

stantial educational and practice standards, but he has been unable to control, except in pathetically few instances, the development of the drug store.

The American drug store is one of the products of a false conception of what constitutes true democracy. Until comparatively recent times we have been led to believe that individual investments of capital were sacred as long as they were legal. The broader concept of democracy, which limits the individual's prerogatives so that he may be assured of serving society properly and completely within his field of training, provides for the establishment of equitable and functional relationships of practice wherein maladjustments produced by economic stresses and strains have no place and wherein the public is better served by arbitrary control. Considering the drug store in this light, there is no logical reason for continuing a practice of uncontrolled investment in a business so vitally and so essentially concerned with public health and welfare as is the drug business. In a real democracy each unit of service, particularly health service, should be provided with limitations so that it will be unnecessary for it to expand its services to the point of destructive competition with other units in order to gain a livelihood for its devotees.

It is upon this vital point of professional maladjustments that the joint committees of organized medicine and pharmacy can meet with official sanction and support, on a basis of equality of professional recognition, of similarity of objectives and of unity of purposes, for mutual benefits harmonious with public welfare and social progress.

Every local branch of the AMERICAN PHARMACEUTICAL ASSOCIATION should see that it has official representation on all committees concerning themselves with the economics of health services.

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## THE RÔLE OF THE PHARMACIST IN CONNECTION WITH PUBLIC HEALTH WORK.\*

BY B. E. HOLSENDORF.<sup>1</sup>

Modern public health work embraces many activities, draws from the general field of science as well as from medicine, sanitary engineering, chemistry, pharmacy and nursing, and as stated by Mustard, covers almost everything from constructing water supply systems to pasteurizing milk.

Its objective, as Dr. Mountin of the Public Health Service has so aptly expressed it, is to postpone death and to promote physical and mental well-being during the life span of the individual. In other words, public health work has for its purpose the prolongation of life and the prevention of suffering, particularly from diseases and conditions which are preventable or which can be controlled.

Knowledge of what diseases constitute public health problems and the factors which are responsible for and favor their propagation and spread is essential to the solution of these problems and to the attainment of the objective mentioned.

Fundamentally, the factors which have to be considered in this connection are:

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- (a) The causative agent
- (b) The susceptible or non-immune person
- (c) The means by which the infection is spread
- (d) The measures of control.

Logically, therefore, the prevention of the propagation or spread of diseases that fall in this category hinges on the elimination or control of one or more of these factors.

A program for public health work must embrace the following fundamental activities which are essential to its success.

1. Collection of scientific data and information through surveys, inspections, investigations, laboratory findings, etc.
2. Outlining of plans and providing ways and means for effecting satisfactory control of the factors and conditions which are responsible for or favor the spread of such diseases.
3. Dissemination of pertinent information on public health problems to the special groups and units of the population which it is deemed desirable to reach.

In other words, information as to the cause of communicable diseases, the way in which they are spread and the measures which should be taken to prevent their further dissemination, and to control or cure them, should be imparted to the public so that the people may understand what is being done, and in order to secure coöperation and support.

What rôle can the pharmacist play in connection with the carrying out of such a program? What part or parts can he take in the prosecution of such work and how can he lend the most effective aid and coöperation?

The elimination or control of the causative agents and carriers and the correction of conditions which are responsible for or are favorable to the propagation and spread of disease involves the employment of many measures of a scientific, technical and practical nature.

In order to attain the desired public health objective it may be necessary to build water supply and sewerage systems, install sanitary privies, re-locate or rebuild wells to prevent pollution of the drinking water, eliminate or control mosquito, rat and fly breeding, prevent or protect milk and other food supplies from contamination with infected material. Many of these activities are usually so specialized that they do not come within the routine sphere of the daily activities of the average pharmacist. Control of some of the carriers, however, are problems which are very frequently brought to the attention of pharmacists, even though the purpose of control is not intended primarily as a public health measure, but rather to prevent personal annoyance and economic loss. However, when one stops to consider that the presence in a community of these potential carriers of disease constitutes a permanent menace to health, and the effect which their elimination or control has on the reduction or removal of such risks, it will be seen that the average pharmacist in the daily conduct of his business and the practice of his profession can and does assist in the promotion of such control.

Pharmacists can and do render effective aid and coöperation in that branch of public health work which relates to the protection of individuals from communicable diseases through immunization. In many communities they are the sole custodians and distributing agents of these valuable aids to disease prevention and control.

They should and do regard the keeping of a stock of active standard biological products and preserving them from deterioration as a sacred trust, for they realize that the time element is a most valuable factor in their administration and that delays are often fatal.

Valuable service of a public health nature is rendered when a pharmacist dispenses curative agents which have been prescribed to assist in the restoration to normal health of persons suffering from communicable diseases, thus eliminating them as carriers or foci of infection.

Another field of usefulness, and one which offers the widest range of opportunity is in the distribution or "dispensing," as it were, of authentic information on public health matters. I am using the term "dispensing information" advisedly, and in deference to the section under which this talk is given. Public health officials recognize that education of the public is one of the most important functions on their program, and that the best results are obtained when people are reached through personal contact.

The unique position which the pharmacist occupies in the average community, the confidence which is reposed in him by a great many of his fellow citizens, the almost daily contacts which he has with them, provide a most ideal medium for the dissemination of scientifically correct, practical and concrete information on matters relating to public health.

However, in order to "dispense" such information, the pharmacist should have more than a speaking acquaintance with the subjects connected with public health work, and be familiar with the programs which have been outlined and the objectives to be attained. It is noted with satisfaction that provision is being made for the teaching of many of these subjects in our colleges of pharmacy. The acquisition of this knowledge will not only benefit the pharmacist but will enable him to impart scientific information on matters related to public health to interested persons.

