

## COMMITTEE REPORTS

### SHALL WE REORGANIZE THE AMERICAN PHARMACEUTICAL ASSOCIATION?

(Second paper.)

By FRANCIS E. STEWART.\*

My first paper on this subject, published in *THE JOURNAL*, March 1920, was commented upon favorably by President L. E. Sayre, who appointed a committee on reorganization and made me the chairman of it. My object in writing the paper was to protest against a suggestion made by some of the members who desire to convert the Association into a delegate body representing the entire drug trade. The object of this paper is to state some of the objections to such procedure and to suggest ways to make the present organization more effective.

First, what is the aim, and what are the purposes of The American Pharmaceutical Association?

According to the "Pharmaceutical Syllabus," published by the National Committee representing the American Pharmaceutical Association, The American Conference of Pharmaceutical Faculties and The National Association of Boards of Pharmacy, the answer is thus stated:

"AMERICAN PHARMACEUTICAL ASSOCIATION. Its aim is to unite the educated and reputable pharmacists and druggists of America for seven important purposes: (1) To improve and regulate the drug market. (2) To encourage proper relations among druggists, pharmacists, physicians and the people at large. (3) To improve the science and art of pharmacy. (4) To regulate the system of apprenticeship and employment. (5) To suppress empiricism. (6) To uphold standards of authority in the education, theory and practice of pharmacy. (7) To create and maintain a standard of professional honesty with a view to the highest good and greatest protection to the public."

At least two facts of importance for consideration in relation to the suggestion concerning reorganization are brought out by the above authoritative statement of the aim and purposes of the American Pharmaceutical Association. They are, *first*, the term "pharmacy" as used in the statement has a very different meaning than that used in the common parlance. Pharmacy is a profession, not a commercial business.

The *second* fact brought into prominence by the above statement of the aim and purposes of the present organization is that pharmacists bear certain important professional relations to the medical profession and the public, which service differs in character from that of the ordinary merchant and tradesman. It, therefore, becomes quite important for us to consider the difference between the meaning of the terms profession, and commercial business, as used by members of the so-called learned and liberal professions, namely, theology, law and medicine. For, as clearly brought out in my first paper, true pharmacy as a science is part of medical science, and as a practice is part of medical practice.

Perhaps I can make the difference in meaning between *professionalism* and *commercialism* as here employed more clear to you by calling attention to the mottos "*caveat vendor*" and "*caveat emptor*," which mean respectively, "let the vendor beware," and "let the purchaser beware."

The principle underlying the motto "*caveat vendor*" is altruism; that underlying "*caveat emptor*" is egoism.

Maudsley, in his "Physiology and Pathology of the Mind," divides the people of the world into two great classes, the *altruistic* and the *egoistic*, or in common language, the *unselfish* and the *selfish*. Those people belonging to the former class are seeking to serve their fellow-man, and those belonging to the latter are seeking to serve only themselves. The former class may be

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\*Chairman Committee on Reorganization.

represented by *centrifugal* force which exerts itself from the center and, like the ever-widening wave created by the pebble thrown into the water, influences a larger and larger circle for enlightenment, and the latter class may be likened to *centripetal* force which exerts itself to appropriate everything to itself and give out nothing.

The same author points out that the line between intense egoism and insanity cannot be clearly differentiated, and the way to cultivate soundness of mind is to cultivate altruism or service to others.

It is, of course, admitted, that many business men are altruistic, and many professional men are egoistic, but we are not talking of individuals but of principles theoretically underlying the correct practices of the liberal professions on the one hand, and the practices of commercial business on the other.

Theoretically at least the physician's vocation is primarily to teach the people how to live in such manner as to keep well, theoretically the vocation of the business man is to make money, and some go so far as to say, "honestly if you can, but if you can't make money honestly, why, make money." This principle of business is recognized in law by the motto, "caveat emptor," which, as already stated, means, "Let the purchaser beware (that is, he buys at his own risk)." On the other hand the principle recognized as the proper one to follow in the practice of the liberal professions, theology, law and medicine, is embodied in the motto, "caveat venditor," let the vendor beware, for he claims to be a teacher and an authority, and expects the public to accept him as such and to give him credit for teaching the truth, the whole truth, and nothing but the truth when he expresses his opinion concerning the things taught.

We are now in the position to consider pharmacy as a learned and liberal profession in contradistinction to the commercial drug business.

