions when manufactured by large drug firms than a similar preparation put up by a pharmacist according to the National Formulary. The reason here is clear also. The pharmacist has not had the same experience in compounding as those of the large wholesale houses, and the result is inferior. This alone is sufficient to cause doubt as to the ability of the pharmacist, and we know in all too many instances it is borne out by the facts. Every reputable and conscientious physician would welcome the publication of the formula; he would be glad to have the opportunity to acquire a knowledge of the constituents of the preparation he thinks superior to the compound which the pharmacist would put up for him, and that it would add to his confidence in it there can be little doubt. The physician, in common with the druggist, is a victim of circumstances; for both the line of least resistance is the easier.

We know, however, some doctors are not afraid to speak their minds on the subject of proprietaries which make false therapeutic claims. A few months ago we sent the formulas of four preparations, with a set of questions, based on the advertisements of each, to 174 noted physicians. One hundred and eleven replied to the first, and 63 of these answered "NO" to all of the eight assertions appended to that formula. A number answered "possibly" to one or more of the questions, or made other qualifying answers, such as "inferior," "not good," or "don't know." A large number replied to all, and voluntarily offered com-

ments. From the opinions expressed, I have selected a few that are typical:

"An unscientific preparation without value."

"A peculiar shotgun combination, with neither scientific nor pharmaceutical reasons."

"Its one virtue seems to be that it is harmless."

"This formula, in my humble opinion, is the limit. I am constrained to believe that the tablet form would—if small enough—make its exit as its entrance as hard as a steel ball."

"I have never been an advocate of shotgun prescriptions."

Our investigations among the druggists of Louisiana, and the summarized replies to our questions, give ample proof that the publication of the patent drug content is desirable. Many druggists, not burdened with contracts, are frankly opposed to the handling of patent preparations, the formula or ingredients of which are secret. Others, among them some who buy large quantities of these medicines, realize the demand is precarious and the results of sale unsatisfactory. Therefore, preparations bearing on their face their content would be more acceptable to the retailer.

The physician's use of the proprietary is largely habit, induced by ignorance, indolence, or the circumstances which force him to choose between the manufactured article and a poorly prepared substitute. The conscientious man wants to know the composition of everything he gives his patient, and rightly. He can be relied on to commend any movement which would give him definite information. It goes without saying the prepared medicines, with few exceptions, are not satisfactory to the skilled physician and can not ever meet his requirements. It is likewise true that if these became unprofitable to the manufacturer, the competent pharmacist would come into his own and the profession would grow in usefulness and prestige.

The patent and proprietary have been called the "poor man's medicines." Observations indicate laxatives and cathartics, liniments and cough syrups, have a wide sale. The physician knows even these should not be used without advice and direction, but until the public is likewise convinced, too drastic criticism or action would be futile. We concede at present there is a legitimate field for some proprietaries, but these are not in the class that would be put out of business by the printed formula.

The uncritical public is the great factor in this problem. It is they who have been exploited by the unscrupulous multi-millionaire manufacturer and his equally unscrupulous agents. You will agree that the manufacturer without medical, ethical or moral standards has utilized brains and money to swindle the credulous; you will agree that to deceive with false hopes the ignorant and the sick is a crime even if it is not so listed in the statutes. The attitude has been, the public is legitimate prey to be fleeced; "they need not buy if they don't want to, but every device and every suggestion will be used to make them buy." The "secret" formula was the strongest asset of the business; the mystery appealed and it was made to do full duty. Loaded with stock, the retailer was forced often to devise ways and means to sell, hence the flaring windows with a fifty-foot tapeworm, a dozen rusty rattle snakes, or the living automaton pointing out the merits of the wonderful "Cure-all."

On the back of the carton of a recently analyzed preparation there is a statement by the manufacturers to physicians and the general public which sets forth the reasons why the preparation is efficient, and adds—"but knowing the proper prejudice of many against using any medicine prepared from concealed formulas, and to protect the public from many nostrums and worthless preparations with which the market is flooded, we have concluded—on the request of a number of physicians—to indicate on each bottle of what the medicines are composed."

This Company recognized the changing psychology of the public mind. They believe publicity good business. They have accepted and made use of the new attitude. This is common sense. There are still those who will buy to their own undoing, but the demand that all remedies possess merit is becoming more and more insistent. The day of general acceptance of the flaring label, the Almanac and the fraudulent testimonial is past. The more intelligent are on guard. This points to an educated public which, in time, will refuse to buy the secret preparation.

The example given is positive evidence that secrecy is no longer desirable.

I do not doubt that the publication of ingredients or formulas will awaken intelligent discrimination; it will lead to a transfer of approval from remedies now popular to others. This will mean loss to the manufacturer, and to the retailer who is stocked with old medicines. But the financial loss will be temporary, and is unimportant in comparison with the benefit which will result to the public. The honest manufacturer and those handling his products would have nothing to fear, for they, too, would benefit by the increase in public confidence. The maker of worthless preparations would go to the wall, which in time would be to the advantage of those who placed on the market only an honest product.

To summarize, the protective effect of the Federal Law is so apparent, no one would have the temerity to suggest its repeal; the druggists—many of them—are tired of the uncertainty connected with the sale of secret patent remedies; the pharmacist, if the patents were dropped, could hope for better pay and deserved recognition; the honest physician could use with confidence a preparation bearing the formula; the manufacturer would have nothing to lose if his medicine was effective; finally, the secret patent preparation is on the run and it is common sense to accept the situation and to join the ranks of those who live and act in the belief that there are some things which have a greater value than just money.

Is it desirable to protect from themselves the credulous and the ignorant? Is it desirable to condemn a dishonest business standard? Is it desirable to lift the retail drug business to a higher plane? Is it desirable to warn and teach suffering humanity? I leave with you the answer.

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#### THE DRUGGIST AS NOTARY PUBLIC.\*

BY EMIL ROLLER.

The vocation of the American Pharmacist being partly scientific and partly commercial compels him to pay just as much attention to the commercial side

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\* Read before Section on Practical Pharmacy and Dispensing, A. Ph. A., Chicago meeting, 1918.