

THE DOCTOR, THE DRUGGIST AND THE PATENT MEDICINE
FROM THE PROPRIETARY STANDPOINT.*

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The drug trade, like all Gaul of old, is divided into three parts. But it is in theory only that these parts are separated. In practice, they are so coordinated that it is often hard to say where the interests of any one of them begins or leaves off. While the trade is divided into retailers, wholesalers and manufacturers this division is, really, more a matter of theory than of fact.

The man who is classed as a "retailer" is, in almost every instance, also a manufacturer and sometimes a jobber. The man who is classed as a "jobber" is frequently a manufacturer and sometimes a retailer, and the one classed as a "manufacturer" is frequently a jobber, inasmuch as he often sells direct to the retailer.

The point I am trying to make is that the three theoretically separate branches have interests so closely interwoven that it is difficult to separate them, and classify them. Destroy any one branch and the others would have to undergo a complete reorganization, or be destroyed.

Eliminate the retailer, and where would the jobber be left. The manufacturer might go direct to the consumer, as some manufacturers are going. Eliminate the jobber, and the retailer would have to buy direct from the manufacturer, and he would find it hard, if not impossible, to secure many of the accommodations that he now enjoys from the jobber. Eliminate the proprietary manufacturer, and the jobber would immediately find more than 50 percent of his business gone by the board, and the retailer would in many cases have to go out of business, as not only would the proprietary manufacturer be eliminated but the retailer would be prevented from being a manufacturer, for there is no law that can say that Frank J. Cheney can't make medicine and that Azor Thurston can.

The organization of the drug trade may not be scientific. There may be duplications of efforts which, in theory, might be eliminated, but which in practice can not be. All three of the coordinated branches must exist; and for any of them to enjoy prosperity, all must be prosperous.

The sooner all branches of the trade realize this dependence and pull together, the better it will be. There are and always will be, matters of difference which will have to be discussed, and, in some instances, fought out, but the sooner we realize that the things which unite us are of vastly more importance than the things which separate us, the better off we will be.

We could well take a leaf from the doctor's book in this particular. The doctors have the closest organization for mutual aid and benefit of any class of people in America. They have the best organized labor union in the country. They have their fights, their differences and their troubles, but when there is a common enemy in sight they present a solid front that is amazing, and which, from the standpoint of organization methods, is a marvel.

*From the Report of the Committee on Trade Interests, presented to the O. S. P. A. annual meeting of 1912.

We may say to ourselves that this doctors' organization is the friend of one branch of the drug trade, but it isn't. It isn't the friend of any branch of the drug trade; it never was, and it never will be. Its whole tendency is to eliminate the entire drug trade, which it recognizes as a competitor, and the elimination of which it would regard as a blessing.

You retail druggists know better than I can tell you how many doctors are dispensing their own medicines, and how that number is growing every year. We see vast industries built up which cater to the doctor, by providing him with drugs for his dispensing, and you know that this dispensing, aside from its commercial aspect, is wrong in principle, and wrong in practice.

When a doctors' organization—be it local, state or national—tries to tell you how to conduct your business, you can depend upon it that its evidence is bad from your standpoint, no matter how good it may be from the standpoint of the advisor. It is the advice of a competitor, not a friend—a competitor who would like to see you reduced to the position of a dispenser of soda water, a purveyor of cigars and candies, and who is constantly forcing you into new lines of merchandising. You handle paints, which the hardware man formerly handled. You handle candies, which the candy man handled; you handle cigars, which the cigar man handled; you handle a hundred different articles which no other merchants have handled, and you have been forced to do it very largely by the doctor. You are obliged to handle merchandise, to become merchants, and every year you are becoming more of a merchant and less of a professional man.

This may not be pleasant, but it is true.

Do you think that, if you should drop all your side lines, your non-professional lines, so to speak, that your drug business would increase? Would the doctors stop dispensing? If you think so, try it. A strictly prescription drug store could not exist outside of the very large cities in this state.