To be recognized as a member of a liberal profession the pharmacist must be in position to teach. To teach what? To teach pharmacy? Yes, and something more than that; he must be in position to teach pharmacology and the pharmacologic arts. Now, what is "pharmacy?" What is "pharmacology," and what is meant by the "pharmacologic arts?"

The "Pharmaceutical Syllabus" defines pharmacy as "the science and art of preparing, preserving, compounding and dispensing medicines," and includes the term pharmacy in a definition of a wider scope as will be noted by referring to the following definition of the science of drugs and medicines:

*Pharmacology:* A recently coined definition would seem to confine it to pharmacodynamics, but as defined by the "Pharmaceutical Syllabus," pharmacology is "the science that treats of drugs and medicines; their nature, preparation, administration and effect; including pharmacognosy, pharmacodynamics, therapy-dynamics, pharmaceutical chemistry and pharmacy."

The pharmacologic arts are therapy, pharmaceutical chemistry and pharmacy.

When the above statement, and the definition of pharmacy given by the "Pharmaceutical Syllabus," are considered in the light of this definition of Pharmacology, it becomes perfectly apparent that those concerned in the creation and maintenance of the Syllabus had in mind the basic fact that true pharmacy and rational drug therapy are correlated and mutually dependent professions, and therefore the successful practice of the pharmacologic arts is dependent upon coöperation between the medical and pharmaceutical professions; also that proper medical and pharmaceutical service cannot be rendered the public until such coöperation is obtained, and by the public properly sustained.

Now what is meant by proper pharmacologic service, which, according to the facts recognized in these definitions, cannot be rendered by either pharmacists or physicians except when working in coöperation as practitioners of co-related and mutually dependent pharmacologic arts?

The first service as to its importance was the creation and maintenance of common standards for determining the identity, character and strength of the medicinal drugs, chemicals, and preparations of the same, used as medicines.

As stated by Remington:

"The necessity for legalized standards to define the character, establish the purity, and regulate the strength of medicines is recognized by all civilized nations; and although all of the nations of the globe have not yet formally adopted national standards, in nearly every case where this has not been done

it will be found that the standards of some other country are in use." These standards are known as pharmacopoeias. "A *pharmacopoeia*, in the modern acceptation of the word, is a book containing a list of medicinal substances, with descriptions, tests, and formulas for preparing the same, selected by some recognized authority."

The United States Pharmacopoeia was originally devised by the medical profession. The first revision was the work of a convention of physicians and surgeons; for the second revision a committee of revision was appointed and this committee "*was authorized to request the coöperation of the Colleges of Pharmacy of the United States, \* \* \*. Valuable assistance was rendered the Committee by the Colleges of Pharmacy of Boston and New York; the Philadelphia College of Pharmacy presented a complete revision of the Pharmacopoeia, elaborated with ability and great industry; the Committee accepted, after deliberate examination, nearly all the suggestions, and this caused delay in the issue of the work.*" (Italics mine—F. E. S.)

It is not my intention to relate the history of the evolution of the United States Pharmacopoeia. My object in referring to it is to call attention to the fact that the people of the United States possess what is considered to be the finest pharmacopoeia in the world *owing to coöperation between the medical and pharmaceutical professions.* And, what is of greater importance to all concerned is the fact that the very existence of true pharmacy and rational drug-therapy is practically dependent upon the pharmacopoeia. For that reason neglect of the pharmacopoeia in the part of physicians, pharmacists and the public at large is a subject meriting serious consideration.

That the Pharmacopoeia is neglected by all concerned is too well known to require the presentation of evidence to prove the fact. Why the Pharmacopoeia is neglected is worthy of consideration, but the question of "why" if properly answered would require hours of discussion. The reasons "why?" are basic, and largely commercial in character. In reply to the question, "Why do not physicians, pharmacists, druggists and manufacturers coöperate in promoting the use of the pharmacopoeia?" one of the answers received was: "When physicians, pharmacists, druggists, and manufacturers stop trying to grab the same dollar at the same time coöperation may possibly be obtained." Another answer which also reflects the commercial character relating to the reasons "why" was advanced against materia medica standardization of advertised materia medica products. As standardization is the object of the pharmacopoeia, this answer is also germane to the subject. The answer was: "Standardization means *leveling* of all materia medica products to common standards, thus taking away from commercial introducers the advantage to be derived from advertising their products as better therapeutic agents than those of their competitors."