There are a number of communicable diseases that are health menaces and constitute community, sectional or regional public health problems. There are other diseases that are so widely spread over the entire country and each year exact such a heavy toll in lives and permanent disability that they have to be considered as national health problems.

The prevalence of venereal diseases presents such a problem, as well as the opportunity to combat its ravages and to prevent its further spread.

The Public Health Service acting as the national health agency, has outlined a nation-wide campaign for the control of venereal disease, which provides for examination of persons by competent physicians to insure the making of an early diagnosis, medical supervision of persons found to be infected, the administration of curative measures and its continuation until the infected person has completely recovered.

The present Surgeon General, Doctor Thomas Parran, who has had many years of experience in the work of venereal disease control, believes that pharmacists can render most effective service in the carrying out of this special public health activity, if they will:

1. Familiarize themselves with the various laws, ordinances and regulations bearing on this subject to the end that they may be in a position to give authoritative advice to persons who may apply for same.

2. Decline to treat persons suffering from venereal diseases but to refer them to reputable physicians and clinics for examination and treatment.

3. Restrict the dispensing of prophylactic and disease preventive agents and material to those which comply with approved and accepted standards.

Suggestions similar to these have been advocated by the Public Health Service for a number of years and are contained in the later editions of Remington's Practice of Pharmacy.

In the light of what has been said in connection with development of the subject of "The Rôle of the Pharmacist in Connection with Public Health Work," the question may very naturally be asked, "Will the average pharmacist assist in carrying out this specific program along the lines indicated?"

It is conceded that the forward-looking men connected with pharmacy, the men with visions, feel that pharmacy should take a more active part in public health work, and are willing to devote their time and talent to such service under one or more of the fundamental activities mentioned; research, control and curative measures, and dissemination of public health information.

Is it not fair to assume that a similar attitude will be maintained in respect to this special program which has been outlined for venereal disease control?

The carrying out of this special program, from the angle of the pharmacist's participation in it, is in harmony with the fundamental program outlined for general public health work, *i. e.*, the dissemination of public health information and advice and the dispensing of prescribed curative agents and approved protective and preventive agents. This is ethical pharmacy of a high order.

Assuming that there may be some financial loss involved in certain instances, it is believed that this loss will be more than compensated for by the gains in other ways which will be made, *viz.*: the recognition of the value of the aid which a pharmacist can render in the work of promoting public health and by his inclusion in the organized groups that are officially engaged in such work.

To sum up the situation, it would appear that there are three major lines of endeavor in public health work in which the pharmacist can participate:

1. Research and analytical work, especially that which pertains to biological products, narcotic drugs, curative and preventive agents and foods.
2. Distribution or dispensing of material required for use in the destruction or control of carriers of disease, or for the protection of the individual from infection, and the medicinal and other curative agents which may be necessary to restore to normal health those who are actually infected with communicable diseases.
3. Dissemination of information on matters relating to public health. Not the wholesale or promiscuous distribution of pamphlets or circulars to the general public, but specific and pertinent information given to persons who have need of same, because of the fact of the presence of infectious or communicable diseases in their homes or neighborhoods, and are interested in acquiring authoritative information on such subjects and are then in a psychological frame of mind to receive and make proper use of it.

In addition to Pasteur, whose research work and findings have aided so much in the solution of some problems connected with public health, many pharmacists and chemists have made valuable contributions to such work along one or another of the fundamental lines indicated.

The field for such service will broaden and the opportunity for engaging in such work through the organized agencies will increase in just the proportion that

the pharmacist prepares himself to take advantage of them and to discharge the duties therein involved.

What constructive public health work could be carried on and what beneficial results might be accomplished if this trained group of American pharmacists could be enrolled in the army of public health workers for service during the duration of this and all other future wars which may be waged on preventable communicable diseases; and, if all pharmacies could become outposts or health observation towers as well as auxiliary forts available for the use of all the forces engaged in the warfare on disease.

THE STATUS OF EXEMPT NARCOTICS UNDER THE UNIFORM STATE NARCOTIC ACT.\*

BY ROBERT L. SWAIN.

The Uniform State Narcotic Act, the purpose of which is to supplement the activities of the Federal Bureau of Narcotics, has been passed in the following States:

Alabama	1935	Montana	1937
Arizona	1935	Nebraska	1935
Arkansas	1937	Nevada	1933
Colorado	1935	New Jersey	1933
Connecticut	1935	New Mexico	1935
Delaware	1935	New York	1933
Florida	1933	North Carolina	1935
Georgia	1935	Ohio	1935
Idaho	1937	Oklahoma	1935
Iowa	1937	Oregon	1935
Illinois	1935	Rhode Island	1934
Indiana	1935	South Carolina	1934
Kentucky	1934	South Dakota	1935
Louisiana	1934	Utah	1935
Maryland	1935	Virginia	1934
Minnesota	1937	West Virginia	1935
Mississippi	1936	Wisconsin	1936
	Wyoming		1937

The Uniform State Narcotic Act was the subject of several years' study by the Commissioners on Uniform State Laws, and as many as five separate drafts were made and subjected to extended study. The fifth draft was the one submitted to the American Bar Association at its meeting in Washington in 1932, and was officially approved by that body. The bill, as approved, was submitted to the legislatures of the various states in the following year.

As the name of the act indicates, its purpose was to make uniform the law in the various states with respect to controlling the sale and use of narcotic drugs. While it may be said that, in general, the state acts are uniform, they do differ in some important particulars. For instance, some state acts do not include Cannabis in the list of narcotic drugs. The penalty provision is different in some cases, and the agency charged with the enforcement of the State law differs in various states.

\* Section on Education and Legislation, A. PH. A., New York meeting, 1937.