

December's issues of the *Journal of the American Medical Society*, Drs. Yonkman and Singh (4) report results of five experiments performed on four persons, all of which seem to indicate that strychnine has little if any peristaltic effect even if administered in amounts two or three times as large as is contained in the usual cathartic pill. Both of these workers strongly advocate the discontinuation of the alkaloid for purposes of promotion or augmentation of catharsis.

We are ever ready with our protests when the dog poisoner plies his business of canine destruction, and throws out his toxic bait. "This is criminal," we say, because of the hazard to children—yet who worries when the careless tenant, too frequently uninformed of the possible dangers, moves out of a dwelling and leaves behind him veritable traps of candied poisons. The problem of candied or sugar-coated medicaments does merit consideration of this organization.

#### REFERENCES.

- (1) Aikman, John, *J. A. M. A.*, 95, 1661-1665 (1930).
- (2) *Statistical Bulletin*, Metropolitan Life Insurance Co., 11, No. 2 (1930).
- (3) Fantus, Bernard, "Useful Cathartics," Chicago American Medical Association, page 133 (1927).
- (4) Yonkman, F. F., and Singh, H., *J. A. M. A.*, 103, 1931-1933 (1934).

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### NATIONAL UNITY OF STATE COÖPERATION BETWEEN PHARMACIST, PHYSICIAN AND DENTIST.\*

BY GEORGE C. SCHICKS.<sup>1</sup>

Much has been written to date concerning the closer coöperation between the allied medical professions. The thinking pharmacist has come to realize that if prescriptions employing official drugs and preparations are to be written for, that authentic information regarding United States Pharmacopœia and National Formulary preparations must be effectively and repeatedly presented to those groups of men who are licensed by law to prescribe medication. It is encouraging to note that progressive individual pharmacists have devised effective means of meeting the situation of closer coöperation with the medical men whom they serve. It is equally stimulating to watch the progress of various county pharmaceutical associations and the contacts they have made with county medical and dental groups. New Jersey county pharmaceutical groups have been especially active in their efforts to encourage inter-professional relationship, and because New Jersey has gone a step further and organized a state-wide movement to foster closer contacts between pharmacist, physician and dentist, I am asking your permission to outline briefly the work that this state is undertaking in its effort to increase the professional usefulness of its practicing pharmacists.

"In the New Jersey Pharmaceutical Association, there is a Professional Relations' Committee with duties obvious from the name of the committee. This committee, through the coöperation of the state medical and pharmaceutical associations, has created the Joint Committee on Professional Relations of the

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\* Section on Legislation and Education, A. Ph. A., Portland meeting, 1935.

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New Jersey Medical Society and the New Jersey Pharmaceutical Association. The physicians on the Joint Committee are the members of the Medical Practice Committee for the State Medical Society. The pharmacists on the Joint Committee are appointed by the State Pharmaceutical Association. These groups working through their respective associations have authorized the publication of a New Jersey Formulary. This publication does not conflict with the official publications—the United States Pharmacopœia or National Formulary, for none of the preparations in the New Jersey Formulary are official. If and when they are accepted by either of the official publications, the preparations will be dropped from the New Jersey Formulary. To date there are eleven formulas which have been accepted for the New Jersey Formulary. The formulas represent popular combinations of drugs which are popularly sold and which can be made by the pharmacist.

“Each month the *Journal* of the New Jersey Medical Society contains an article concerning these preparations or others official in the United States Pharmacopœia or National Formulary. The same article is printed in the *New Jersey Journal of Pharmacy*. In this way both professions are made aware of what is being recommended and prescribed employing official drugs and preparations. When enough formulas have appeared in the *Medical Journal* to warrant their compilation into a printed New Jersey Formulary, the Medical Association will supply its own members with the “New Jersey Formulary.” In the interim the State Pharmaceutical Association has had printed in loose-leaf form, the formulas published to date, which leaves are available at small cost to pharmacists for distribution among the physicians they serve.

“Inasmuch as physicians treating Federal Emergency Relief Administration patients are required to prescribe official drugs and preparations, the F. E. R. A. has approved the use of the ‘New Jersey Formulary’ preparations. This approval has given the ‘New Jersey Formulary’ most favorable publicity among physicians of the state.