But what the medical profession must know to treat the sick properly are the side effects, limitations, and comparative value of the newer materia medica products in their relation to each other and to the older and better known products employed as therapeutic agents in similar conditions. It is just this kind of leveling that the medical and pharmaceutical professions and the people at large must insist upon if we are ever to establish the pharmacopoeia as a guide in the use of drugs as remedial agents. Without guidance by these rules of common sense anarchy reigns in place of law, and the drug business becomes a menace to the public health.

The commercial drug business comes back with the answer "There is no law in therapeutics. Questions of therapeutics are at best questions of opinion, and one person has as much right to an opinion in regard to the therapeutic value of a medicine as another. Opinions relative to the therapeutic value of medicines rest on trial or experiment. What is known is known only by experience. This is the kind of knowledge the physician depends upon in the practice of medicine. The pharmacist and the self-medicator have the same source of knowledge to draw upon. Why then go to the physician? Buy a 'patent' medicine, or an 'ethical proprietary' and be guided in its use by the advertisement in the daily paper or magazine, or in the medical journal. The advertisement supplemented by the advertising circular contains all necessary information."

"But how about diagnosis?" the doubting layman asks. The drug trade answers: "Diagnosis, according to the dictionary is 'the distinguishing of a disease by means of its symptoms.' No profound knowledge of diagnosis is required for the patient to know that he has a cough. It is not necessary for the patient to go to the doctor and pay him for information already pos-

sessed. The doctor will prescribe a cough remedy. Why not go to the drug store and buy a cough remedy without going to the doctor?"

This kind of reasoning is well calculated to deceive and mislead the ignorant and unwary. It is founded upon the fallacy that so-called diseases are entities. Let me quote what Dr. Dock says on that subject. "We are all in the habit of thinking of diseases as if they had separate existences. In fact they are spoken of sometimes as entities—'beings without reference to distinguishing attributes or properties,' but in reality there are no such things—there are only people, or lower animals, or plants, with diseases. One cannot think clearly about diseases without thinking of the causes. Headache, for example, occurs from such dissimilar things as infectious diseases, like influenza, typhoid fever and smallpox; or it may come from disease of the eye, or ear; from meningitis, brain tumor, kidney disease, chronic digestive disturbance; nervous exhaustion and anemia or some other cause. Cough is equally misleading. It may come from a disease of the larynx, or bronchi, it may also come from a disease of the ear or pharynx, the tonsils, pleura, heart, stomach, or lower abdominal organs. A headache caused by inflammation of a sinus is a symptom. The pus or polyp observed on examination of the sinuses is a sign. From the symptoms and the signs the physician works up the complete picture of the disease, that is, the diagnosis."

People who are ignorant alike of pathology, diagnosis and the proper treatment of the sick, excuse the prescribing druggist, "patent" medicine advertiser and self-medicating public for neglecting the doctor on the ground that the doctor only guesses what is the matter with the patient, and prescribes without knowledge, and any druggist or layman can guess and prescribe just as well as the doctor. There is some justification for this contention. As stated by William J. Mayo, in his excellent paper on "The Medical Profession and the Public," appearing in the *Journal of the A. M. A.*, for April 2, 1921, "MacKenzie points out that medical treatment has always been in advance of knowledge, that treatment has been empiric, even experimental, and that knowledge has come later from the results of these unorganized attempts to palliate or cure the diseases of man. \* \* \* We can hope that eventually knowledge will precede treatment and that treatment will be based on knowledge, and not, as heretofore, largely on empiricism."