While I am talking of competition, I want to go a little farther. From the standpoint of the manufacturer I know, and every manufacturer knows, that the retailer is, and must be, a competitor of the manufacturer. Every specialty you make and sell, every one of your preparations which you make or have made for yourself, is a competitive preparation. It is sold where some other preparation would have sold were it not for yours, and that makes it competitive.

I have no fault to find with competition, for I believe that competition is, in some respects, the life of trade; but I want to say that this competition from the retailer makes it very expensive for a proprietary medicine manufacturer to do business, much more expensive, than it is for a proprietary food manufacturer to do the same volume of business.

The reason for this is perfectly clear. The food manufacturer has a product which is distributed through the retail grocery stores and the retail grocer is a distributor and not a competitor. He does not make a food product, and there are few houses in the food business which put up competitive lines under the merchant's own name. However, these houses are increasing, and the food manufacturers will soon be up against the same proposition the drug manufacturer faces. This feature of the proprietary business has grown until we have reached the point where the manufacturer's advertising does not bring

him the returns it formerly did, and where, in order to maintain the same volume of business, he is obliged to spend more money.

He cannot rely as he did in former years upon the support of his distributor, for this distributor is now an active competitor, and has been educated by his organization, state and national, to be a competitor first, and a distributor afterward. In other words, to sell the advertised article only as a last resort. I do not say that all of you are doing this, but some of you are. I might not be bold enough to say it to you thus directly were it not for the fact that I have been a member of this Association for thirty years and feel that I have a fraternal interest in it.

What I have tried to do is to show you where the proprietary medicine manufacturer differs from the food manufacturer, and why his cost of doing business is so much higher. I can say to you very frankly that this increase, and steadily increasing cost of doing business, has driven some manufacturers to sell their goods largely through the general storekeeper, and has made many other manufacturers seriously consider this method of securing an output. The retail merchant is not a competitor, but a distributor.

Through the very laws of competition which enter into our business YOU become a manufacturer, while I cannot become a retailer and there you have the best of me in a way. But you cannot enjoy any of the benefits, or the privileges of being a manufacturer, without having some of the responsibilities, or without standing some of the chances that a manufacturer must stand.

We hear a great deal from time to time about "patent" medicines, and the alleged pernicious effects of them. These attacks are just as much against any remedy *you* may prepare yourself, or have prepared for you, as they are against any remedy that is prepared elsewhere, advertised nationally and distributed universally.

Just the minute you prepare any medicinal preparation in any greater quantity than you might prepare for a prescription, or sell that preparation without a prescription for it, you become a manufacturer, subject to every law, statutory or moral, which governs the largest manufacturer in the business. Not a law was ever enacted or proposed in Ohio to regulate the "patent" medicine business which didn't affect you just as much as it did me in the conduct of my business in this state. The fact that I have a larger business in my specialty than you have in any one of your preparations does not make me any more amenable to these attacks than it does you, if you make and sell a dozen bottles of cough remedy in a year.

Where there are any state laws regulating the manufacture and sale of proprietary medicines, you have to comply with these laws just the same as I do. Any law that would put me out of business, would put you out of business so far as your own preparations are concerned, and would also prevent your handling any preparation, and would leave you nothing more than a soda water and cigar store. Your drugs would rot before they were used; your prescription case would decay and your scales rust apart. You might sell a lot of candy, and cigars, and soda water, stationery, wall paper and paint, and penny post cards, stamps, soap, and an assortment of shelf groceries, but your drug store

would be a misnomer, and instead of being a professional man, you would be a merchant.

If you think I am wrong, when you go home, figure over your business. Estimate what portion of it consists of the sale of prescriptions, advertised proprietaries and your own preparations. Then figure on the elimination of the proprietaries and your own preparations, and see where you would land. Cut them out and where would your business be? Can you live on the prescriptions you fill? Can you live on your preparations plus your non-medical merchandise, or do you, to show a profit, have to sell proprietaries of your own or some one else's make. If you can, why have you not become a merchant and a manufacturer? You can't live on your prescription business, and it isn't right that anyone on earth should try to make you think you can.