“This summer at the meeting of the State Medical Society the Pharmaceutical Association was asked to make a display of ‘New Jersey Formulary’ preparations in the Scientific Section, so that the medical men could see the preparations and have them discussed if they so desired. At the same meeting a very comprehensive report of the work of the Joint Committee was made by one of the medical men on the committee to his fellow association members. The pharmacy members of the Joint Committee were the guests of the Medical Association at the above-mentioned meeting. Next year the Medical Practice Committee or the medical men on the Joint Committee will be guests of the New Jersey Pharmaceutical Association.

“At a luncheon meeting of the Joint Committee, a motion was presented by one of the medical men, and passed, which provided that during the coming year qualified speakers be invited by the Medical Association to appear at the various county medical organization meetings, to instruct physicians on the ‘New Jersey Formulary,’ United States Pharmacopœia and National Formulary drugs and preparations. At such meetings pharmacy speakers will be given the opportunity not only of discussing prescription writing and the use of official drugs and preparations, but they will be afforded an excellent opportunity to discuss the economic aspect of such prescribing.

“Here, for example, are a few comparative costs to be considered when employing ‘New Jersey Formulary’ formulas as compared with the proprietary articles:

N. J. F. Preparations.	Amount.	Proprietary Cost.	N. J. F. Cost.
Elixir Phenobarbital	1000 cc.	\$ 5.00	\$ 0.75
Syrup Potass. Guaiacol Sulphonate	1000 cc.	4.25	0.95
Pulvis Bismuth Subcarb. Comp.	100 Gm.	0.55	0.17
Nebula Ephedrine	1000 cc.	26.40	2.06
Nebula Ephedrine Comp.	1000 cc.	26.40	2.14
Elixir Amidopyrine	1000 cc.	6.00	1.43
Pulvis Alkalinus Effervescens	100 Gm.	0.50	0.17
Pulvis Bismuth Subnitrat. Comp.	100 Gm.	0.47	0.39
Pulv. Bismuth Subnitrat. Comp. cum Carb. Lig.	100 Gm.	0.47	0.40
Liq. Ephedrin Sulph.	1000 cc.	28.00	2.26
Liq. Ephedrin et Epineph.	1000 cc.	28.00	3.79
		\$126.04	\$14.51

“It costs the pharmacist \$14.51 to manufacture all eleven formulas in the quantities stated in the ‘New Jersey Formulary.’ To buy them under proprietary name costs \$126.04. A saving of \$111.53. I shall leave it to you as to whether or not this sum is worth saving.

“Allied professional coöperation has not confined itself to state medical and pharmaceutical units, for recently has come a request to Rutgers University College of Pharmacy from the chief of the staff of one of the largest hospitals in New Jersey that a course in prescription writing and the use of official drugs and preparations be given physicians and internes of that hospital. When such a course is satisfactorily arranged the chief of staff physician will make it mandatory that the physicians on his staff take the course. From one such hospital fifty to seventy-five medical men would be required to take such instruction. With the request for such a course comes the information that it would not be necessary to make such instruction obligatory, for the physicians of that hospital are eager to get the information.

“With this rather hurried résumé of professional coöperative trends in New Jersey, permit me to suggest again as I did in our meeting last year, that this coöperative trend is of far too great moment to be consigned to individual pharmacists, local and county pharmaceutical groups or state pharmaceutical associations. Should not a movement upon which rests the very security of professional pharmacy, be vital enough to every pharmacist who is interested primarily in the professional aspect of his service, that it be made a movement of national scope? Should not such a movement warrant a national program to unite the pharmacists throughout the country, in a supreme effort to build the same professionalism which is the present heritage of both the medical and dental professions?

“I am aware that many local and county pharmaceutical associations scattered throughout this country are doing effective work among physicians and dentists. Other groups have failed because they lacked a definite method of attack and a sane program to be followed to a satisfactory conclusion.

“Pharmacy to-day should have a body created within the AMERICAN PHARMACEUTICAL ASSOCIATION, manned by capable and experienced men, with re-

search laboratories which will provide men in the profession with information regarding new drugs, chemicals and preparations appearing in constant flow on the market. Pharmacy should have a body created within the AMERICAN PHARMACEUTICAL ASSOCIATION which could compile information regarding the activities of local and state pharmaceutical organizations and from the successful activities of such groups develop a national program to foster closer cooperation between the allied medical professions.