And as for diagnosis, it is acknowledged by one of the most skillful diagnosticians that about fifty percent of his attempts are failures. In such cases all the physician can do is await developments and meet conditions as they arise. But there is a great difference between the potential of the educated and experienced physician in such cases, and the ignorant person who guesses, just as there is between the skillful mariner and the landlubber when called upon to find the way through an unknown channel. If it were not so a medical education would be useless, and the druggist would be as well qualified to treat the sick as the doctor. Furthermore, as stated by Mayo, the medical profession has long recognized the great value of the facts resulting from the work in clinical laboratories, and of late has also recognized the great practical value of the labors of the physiologist, the physicist and other heretofore cloistered departmental workers. The profession appreciates that the organization of departments of trained workers in special fields of medicine and allied sciences greatly aids in obtaining knowledge which permits a better interpretation of all the facts of the case by the diagnostician and brings knowledge closer to treatment. Consequently we have progress in diagnosis and treatment of disease on the part of the medical profession, while, in case of guess work by persons who are ignorant of the many branches of knowledge upon which the educated physician, on account of his education, is in position to draw upon, very little progress in knowledge is possible. Therefore the services of the prescribing druggist, who prescribes at short range without diagnosis, and the "patent" medicine manufacturer, who prescribes at long range without diagnosis, and the self-medicating layman who mistakes symptoms for diseases and prescribes on mistaken diagnosis, are not to be compared with the service of the medical profession in spite of the fact that physicians are often forced to prescribe without diagnosis and await the development of symptoms for guidance.

People who are not acquainted with medical history little realize the marvelous advances made in medical science within comparatively recent times. It is important that we do not lose sight of this. Permit me to call your attention to the following facts:

It was not so long ago that physicians as well as the people at large in a country, now standing high in civilization, believed that diseases were caused by demons, and the more disgusting the

medicine, the sooner would the demon leave the body of the patient and seek more congenial habitation. "Until 1617 such drugs and medicines as were in common use were sold in England by the apothecaries and grocers. At this period the compounds employed in medicine were often heterogeneous mixtures, some of which contained 20 to 70 or more ingredients.\* \* \*"

In May 1618 the *London Pharmacopoeia* was issued by the College of Physicians. "Although other editions of the *London Pharmacopoeia* were issued in 1621, 1632, 1639, and 1677, it was not until the edition of 1721, published under the auspices of Sir Hans Sloane, that any important alterations were made. A great improvement was effected in the edition published in 1746, and, in the edition published in 1788 the tendency to simplify was carried out to a much greater extent."

Why were these ridiculous mixtures discarded? Why is it that physicians, pharmacists, druggists and manufacturers are not now recommending those who are sick to dose themselves with the same disgusting compounds used no longer ago than Shakespeare's time? The reason is to be found in the advancement of medical education. And by medical education I mean not only the medical education of the physician, but also the medical education of the pharmacist, druggist, manufacturer, and the people at large.

In my opinion the time is approaching when we can all look back at our present ignorance of the nature of disease, its causes, prevention and treatment, with the same wonderment we now have in regard to the ignorance of past generations.

How is this much to be desired consummation to be realized? It is to be realized by general medical education. The greatest factor in banishing ignorance in regard to the curative value of the disgusting nostrums of the past has been the enlightening force of general education. This enlightenment of past generations, so long in coming, resulted in the standardization of the *materia medica* by the establishment and maintenance of pharmacopoeias. Later on as the light spread to America the United States Pharmacopoeia was created, and, finally, the American people commenced to see the importance of enforcing pharmacopoeial standards by pure food and drug legislation, hence the passage of the Federal Pure Food and Drugs Act of June 30, 1916, and similar Acts by the several States which speedily followed. By this Act Congress provided a way to further enlighten the public by forcing medicine manufacturers to warn the people concerning the character of the medicines offered for sale by stating the presence of habit-forming drugs on the labels of medicines containing them. Further enlightenment caused the passage of the Sherley amendment making it a crime to lie in the advertising of medicines as well as in the labeling of them. Next came the narcotic laws, followed by the Federal Prohibition Law known as the Volstead Act. It is probable that the Volstead Act will soon be modified for the purpose of making it more practical as a remedy for the abuse of alcohol by legitimizing more completely its legitimate usage; but, in my opinion, and in the opinion of many competent observers, the day of the old-time saloon with its unmitigated evils, and also the times in which disguised whisky and narcotics were freely dispensed under the guise of medicines—are gone, never to return.

Then there is another and very important factor which should not be lost sight of in this process of education. I refer to the public health crusade—that remarkable wave of enlightenment which seems to be overflowing the entire civilized world, heightened by the reconstructive movement following the great world war. The fact that so many men were found physically unfit for military service has proved indeed an eye opener. The disabilities caused by improper living must be removed.