The manufacturer has shouldered a tremendous burden. He has stepped into the front rank of the fight for your rights. He defends your business when he defends his own. When he opposes legislation conceived for the purpose of putting him out of business and for no other purpose at all, he also defends your right to do business as a manufacturer. Were it not for the activities of the manufacturer, I dare say the druggists of Ohio would have been out of business years ago.

The manufacturer does not profess to be unselfish in his endeavor. I don't profess to say that he would work for you were not your interests, his interests. But your interests and his are identical. In working for himself, he has to work for you, and in working for both he seldom asks you to bear any part of the burden. However, if an adverse law should be passed—in Ohio for instance—while you would be put out of business, the manufacturer, doing business in every state, would not be.

Sooner or later the pendulum would swing back, the people would demand the right to buy domestic remedies, and the laws would be repealed or amended. Then the manufacturer could do business in the state again, and even during the temporary suspension that would follow the enactment of restrictive legislation, he could continue to do business in the state if he wanted to, by advertising his product direct to the consumer, and mailing it to him from some other state, or by sending it to the consumer by express.

Now I want to repeat this point: We are all in business together, and what helps one helps the other; what hurts one, hurts both. We are interdependent and we can't get as far by pulling apart as we can by pulling together.

I am going to be frank and say to you that many manufacturers don't like to depend for their distribution on their competitors. That is why some manufacturers prefer to sell direct to the country merchant, and that is why the great wagon business has been built up. The case of the wagon houses is an example of a manufacturer being also a retailer, for that is really what he is, and these manufacturing retailers are doing more business today than you may think. I believe that one of the wagon concerns now in the field, which has been built up from nothing, in the last two decades, is doing more business, selling more medicines, than were ever sold by any one concern in the history of the business. And there are others almost as large. I dare say that half a dozen of the wagon

concerns are larger, and sell more goods, than any half dozen advertising proprietors you can name.

And this leads me to something else. We hear some talk that the proprietary medicine business is falling off, but it isn't. The people are taking more proprietary medicine today than they ever have. The sales are constantly increasing in spite of all the knocking that has been going on; public confidence in them, as efficacious remedies, must be increasing, in spite of all that has been done to destroy that confidence.

The United States Census Report for 1910 showed a wonderful gain in the proprietary medicine output in the period between 1904 and 1909. This is the period in which the clique of political doctors, backed by powerful magazines, strained every point to put you, and me, out of business. Yet in that period, production of proprietary medicines increased 21 percent, reaching the total of \$141,942,000 in 1909. During the same period, the amount of capital invested was increased 32 percent. These figures, especially the former, do not look as if the interests that have been trying to put us out of business have made much headway.

The same period—from 1904 to 1909—was marked by the passage of the National Pure Food & Drugs Act. This law, very frankly, was designed to drive patent medicines out of the market, and I can imagine the keen disappointment of these medico-politicians when it failed to do so.

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The manufacturer who advertises his products nationally, or at least widely, has borne the brunt of the battle that has been waged against domestic remedies, or any medicines which did not pay tribute to the doctors. In doing this he has been fighting his own battles and the battles of those other manufacturers who have wide or national wide distribution, but who have been content to let some of the rest of us carry the heavy burden. We have also been carrying your load as manufacturers, protecting your interest as well as our own, and making it possible by our efforts during the last decade for you to continue as manufacturers. In many instances you retailer-manufacturers have loyally helped us—many of you have come to our aid whenever you have been asked to do so. A few have not, but most of you have recognized that your interests are identical with ours and have been alive to the situation.

Many of you retailer-manufacturers may imagine that you are immune from punishment under the Federal Food and Drugs Act because the articles you manufacture do not enter generally into interstate commerce.