"In justification of my argument for the creation of a national bureau for pharmaceutical information, I am making mention of a similar service in both the medical and dental professions. Scientific information as well as association proceedings are disseminated from the national headquarters and laboratories maintained by the American Medical Association and the American Dental Association. All new phases of the practice of each group, new medicaments, economic problems, activities of county and state organizations, when their work merits being the pattern for other county and state groups—all of this information goes out to the physician from the headquarters and the Council on Pharmacy and Chemistry of the American Medical Association; all of this information goes out to the dentist from the headquarters and the Council on Dental Therapeutics of the American Dental Association. Why then should not a similar informative organization be provided by the AMERICAN PHARMACEUTICAL ASSOCIATION? The AMERICAN PHARMACEUTICAL ASSOCIATION has a record behind it of accomplishments of which it can well be proud. It has always stood for the highest ideals in pharmacy and its contributions to the pharmacists of this country have been exceedingly noteworthy. I could conceive of no more appropriate information bureau and investigation laboratory for the AMERICAN PHARMACEUTICAL ASSOCIATION than the new Pharmacy Headquarters Building in Washington, D. C. From there all of the worth-while pharmaceutical information could find its way to the members of the AMERICAN PHARMACEUTICAL ASSOCIATION. There the constructive professional cooperation activities of individuals and organizations could be reviewed and from there could be broadcast a program which is a live, workable project, with thoroughly outlined ideas, scientific displays, scientific information for pharmaceutical speakers and a speaker's bureau for definite pharmaceutical districts or zones. The work among physicians, dentists, veterinarians, chiropodists and medical opticians could then follow a well-planned, definite and effective program.

"So that this important phase of pharmaceutical service can be placed before the AMERICAN PHARMACEUTICAL ASSOCIATION for their consideration the following recommendation is made:

"I recommend that the Section on Education and Legislation<sup>1</sup> go on record as requesting the AMERICAN PHARMACEUTICAL ASSOCIATION to create a body or bodies with the necessary working facilities to give the pharmacists in this country up-to-date information on such pharmaceutical and medical material as new drugs, preparations, formulas, standards, plans for detailing doctors and dentists, also other medical groups, and other information which will prove helpful and be instrumental in increasing the cooperation and service of the pharmacist to the allied medical professions. This information is to appear periodically throughout each

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<sup>1</sup> See page 711, *JOUR. A. PH. A.*, for August 1935.

year and some method be devised so that all pharmacists may be privileged to take advantage of such a pharmaceutical service."

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### DENTISTRY AND PHARMACY.\*

BY P. T. MEANEY, D.M.D.

"On behalf of the dentists of the Northwest, and particularly the dentists of Oregon, I wish to thank the AMERICAN PHARMACEUTICAL ASSOCIATION for this opportunity of appearing before the assembled delegates."

In the history of civilization a century is but a brief span. In the history of pharmacy and medicine five score years seem longer, but they are still a very small portion of the life of a profession. In the history of American dentistry that period includes by far the more important part of its development. Much of the early history of pharmacy, medicine and dentistry is more or less involved in obscurity, and this is particularly true of pharmacy and medicine. They are not to be discredited on this account because history is, for the most part, a succession of fables which the people agree to follow. They take what is given to them by historians, who, in turn, use what they can of the records which are available. History must always be read with an open mind. Science, as we know it, is essentially modern, although its foundation was laid in remote antiquity. We find that in early periods all knowledge was more or less confused, and there was no differentiation between professions which are widely separated to-day.

It has been said that the tripod upon which every profession rests, if it becomes finally established, must be: The school for the instruction of the future graduates; the scientific society for fraternal intercourse and the presentation of knowledge, old and new; and the journal, to disseminate knowledge and to stimulate a wider education and a more general improvement by reaching a larger public. In short, literature, education and organization are the foundations of any lasting profession. One cannot say which is the most important, but one can safely assert that organization is a great consolidating influence.

A man cannot become educated in a profession until there is a recorded history of that profession. There must be available a carefully digested store of ideas, experiences and conclusions of the past, for it is upon the past that the present is founded. Education is what raises a craft to the dignity of a profession. A craftsman needs only to be trained. A professional man must be not only trained, but he must also be educated. This education can best be acquired from the literature of the profession.

Historically, the profession of pharmacy antedates the other health service professions.

With a history dating back four thousand years, broken only by periods of desperation for improvement, the professions of pharmacy and medicine, which were closely allied during most of their early history, have struggled through the ages to become at present two of our outstanding professions. In the early Assyrian,

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\* An address given at the Eighty-Third Annual Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION, Portland, Oregon.