Smith, quoting Haven Emerson says: "We have won our way from an attitude of passive submission or acceptance of disease and disability as inflictions of fate, of some evil genius, or by the Gods of our own Divinity, through the self-respecting and upright position of self-defense against disease, using the weapons of science, until we are now moving aggressively forward attacking disease and determined to overcome it by all the resources of society as well as by assembling, co-ordinating, directing, with our knowledge of medicine and organized government, a continuous warfare upon all physical, biological, economic and spiritual handicaps against which man and child cannot successfully make progress alone."

Recently a complete change has taken place in the attitude of the enlightened public in regard to the correlation and importance of the three indispensable services—medical teaching,

preventive medicine and diagnosis and treatment.<sup>1</sup> The teaching of preventive medicine now takes the lead in the public mind as of more importance than the diagnosis and treatment of disease. The truth of the old adage "An ounce of prevention is worth a pound of cure" is commencing to be more fully realised. The limits of this paper will not permit detailed consideration of this great public health movement. It is by no means confined to the medical profession. This wave of public health teaching is spreading to other agencies possessing even greater influence than the doctor. The great life insurance companies have joined in the health crusade, and are sending out tons of literature to their patrons on this subject of health conservation. The National and State departments and boards of health, the American Public Health Association, also the American Association for the Advancement of Science, the Red Cross, the societies for organizing charities, the W. C. T. U., Y. W. C. A., Social Hygiene Association, and many other institutions have joined the movement. And now conferences are being held in various parts of the country to secure closer coöperation between these agencies to obtain greater efficiency.

What influence will this wave of enlightenment have upon the *materia medica* of the future? Its influence will doubtless be just as revolutionary upon the *materia medica* of the future as that which banished the various disgusting compounds of ancient history. That it will result in the complete disuse of medicines there is no good reason to believe. But enlightened people will no longer believe in diseases as entities and drugs as specifics. In a public lecture on "Health and Disease," by Prof. George Dock, M. D., of Washington University, St. Louis, from which I have already quoted, this well-known teacher gives the following advice on the subject which contains what I believe to be a hint of the answer to the question "What is to become of the *materia medica* of the future?" His advice is to the individual who would obtain and maintain good health, and is wittily stated as follows:—

"He should in the first place select his grandparents and parents in such a way as to get himself the best constitution possible. He should live so as to preserve that constitution. He should know how to apply simple remedies for the trifling ailments that afflict one—to use a cathartic when he has eaten something indigestible; to dress a wound aseptically; to stop food when the stomach rebels. He should be so educated by his parents, his teachers, his school physicians, his school nurses, his city or village health officers, and in his college personal hygiene course, as to secure the greatest possible freedom from disease."

It is evident that Dr. Dock recognizes the "right of self-medication" possessed by the public, also the right and duty of the medical profession, as guardians of the public health, to educate the public on the subject of diagnosis, treatment, and preventive medicine.

And last, but not least, comes the subject of commercially introducing alleged new remedies by therapeutic advertising. Therapeutic advertising, no matter how honest the intent, unless supplemented by further information impartially stated, creates a fictitious demand for the thing advertised. This kind of advertising when employed in the dry goods business may do no special harm, but it is harmful when it relates to medicines, for unintentionally misleading statements may result in the permanent disability or the death of the patient.

As everyone knows, advertising as a general rule is "written to sell the goods," and the claims made are quite frequently biased, exaggerated, and purposely misleading. Such therapeutic advertising is pernicious, contrary to the spirit of the aim and purposes of the American Pharmaceutical Association and a menace to public health.

#### COMMENTS AND CONCLUSIONS.

It seems to me that the logical conclusion to be drawn from the above facts is that true pharmacy, as a science and art, and also as a successful vocation, is dependent upon coöperation between the practitioners of the arts of preparing medicine and applying the same in the treatment of the sick, namely, the medical and pharmaceutical professions; also that such coöperation can never be attained under a system of business having as its motto, "*caveat emptor*."

The pharmacist to be recognized as a professional man, must be in a judicial position as an expert in drugs and a teacher. He must therefore adopt the motto, "*caveat venditor*." He cannot

<sup>1</sup>W. H. Smith, M. D. "Adequate Medical Service for a Community," *Journal A. M. A.*, April 16, 1921.

at one and the same time be an advocate and a judge, and, therefore, when he advertises a medicine as a better therapeutic agent than that of a competitor, without furnishing evidence to prove it, he becomes an advocate, not a judge, and therefore loses his judicial position as an expert in drugs and a teacher of the truth about them.