Down in New Jersey there was a retail druggist who believed the same thing. He manufactured a preparation which he sold over the counter and which had no sale except over the counter. His article was in absolute compliance with the laws of his state, but the law of his state was not uniform with the law of the federal government, so that while he was conducting a perfectly legal business in his state, the business became illegal the moment he sent a package of his preparation to another state.

One day he received an order for a dozen of his preparation from a jobbing

house. It was the first order he had ever received from any person outside of the state and it is the only such order he ever received. Very shortly after this shipment was made he was served with notice that his goods were misbranded and that he was liable to fine and imprisonment for violation of the Food and Drugs Act; and inasmuch as the label on his goods was not in compliance with the requirements of the National Law, he pleaded guilty and paid his fine.

Neither you nor I suppose that this one order was anything more than a trap set for him. And such a trap might be set for any retailer, at any time, if the goods he manufacturers are not packed in compliance with the National Law, though they might comply absolutely with the state law.

This one case, which is well authenticated, is an extreme one and is the only one of its kind that I now recall, but it shows the power of the government in case it wants to exercise that power unfairly, as I believe it did in this particular case, to secure conviction or pleas of guilty or "nolo contendere" from many small manufacturers; and such convictions or pleas constitute the bulk of the record which the Agricultural Department proudly parades as evidence of its activity.

In this article I have tried to point out that the manufacturers who have national, or very large, distributions, have fought your battles for you, have taken your part and have protected your interests.

Trade interests demand cooperation between coordinated branches of the trade, and I have shown you how one branch has worked for the interest of another. In any competitive business there is and always must be points of difference, but there are points in which interests are absolutely in common and when it comes to a question of the right to do business, all branches of the drug trade are, and must be, united, and must stand shoulder to shoulder in any fight waged against that right. We may differ on many propositions, but we cannot differ on this one—that we have a moral right to do business, that our business is necessary and essential to the happiness and well-being of the people, and that on this proposition "United we stand, divided we fall."

We may fight out our differences if we have to, but unless we—both retailer and manufacturer—stand united on the great principles of our right to do business as manufacturers of proprietary articles, and deny the right of any man or set of men to deprive us of that right, we will find ourselves in a position, sooner or later, where the point of difference will have been submerged in the wreck of our business.

A DAILY NEWSPAPER'S VIEW OF ADVERTISED MEDICINES.*

For several years The North American has been between two fires on account of its policy on medical advertising. All those who make or market proprietary remedies have quite generally dissented from our position and those handling worthless or questionable preparations have been bitter in their attacks.

*"The Doctors and Advertised Medicines." Reprinted from *Philadelphia North American*.

On the other hand, the physicians habitually express more resentment and discontent with the policy of *The North American* in this matter than with that of any other newspaper—this despite the fact that we are more than half in accord with the medical men in their professional antagonism to preparations advertised in newspapers.

The attitude of the physicians seems the more strange, since every one of them knows that no other newspaper has a policy so strict and a standard so high. That paper singled out for criticism is the one whose position approaches most nearly to that of the physicians themselves.

Our policy of excluding certain medical advertising began a dozen years ago. At first it demanded only the barring of what may be called obscene announcements. Next it put the ban upon matter palpably fraudulent. Then we excluded children's remedies containing large quantities of opiates. Next to go, naturally, were preparations for adult use which contained drugs or alcohol in habit-forming quantities. Further consideration dictated the exclusion of all medical advertising from the "classified" columns.

Most recent of advance steps was the decision to decline advertisements of remedies—including those we regard as having merit—wherein positive statements of "cure" were made. This restriction having proved ineffective against the ingenuity of the advertising phrase-makers, we finally excluded the word "cure" in any sense whatsoever.

Our position was persistently attacked by the patent medicine men. They said it was not only unique, but impossible. They challenged it first, upon the ground that we had no right to exclude their business, save upon the one ground of bad credit. A newspaper, they contended, was in advertising a "common carrier," with no authority over the statements of those who bought its space. They cited the principle "caveat emptor"—let the buyer protect himself. But with the new standards of business ethics and public service then gaining their first impetus, it was not very difficult for us to enforce our position against theirs.

