

## Papers Presented to Local Branches

### ON UNIFORMITY IN DRUG STANDARDS AND UNIFORM REQUIREMENTS IN DISPENSING.\*

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In a paper by L. E. Sayre, of Lawrence, Kansas, given as a reprint from the Journal of the Kansas State Medical Society, this subject was presented at the February meeting of this Branch, and after discussion was made a special order for consideration at this meeting.

The object of this presentation, as I deduce it, is to obtain an expression of sentiment from the members of this Branch as well as from pharmacists at large, and to lend influence and aid to a movement that should result in great good to both medicine and pharmacy, if successfully carried out.

At this time it must be apparent to all observant pharmacists and physicians that the discussion is unquestionably prompted by a desire to ameliorate existing conditions which are recognized as evil, operating as an almost insuperable barrier to the harmonious relations which should exist between pharmacy and medicine, retarding progress and preventing the fulfillment of the obligations which pharmacists and physicians owe to their respective callings.

That these conditions have long existed is true, but what is surprising is the fact that up to the present time no concerted movement for their correction has been advocated, nor has there been any endeavor to ascertain to what degree they are responsible for the iniquities attributed to them. It is therefore opportune that some missionary work be undertaken and the subject thoroughly agitated.

Taking up the first part of this subject, "Uniformity in Drug Standards," and looking over the field of accomplishment in this direction we find that legal enactments with penalties attached are the only instruments at our disposal to provide for obtaining fairly standard drugs employed for the alleviation of disease. This is an indictment of both professions, for it is based on the weakness inherent in human nature, and opportunity ever seeks to profit at the expense of both professions. Medicine no less than pharmacy is culpable, and perhaps more so, by reason of its exemption to a great extent from these legal requirements.

The laws in most states concerning drug standards have some reference to what such standards should be, and many of them are phrased to meet the wording of the national law. This, however, has proven inadequate to meet the issue, for the exemption provision therein contained gives too wide a latitude and permits the sale of a drug of any standard. This is the largest loophole which needs closing, without which no real progress can be made.

\*Read before the New York Branch, March 10, 1913.

It is palpably evident this provision extends immunity to all who are indifferent to better standards. This having served as the model was to a great extent copied and embodied in the several state regulations and served as a means for transferring the same immunity to intra as well as interstate commerce.

In a paper presented at the last meeting of the N. Y. S. Ph. A., particular attention was directed to this provision, since which time in an address delivered by Dr. Lyman Kebler, on the "Quality of Drugs on the Market," and printed in the Journal of the A. M. A. in the issue of November 12, 1912, it is stated that

"The proviso of section 7 is unfortunate in many respects. In the first place the standard is clearly set forth in the first part of the section, and then the proviso is inserted, knocking down the standard. This proviso not only works injury to the wholesaler, manufacturer, and retailer, but may do incalculable harm to the physician and unfortunate sick. \* \* \* It is hoped that the medical profession will exert its influence in eliminating or modifying this proviso so as to make it possible for the physician to secure drugs of unquestioned quality and purity."

This is the obstacle in the way, and so long as this is in the statutes, all efforts directed to uniformity in drug standard will miscarry.

The second part of this subject, "Uniform Requirements in Dispensing," does not present so clear a course, for we here are taking up a subject which is part of an economic condition and which through long continued existence is claimed as a right, and grasping this as a first offense will let loose a perfect torrent of argument, charges and counter charges, but if taken up by both professions with the spirit of just contention we may hope to some day crown our efforts for a better understanding.

On the assumption of our right as pharmacists to question this condition, what can we offer to offset it? Is every pharmacist on the side of right in demanding a reformation?

As a recognized evil, however great it may be from our point of view, is it not a condition to great extent brought about through carelessness and indifference on the side of pharmacy?

Through our own apathy iniquities have crept in; men who were more alert to the conditions set up manufacturing plants; others foisted nostrums and proprietaries upon us; others again resorted to quackery, each and all tending to lure away, little by little, what by right belonged to neither, until today we have seething discontent in pharmacy and in medicine.

The subject advanced by Professor Sayre is timely—it is more than timely. It is absolutely necessary for the salvation of pharmacy and the redemption of medicine that the two professions come together upon a square issue of fact and clear away the influences that are operating to destroy the confidence necessary for the help that each should be to the other.

Professor Sayre considers self-respect and ethics as fundamentals. I agree with him, but I do not lose sight of the fact that self-respect and ethics followed by a few, will never redeem us. It is through reliance on these props that we are today living under the conditions we now have.

What is needed are drastic measures, in the form of simple, plain and direct mandates.

Let the physician state his demands on pharmacy, that no nostrums of any kind be supplied, whether they be in disguise as open formula, or so-called patent or ethical proprietaries; that pharmacy find no reason for prescribing; that pharmacy confine its whole effort in the preparation and supply of reliable medicaments.

Let the pharmacist demand that physicians within certain distances from source of supply write prescriptions for medicaments as required, waiving emergency treatment.

That physicians who find it incumbent upon them to supply medicine be subject to the same rigid control as the pharmacist, both in respect to their qualifications and in respect to the quality of drugs dispensed; and that the dispensing physician be required to record all selfdispensed medicaments, which record shall be subject to regular inspection.

The best means of proceeding to the solution of the problem is through the honest and sincere cooperation of the A. M. A. and A. Ph. A., each conceding something to the other, and being thoroughly in accord with justice to both. Then medicine will revert to the science of diagnosis and prescribing, and pharmacy will again claim its own as the science and art of providing the medicaments.

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#### GROWTH OF THE HEROIN HABIT.

The Syracuse Retail Druggists' Association has drafted an ordinance to suppress the heroin evil which has been submitted to the city council. Members of the association declare that the growth of the heroin habit in Syracuse during the last eighteen months has been appalling. Dope users who found that police surveillance made it very difficult to secure opium, morphine and cocaine, soon learned that heroin could be easily obtained. No prescription is necessary. As a result they began using this drug, and the habit grew by leaps and bounds. It started in the poorer districts, but soon spread to the better portions of the city.

Heroin had formerly been used in cases of bronchial trouble, but the demand for it had not been heavy. "Heroin tablets are now being purchased in hundred lots," said Mr. Weston, "and the habit is spreading throughout the city. No one realizes the extent of the use of this drug except the physicians and the retail druggists. Young men who want to brace up in order to go to work are dosed with heroin. They usually try the dose a second time and a third, and soon they become habitual users. Young women up late at night use the drug once or twice and then become addicted to it."—*Voice of The Retail Druggist.*