The aim and purposes of the American Pharmaceutical Association as now organized are in the right direction. Reorganization for the purpose of placing the control of its affairs in the hands of a House of Delegates representing the entire drug trade, and therefore composed largely of business men engaged in the commercial introduction of alleged new remedies for disease, and in the creating of an artificial demand for them by advertising of the kind represented by the motto "*caveat emptor*," would be a complete reversal of the aim and purposes of the Association, and destroy all that remains of the professional spirit assumed to animate the organization.

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#### REPORT OF THE COMMITTEE ON DRUG MARKET.\*

Considering the many phases involved in the business of collecting, distributing, marketing and manufacture of drugs, pharmaceuticals and chemicals, it is rather remarkable that these products are of the high standard of quality generally found on the market. This fact is no doubt due, in large part, to the constant supervision and frequent examination that they are subjected to by manufacturers, distributors and users.

Owing to business depression, we are not able this year to give as much data as usual, but notwithstanding this condition, we feel that we are able to present for your consideration, numerous facts that will be of future value. It was thought that the business stagnation would cause such a competition among dealers, that there would be proportionately fewer rejections and that greater care would be exercised in the production of products generally found of inferior quality. Our experience has shown, however, that the quality during the past year was not marked by improvement over recent years, although we consider that it is generally satisfactory.

Each year, we find it necessary to criticize the carelessness or indifference of some producers of crude drugs; as usual, we found a number of shipments that were improperly labeled, such as, yellow cinchona that we found to be *Cinchona pallida*, a shipment of rosemary leaves that was found to be red rose leaves, and the substitution for valerian by an unidentified drug that closely resembled it. We also found a number of drugs that had been subjected to admixture with foreign substances; the most objectionable of which was the inclusion of belladonna leaves in the center of a bale of hyoscyamus leaves, probably to raise the alkaloidal content, and the presence of considerable *Rhamnus californicus* in cascara sagrada.

Carelessness in gathering is a frequent cause of inferior quality, as we found sarsaparilla root having the knotty crown still attached; wormseed containing practically no santonin; marsh-mallow root having an excess of periderm; quince seed that had a large proportion of discolored seeds, and elder flowers that were noticeably dirty.

As the result of carelessness in storing, we found some substances that were rendered unfit for use such as burdock root and skunk cabbage that were wormy; wild lettuce that was mouldy, and lupulin that had developed an objectionable odor.

The foregoing examples illustrate the need of constant supervision over the condition of drugs, and we hope that by bringing them to the attention of the members of such associations as this one, a gradual improvement will result.

As usual, your committee has availed itself of the opportunity to use the analytical files of the H. K. Mulford Co., and the Smith, Kline & French Company. The following material was examined by them during the period from June 1st, 1920, to June 1st, 1921.

ACID ACETYLSALICYLIC: One lot was returned because of its grayish yellow appearance. All other lots were of excellent quality. Reported by J. G. ROBERTS.

ACONITE ROOT, SPANISH: One lot was assayed and found to yield 0.21% ether-soluble alkaloids by the U. S. P. process for aconite root. Reported by GEO. E. EWING.

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\*Pennsylvania Pharmaceutical Association, Philadelphia, June 1921.

**ALCOHOL:** One lot was of U. S. P. quality, except that it had a yellowish color and a molasses like odor.

Reported by J. G. ROBERTS.

**AMMONIA WATER 10%:** One lot assayed 12.6% Ammonia (NH<sub>3</sub>). This excessive strength would be productive of considerable trouble in the manufacture of certain pharmaceutical preparations.

Reported by GEO. E. ÉWÉ.

**AMMONIA WATER 26%:** The return of one shipment was recommended, because of a yellow color and the presence of a small amount of a dirty precipitate.

Reported by J. G. ROBERTS.

**ASAFOETIDA, GUM:** Of the four lots tested one was not of U. S. P. quality, because it contained 2.5% less alcohol-soluble matter and 4.4% ash in excess of the U. S. P. standard.

Reported by J. G. ROBERTS.

**ASAFOETIDA, GUM:** The eight lots examined assayed 71.3%, 41.9%, 70.5%, 58.8%, 58.4% and 23.3% alcohol-soluble matter, respectively.

Reported by F. GLOOR.