They fell back then on the argument that we had no right to act as censors, to put a cloud upon their business, and to that extent damage their property rights.

This failing, they pleaded that all other newspapers accepted the business without question, and pointed to journals boasting high standards of editorial and news ethics which did not assume the attitude taken by *The North American*.

Finally, they insisted upon the efficacy of their preparations. Our answer was that no matter how meritorious a remedy might be, if it contained habit-forming quantities of drugs or alcohol, we would exclude it. So the controversy has continued. But it has resulted, as we have explained, in a steady raising of our standards. Nor are these standards yet fixed. Certainly our rules never will relax; any change must be toward making them more drastic.

The stand we have taken has not been dictated by "business reasons," for it has cost us not less than \$250,000 in advertising revenue. It was made necessary as a matter of logic and of honor. We could not maintain an editorial policy which demanded opposition to frauds in politics and Wall street and elsewhere, while cheats were promoted in our advertising columns. It is five

years since a line of liquor advertising appeared in *The North American*, and, of course, remedies with alcohol had to go also.

Pressure from these interests in behalf of their products has been no more persistent than that from the medical profession for the excluding of all proprietary remedies. The doctors, who take this position seem sincerely to believe that because *The North American* has a higher standard than any other paper, its advertising does the greater harm by giving character to the preparations it accepts.

Nevertheless, we believe their contention that all these remedies are without merit is untrue. And in evidence we offer the fact that these same physicians have indorsed many of these same remedies and prescribed them for their own patients before the preparations appeared in newspaper advertising. Their attitude would indicate that the test of a preparation's efficacy lies in the ethics of its presentation rather than in its chemical formula. Later we shall cite some convincing examples.

Another form of the charge is that advertised remedies—even those which pass *The North American's* restrictions—are nostrums, and inventions of quacks. Yet our investigations show that a large majority of them are prescriptions by doctors in good standing. Many of them have been the discoveries originally of physicians of the highest class, and have been commercialized solely because their undoubted value has been recognized.

We shall remark right here that we believe that any remedy which stands the test of years must have merit. Doctors who explain the apparent efficacy of these preparations by citing the fact—which we quote from Dr. Woods Hutchinson—that four-fifths of the ailing persons would recover without treatment, should be wary lest the public apply the same test to the medical profession. They might quietly look over their office records and see if the proportion holds good among their own patients.

There is a third objection offered against proprietary remedies—that they tend to make confirmed medicine takers. In this argument we find a good deal of truth—as regards doctors as well as the advertised products. Every physician knows that some members of the profession prescribe in a manner to produce the same deleterious result.

Our own belief is that far too much medicine is taken, both from the patent medicine bottle and the Latin prescription; that it would be better for the race if the amount could be reduced to one-half or one-fourth. And whenever the profession is ready to cooperate we shall start a campaign against the taking of medicine, reserving, however, the right to use a prescription or a patent preparation when we are ill ourselves.

As to the charge of excessive prices—that a bottle selling for a dollar costs only a few cents to prepare—we think that on this ground the proprietary remedy can take care of itself, by comparing its price with a doctor's fee and the bill for a prescription of like cost in manufacture.

It is said, also, that the advertising of a remedy which has trifling medicinal value, or none at all, is a deception upon the sufferer. We have no desire to enter

a controversy here, but we know, and doctors are perfectly aware, that they all use on occasion the deliberate subterfuge of prescribing "blank" powders, "dough" pills and tinted water with an innocent medicinal flavor. Every physician knows the value of suggestion in treating ills due largely to imagination and nervous fear; and even a patented remedy which has the soothing effect of the doctor's kindly deception has an equal merit.

But it is argued, further, that the hit-or-miss taking of remedies, without a medical examination, is palpably wrong and may be dangerous. We do not quarrel with the warning, and we would almost invariably take the precaution of consulting a physician ourselves. But let it be remembered that medicine is by no means an exact science, either in theory or in practice.

