

## INSPECTIONS.\*

BY JOHN E. KRAMER.<sup>1</sup>

Every pharmacist is familiar with the State Board Inspector, either by experience or by reputation. This inspector, ever on the alert for violations of the law, is, without a doubt, rendering much that is good. He halts the tendency to leave drug stores in the hands of unqualified persons for long periods, and curbs the sale of below-standard pharmaceuticals.

Familiar, too, are the inspections of the Fire Marshal, the Department of Health and the Bureau of Weights and Measures; all helping to make each drug store a standard in each of the departments mentioned. But, did you ever go into a drug store and have some glaring error, or what you thought was an error, jump out and strike you between the eyes? Badly placed displays, unseasonable ads, evidence of carelessness or other things which made you want to step back and make the corrections yourself?

Not assuming a cynical, know-it-all attitude, or possessed with the idea that all we do is correct, it is no wonder that some druggists complain of this and that and everything else. A casual glance through their places of business suffices to tell the most unqualified observer what is wrong. Perhaps, in looking through the front door for customers, these men lost sight of the state of things inside the door. For that reason, the purpose of this paper is to suggest a new type of inspection—a general inspection, to include almost everything in the confines of pharmacy. This inspection is to be independent, of course, of those mentioned in the opening paragraphs, but many suggestions may be made along those lines. Plans may be formulated in the following manner. As pharmaceutical associations are the basis of all organized work in the drug field, the logical place to center the activities of such an inspection would be in these associations.

The organizations could employ the services of an expert in each of the various types of work that make the drug store, such as prescription work, merchandising, advertising, fountain, general business policies and store planning or appearances; the last would be the most important of all. The group could then make personal visits to the stores of association members, survey the situation close at hand and offer suggestions for the improvement of that individual case, with reasons and arguments for the suggested changes.

This service would be of an impersonal, yet personal type of work, if I make myself clear. There would be no resentment or hard feelings at any criticism, either constructive or destructive. The service would be a part of the benefits derived from association membership and could be made an annual visitation.

No doubt all the suggestions to be made by such a visitation committee are printed from time to time in the leading pharmaceutical journals, but the pharmacist never believes that the suggestion can apply to him. It must be for someone else. A personal visit would make him see that any suggestions made apply to his case, and he would put them into effect, much to his benefit.

The entire scheme crystallizes to a plan of specific criticisms, an exchange of thoughts between two or more parties interested in the same profession. There

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is no doubt that the visitors will learn new things, too, as well as the person being visited. If two men have a nickel each and they exchange nickels, each still has only a nickel; but, if two men each have an idea and they exchange ideas, then both men have two ideas.

City, state and national conventions have men as speakers who have fine ideas about pharmacy. This visitation plan would bring men with ideas to individual cases. We wonder if a scheme such as this would help brighten up a few of the cases we have seen, and add one more to the many benefits derived from pharmaceutical association membership.

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### THE HISTORY OF THE UNITED STATES DISPENSATORY.\*

BY HORATIO C. WOOD, JR., M.D.

It is hard for us to-day to picture the conditions in the world of physic one hundred years ago. There was no legal standard, nor even accepted agreement, for the preparation of medicines; each apothecary made his tinctures according to the formula of his choice. Tincture of opium obtained from one store might be a very different thing from that of a neighboring pharmacy. A movement to correct this unfortunate confusion was started in 1820, when the first edition of the United States Pharmacopœia was published. This book having no legal authority, its usefulness depended entirely upon the unanimity with which its standards were accepted. It was not received, however, with any sign of exuberant popularity and the movement would probably have died with this first edition, had it not been for a Philadelphia physician, Thomas T. Hewson. Largely through his agitation a second convention was called in 1830, which he attended as a delegate of the Philadelphia College of Physicians, the other two representatives of this institution being George B. Wood and Franklin Bache.

Unfortunately dissatisfaction among the delegates from New England led to the issuance of a similar book of standards a few months after the appearance of the revised edition of the United States Pharmacopœia. It was obvious that unless some very active measures were adopted the hope of a nationally recognized standard for the materia medica was doomed to an indefinite deferment. In view of the weakness of the Federal Government of that period, any legislative support was a political impossibility.

Impressed by the importance of uniformity in drugs and recognizing that it could come only through the voluntary compliance of the two professions, Dr. Wood conceived the idea of writing a Treatise on Materia Medica, to be based on the new Pharmacopœia, for the avowed purpose of popularizing it.

We must remember that the pharmacopœias of that day did not contain any tests for identity or purity; there was no description of the crude drugs recognized, merely a list giving the botanical name of the plant and the part employed. Thus, under the title of *Belladonna*, the U. S. Pharmacopœia said, "The leaves of the *Atropa belladonna*," not another word. Remember also that many pharmacists—and even some physicians—were still collecting their own herbs. It was of vital importance that they should be able to recognize the plants when they saw them

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