**BALSAM OF FIR, OREGON:** A sample yielding the following data was examined: Optical Rotation, plus 2°25'. Optical Rotation of distillate, plus 6°14'. Boiling point, 150° C. to 345° C. Amount of distillate 80%. Acid number 108.5. Ester number 5.9. Saponification number 114.4.

Reported by J. G. ROBERTS.

**BALSAM PERU:** Sample was not of U. S. P. quality, as it did not comply with the specific gravity requirement of 1.130 to 1.160 and the acid number requirement of not less than 56 nor more than 84. A complete examination was not made on account of the very evident undesirable quality of sample.

Reported by J. G. ROBERTS.

**BELLADONNA ROOT:** The only lot examined contained .46% of alkaloids which is only a trifle above the U. S. P. standard of .45%.

Reported by J. G. ROBERTS.

**BLACK HAW:** An average sample from twelve bags was found to contain 21.5% of foreign matter (stems, roots, rootlets, etc.) and one-third to one-half of finely broken material which gave it a dirty appearance. Black haw bark always contains an excess of foreign matter, but this lot contained more than has been found in other lots of recent years. The following amounts of foreign matter found in various shipments received since 1915 gives an indication of the quality of this drug.

July 1915, 50% and 40%; September 1915, 20%; December 1916, 23%; November, 1917, 11%; October, 1919, 12%, and November 1919, 14%.

Reported by J. G. ROBERTS.

**BENZOIC ACID:** One lot contained a small proportion of greenish crystalline crusts which consisted of fused benzoic acid colored with copper benzoate, evidently a contamination from use of copper equipment for manufacture.

Reported by GEO. E. ÉWÉ.

**BENZOIN:** The 19 lots examined assayed 74.6%, 74.5%, 73.3%, 70.4%, 70.2%, 71.2%, 68.5%, 70.7%, 57.7%, 75.9%, 68.2%, 77.4%, 76.1%, 71.9%, 71.8%, 71.1%, and 71.4% alcohol-soluble matter, respectively.

Reported by K. SUTO.

**BENZYL ALCOHOL:** Practically all supplies are not completely soluble in water. The insoluble portion is very small in proportion, but greatly interferes with the production of brilliantly clear solutions.

Reported by GEO. E. ÉWÉ.

**BURDOCK ROOT:** One lot was worm-eaten and appeared to have been taken from dead plants.

Reported by G. A. SLOTHOWER.

**CALCIUM CHLORIDE, COMMERCIAL:** A qualitative examination of a sample showed it to contain the following impurities; sulphate, phosphate, sodium, traces of manganese and strontium, and much magnesium.

Reported by J. G. ROBERTS.

**CALENDULA FLOWERS:** The determination of the amount of foreign matter in calendula flowers is rather difficult, on account of its naturally light and bulky condition and the relatively heavier and more compact condition of some of the foreign matter. Although the sample examined was mixed as thoroughly as possible, it appears that a uniform mixture is difficult to obtain, as two determinations yielded 1.5% and 4% respectively of foreign matter. In this particular instance the difference in results is due to the presence of a piece of twig, a whole flower head and a piece of porous earthy matter in one sample and which were not present in the other portion of the same sample. Sample complied with the N. F. requirement for identity and ash.

Reported by J. G. ROBERTS.

(To be continued)



## AMERICAN PHARMACEUTICAL ASSOCIATION FINANCES.

JANUARY 1 TO DECEMBER 31, 1920, INCLUSIVE.

BY HENRY M. WHELPLEY, TREASURER.

The annual report for 1918 (the fiscal and calendar years are coincident) was published in full in the Journal of the American Pharmaceutical Association for August, 1919, pages 654-667.

A volunteer report, covering the period from January 1 to August 15, 1919, inclusive, appears on pages 1070-1080 of the Journal of the American Pharmaceutical Association for December, 1919. This report discusses the four classes of securities and the various funds in detail and explains the association finances in general.

Each volume of the A. PH. A. YEAR BOOK contains historical sketches of the Association funds brought to date of publication.

The annual report for the fiscal year, 1919, will be printed in Volume 8 of the YEAR BOOK, which is now in press.

By vote of the Council and approval of the association, the annual reports of the treasurer are to be printed in full in the YEAR BOOK and in abstract in the JOURNAL (see JOURNAL for July, 1920, page 726).

The report for 1920 has been prepared and duly audited, as shown by the following report:

St. Louis, April 26, 1921.