The various schools differ radically in their views. One excludes substances which another uses persistently. So that the treatment gets back to the individual judgment of members of the same school; and, back of that, to the strength and purity of the drugs dispensed. As to the latter point, every one knows that, in small towns especially, doctors keep their own stock of medicines and will buy job lots of pills of different kinds, in which both strength and purity vary from twenty-five to fifty percent.

It would seem that experience and the making of large quantities would operate to make the proprietary products more accurate as to proportions than many of the preparations dispensed in the manner we have indicated.

So much for our defense to the charges of medical critics that our policy is inconsistent. Now, if consistency is to be measured, we would like to put a question to the doctors themselves.

Why is it that a remedy or preparation which the most ethical and conservative of them prescribe, so long as it is advertised only in medical journals, is immediately scouted and condemned by them when it appears among newspaper advertisements?

If we were discussing remedies containing dangerous drugs, the answer would be obvious. But we refer to simple, well-known combinations in which there is no possibility of harm.

We mean, for instance, an ointment now widely known and used with beneficial effects by tens of thousands of persons. A few years ago it was dispensed in prescriptions by thousands of physicians. But since it has been advertised in newspapers they have discovered that it is a useless sham.

Take another widely used preparation for poulticing. Doctors prescribed it for years; the medical journals applauded its healing properties. At last the makers sought to extend its use by newspaper advertising—and at once it was put under the ban of the profession.

Take a proprietary article which is recognized as the highest-grade preparation made for antiseptic and disinfectant purposes. Once prescribed freely by physicians, it is now condemned by them as being very nearly worthless.

There is a tonic and nerve food whose name is becoming a house-hold word through advertising. It seems but yesterday that it was recommended by specialists and indorsed by the professional journals. But now that it is urged direct

upon the public through magazines and newspapers, the doctors tell us that it is only a form of "cottage cheese," utterly without merit.

An example of another class of remedies we shall use the name of one—listerine, named for the father of modern antiseptic surgery. This useful preparation is still ethically correct, according to the standards of the profession, for it is advertised only in medical journals. But even this does not save it. For it has become so widely known that people go to drug stores and buy it freely; and now we are told that it has no efficacy. Perhaps it has not; but, in that case, we have paid for a lot of bad medical advice in past years.

The Philadelphia Medical Journal, a publication whose views and whose editor we know to be progressive, has said that The North American's stand on medical advertising is the one feature of it which is not progressive.

Our policy in this regard rests upon a sound economic basis, which is the foundation of all progressivism. The highest function which a newspaper can perform through its advertising is to place within the easiest and cheapest reach of the consumer the product which he needs or desires.

A consumer who wants a cathartic, a poultice, a lotion or a disinfectant receives the best service from a newspaper which tells him where and how a sound preparation of the kind needed can be obtained. To make our meaning clearer we shall illustrate from a personal experience.

Having consulted our physician for a slight stomach disorder, we received a prescription and had it filled at a cost of fifty cents. The prescription, as it happened, was returned with the bottle of liquid. During a discussion the paper was shown to an interne in a Philadelphia hospital. He said the formula was very well known; was used by physicians everywhere. And the same thing, he added, was on the market in convenient tablet form, sold under a registered name.

We bought a package, at a cost of five cents. The same remedy, from a prescription, with the physician's fee, cost \$2.50.

This, of course, is an extreme case, and we freely admit that in case the disorder returned we should be likely to seek a medical examination. But there are hundreds of thousands of persons who cannot afford the money or time needed to consult a doctor for trifling ills. A dose of good old Epsom salts will do no one harm; and one-fifth of 5 cents worth will do as much good as \$2.50 worth of "magnesii sulphas."

As to the danger of indiscriminate medicine taking, let us remark that within forty-eight hours we have found that a popular practitioner in Philadelphia is prescribing for babies a preparation containing such a proportion of morphine as has been for years excluded from The North American's columns. Furthermore, this is a highly "ethical" remedy, for it is advertised nowhere save in the best medical journals.

We are quite sure that in the last analysis economics will govern the distribution of medical preparations, as regards those which have become standardized, and we believe that nothing the doctors may devise will prevent the operation of the law.

Both the patent medicine interests and the medical profession, by the way, are agitated over the proposal to establish a national department of health. We

favor the project, if the department be founded and conducted upon lines approximating to our advertising policy.

Proprietary remedy manufacturers are generally against the plan, and physicians generally are for it. Among its opponents are many who fear that it would drive their fraudulent and harmful preparations from the market. On the other hand, it is advocated by many physicians who would suppress every remedy publicly advertised, no matter how meritorious it may be.

Our hope and our belief are that when the department is established, it will destroy the worthless and harmful preparations, and protect those which are useful and honest.

The economic arguments for the ready distribution of such package goods through the medium of drug stores are so strong, that in this enlightened era congress would not dare to pass a law that would strike down a system so sound and so beneficial to the people at large.

"THE DOCTORS AND ADVERTISED MEDICINES."*

An interesting and instructive discussion of the "patent medicine" business recently appeared in the editorial pages of the *Philadelphia North American* under the above quoted title. The editorial well described the difficulties which have beset that paper because of its advertising policy. It says that argument and pressure alike have been brought to bear by the "patent medicine" men because it refuses certain kinds of medical advertising, and it explains on what grounds the rejection or acceptance of "patent medicine" advertising is based. On the other hand, the *North American* says that it has received almost as much criticism from the medical profession because it has not excluded all proprietary remedies. But, says the paper, "we believe their (the physicians') contention that all these remedies are without merit is untrue." Then it propounds this question to the medical profession:

Why is it that a remedy or preparation which the most ethical and conservative of them prescribe, so long as it is advertised only in medical journals, is immediately scouted and condemned by them when it appears among newspaper advertisements?

The answer to this question is that the physician does not condemn a non-habit-forming and non-toxic preparation that is first introduced only to the medical profession via medical journals but later is advertised direct to the public in newspapers, if—and this is a big "if"—the preparation is advertised with the same degree of truthfulness in the daily press as it was advertised in medical journals. To particularize, the *North American* refers to an ointment that a few years ago was advertised only in medical journals but more recently has been widely advertised in the newspapers. The paper says that since the preparation has gone direct to the public the doctors "have discovered that it is a useless sham." The ointment referred to, doubtless, is Resinol. Our answer to the *North American's* criticism is a simple one. The objections to Resinol are not that it is advertised in newspapers but that it is advertised fraudulently in newspapers. For instance,

* Journ. A. M. A., Vol. LX, p. 671.

when the Resinol advertising was confined to medical journals no such statements were made as: "Resinol heals the worst cases of eczema." Yet this is exactly what has been claimed for this preparation in the newspapers. The outrageous falsity of such claims can be fully appreciated only by physicians who recognize and admit that many cases of eczema baffle the skill of men who have devoted a lifetime to its study.

The *North American* refers also to "a tonic and nerve food whose name is becoming a household word through advertising." And it says further:

It seems but yesterday that it was recommended by specialists and endorsed by the professional journals. But now that it is urged direct on the public through magazines and newspapers, the doctors tell us that it is only a form of "cottage cheese" utterly without merit.

This statement contains both truth and error. It is true that Sanatogen—the product referred to, of course—has been "recommended" by physicians and "endorsed by medical journals. And we would say that the same sort of physicians who endorsed it before it was advertised to the public are still endorsing it; and the same sort of medical journals which praised it before it went into lay publications are still praising it—because they are carrying the advertisements themselves. No doctor who had given the matter thought would say that Sanatogen is utterly worthless. In fact, it would be absurd to say that cottage cheese is worthless. What we have said, both at the time that it was advertised only in medical journals and today, is that Sanatogen is advertised under claims that mislead and thereby defraud the public.