We have examined the books and records of the American Pharmaceutical Association in the office of the treasurer, for its fiscal year ended December 31, 1920.

Certificates from the depositories were received and reconciled in verification of the checking balances in the various banks.

All recorded cash receipts for the period covered were traced to deposits in banks, and all disbursements were found to be evidenced by properly signed vouchers and canceled checks on file.

Investment securities held by the Association were submitted for our inspection and found to be in order.

And we hereby certify that, in our opinion, the foregoing is a correct statement of the transactions of said association for the period named, and is also in accord with its books of account.

Yours very truly,

JEFF K. STONE & COMPANY,  
*Certified Public Accountants.*

The funds in the hands of the treasurer on December 31, 1920, were as follows:

- (a) Six Permanent Funds.
- (b) Two Current Funds.
- (c) Two Trust Funds.
- (d) One Special Committee Fund.

For a general discussion of these funds, see Journal for December, 1919, page 1070.

## THE A. PH. A. PERMANENT FUNDS, DECEMBER 31, 1920

Life Membership Fund.....	\$ 26,075.66
Ebert Prize Fund.....	1,282.40
Centennial Fund.....	3,557.85
Endowment Fund.....	8,385.37
Ebert Legacy Fund.....	4,923.32
Research Fund.....	16,534.86
	————— \$ 60,739.46

## CURRENT FUNDS

Bonds and Savings Account.....	\$ 25,547.95
Checking Account.....	6,535.68
	————— \$ 32,083.63

ASSETS	
Permanent Funds.....	\$ 60,739.46
Current Funds.....	32,083.63
	\$ 92,823.09
HELD IN TRUST	
Procter Monument Fund.....	\$ 10,140.44
Remington Honor Medal Fund.....	1,157.04
	\$ 11,297.48
SPECIAL COMMITTEE FUND	
Soldier and Sailor.....	\$ 456.12 \$ 456.12
This fund to be transferred to current account.	
TOTAL FUNDS HELD BY A. PH. A.	
Assets.....	\$ 92,823.09
Held in Trust.....	11,297.48
Special Committee Fund.....	456.12
	\$104,576.69
Total.....	
The bonds are listed at par value.	

The Current Funds increased \$951.88 during 1920. This was exclusive of the \$2,020.84 to be transferred under Rule 14 into the Research Fund but inclusive of \$456.12 balance in the Soldier and Sailor Fund, to be turned into the Current Fund.

The Permanent Funds increased \$6,309.47 inclusive of the \$2,020.84, to be transferred from the Current to the Research Fund.

Thus, the assets of the Association increased \$7,261.35.

The Trust Funds increased \$531.91, making the total increase of all funds amount to \$7,793.26.

Of the income for 1920, that for dues was \$14,697.50 and for interest on Current Account \$648.45, making \$15,345.95 or \$785.78 less than the over-head expense of \$16,131.73.

The income received by the treasurer from the JOURNAL was \$9,466.67 and the amount paid out \$10,271.36, or \$804.69 more than the receipts. For a detailed statement of the expense and earnings, see the report of the editor of the JOURNAL.\*

\* To be submitted New Orleans Meeting A. Ph. A.

## GREENWICH VILLAGE HAS A RIVAL.\*

BY CHLOE ARNOLD.

**G**REENWICH VILLAGE has a rival. And that rival is the Vieux Carré, which is the name for the old French village in New Orleans. Everything is set to make the village that we know a thing forgotten and out-classed as an abode for art. It will be, if these New Orleanais succeed in their designs on the Vieux Carré, which means the Old Square, and not Calabooza, as you might think. The old Spanish Calabooza is too cluttered with airplanes and the like to accommodate mere art, though their Parish Prison gives upon a pleasant street and has the same view as one of the most exclusive hotels.

The point is that down in Louisiana they are scrubbing and refurbishing the old French village and making it so attractive to artists that within the year those who have loved Greenwich Village may speak of it sadly as "The Deserted Village." Perhaps great painters from abroad will join the best of our own, and poets and authors will swarm from all over the world. Some hope that Mr. Tagore will be detained at home on business.

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\*The New York Times Book Review and Magazine, July 10, 1921. Permission granted to reprint. For illustrations referred to see JOURNAL, A. Ph. A., Volume X, February, March and April, 1921.