The *North American* holds, and we believe rightly so, that simple home remedies, proprietary or otherwise, are legitimate articles of trade. To illustrate its point, however, the newspaper falls into an error that is not uncommon. This can best be explained by quoting:

Having consulted our physician for a slight stomach disorder, we received a prescription and had it filled at a cost of 50 cents. The prescription, as it happened, was returned with the bottle of liquid. During a discussion, the paper was shown to an interne in a Philadelphia hospital. He said the formula was very well known; was used by physicians everywhere. And the same thing, he added, was on the market in convenient tablet form, sold under a registered name. We bought a package at a cost of 5 cents. The same remedy from a prescription, with a physician's fee, cost \$2.50.

The fallacy of this argument is evident to every physician and to the average layman. The editor who consulted a doctor for a "slight stomach disorder" may have had merely a passing indigestion or he may have had incipient cancer of the stomach or other serious affection. That he had the former, he learned from the physician. It was for this information, primarily, that he paid his \$2, not for the prescription. Furthermore, even admitting that the prescription was, as the interne said, a well-known one, the interne did not know and could not know that "the same thing . . . was on the market in convenient tablet form, sold under a registered name." The only man who knows the composition of the "convenient tablet" is the manufacturer of the tablets. Evidently, then, the editorial writer could have had no means of knowing that he was getting "at a cost of five cents" the "same remedy" that was called for by the doctor's prescription. In other words, in the one case the editor obtained an expert opinion on the matter of vital interest to him—his physical condition—

and he obtained for the treatment of his condition a preparation whose composition was known. For these, he paid \$2.50. In the other case, he would have obtained, for an unknown—to him—ailment, a box of tablets of unknown composition that might or might not have been of value. If the editor, in this instance, had had an incipient gastric cancer and decided to “treat it” in the cheapest way—by buying five cents worth of tablets—he would have saved \$2.45 and possibly lost—his life.

While, then, we cannot accept all of the arguments put forth by the *North American*, we believe that the editorial as a whole is an excellent one. It represents the attitude of the intelligent layman toward the “patent medicine” evil. That the medical profession is responsible for at least a part of the evil we must regretfully admit. The prescribing of unknown preparations has been a practice so common to the profession as to nullify to a large extent all efforts that are being made toward ridding the public of the nostrum evil. We cannot too often assert, however, that the medical profession does not believe that there is no place in commerce for simple home remedies. Neither can the medical profession object to any proprietary preparation solely on the ground that it is advertised in the lay press. What it does object to is the fraudulence that is apparently inseparable from the exploitation of such preparations when sold to the public.

NOTES ON CHEMICAL TESTS OF THE UNITED STATES PHARMACOPŒIA.

CARL E. SMITH, SAN FRANCISCO, CAL.

(Concluded from page 76.)

RESORCINOL.—The description of its appearance should be changed to read “colorless or not more than slightly pinkish,” as this substance acquires a color very readily on keeping. The melting point is an important criterion of purity and therefore should be given in the form of a requirement; the boiling point, on the other hand, is unnecessary for establishing purity or identity and would be impracticable for that purpose, for several reasons; moreover, the boiling point given is not sufficiently elastic for medicinal products. A concentrated solution (1 in 2) is seldom entirely colorless, as now required, but a 5 percent solution should appear colorless in a stratum of 1 cm. and should not be more than faintly acid to litmus paper. In the examination for an odor of phenol, care is required that a “gentle heat,” defined by the U. S. P. to be 32° to 38° C., is not exceeded, otherwise an odor of phenol may be developed through partial decomposition.

SACCHARUM.—The characterization of sugar as “white” and its saturated water-solution as “colorless,” applies only to small bulks. Sugar of commerce, to which no blue coloring matter has been added, and its concentrated solutions appear distinctly yellowish when viewed in large bulk. While account is taken by the U. S. P. of the possible presence of ultramarine and Prussian blue, the use of which for “facing” sugar is obsolete, a test is lacking for water-soluble