

uniform jelly. Those who have some form of a colloid mill or homogenizer available will find that if the mucilage is processed by one of these units the resulting product will lose its characteristic granular or grainy appearance and will become perfectly smooth, adding materially to the appearance of the finished preparation.

CONCLUSIONS.

1. Jelly of Ephedrine Sulfate N. F. necessarily does not have the same viscosity when different specimens of tragacanth are used in preparing it.
2. Tragacanth U. S. P. varies to a marked degree in its mucilage qualifications.
3. A method is proposed whereby U. S. P. tragacanth would be required to pass a satisfactory mucilage test, based upon the time required for a steel ball to fall a given distance through a mucilage of definite concentration.
4. A Jelly of Ephedrine Sulfate of uniform viscosity may eventually be developed by using the falling ball method to determine the quantity of any given tragacanth to use in preparing the jelly.

MEDICAL ECONOMICS AND PHARMACY.*

BY R. T. LAKEY.¹

In order that the best interests of the medical profession and of the public be served, all medical economics committees should be composed of carefully selected individuals appointed to represent each of the groups directly concerned in the costs of medical care. The nurse, dentist, clinical technician, social service worker and pharmacist are professionally related and interdependent. They all have a part in the proportionate distribution of the health dollar; therefore, a comprehensive consideration of health service economics, to be effective, must be inclusive rather than exclusive in character.

The medical profession is bound by a traditional code of ethics which prevents its members from undertaking for themselves and for their profession the dissemination of a type of propaganda which might help in correcting to a large extent professionally and socially dangerous trends.

The pharmacist is in a strategical position, because of his public contacts, to do a great deal of effective missionary work for the independent practice of medicine. That he has not done this in the past is partly the fault of the medical profession in not officially including him as a part of the professional family concerned with medical care. There is a sound psychological foundation for the belief that, had organized medicine given attention to its pharmaceutical needs, and had it exercised a certain amount of control relative to the development of educational standards and legislation affecting pharmaceutical practice, the drug store of to-day might be different. If he, the pharmacist, had been given proper recognition he might have developed professional pride and with it social consciousness to a greater extent. Without the advantages of such recognition, with its implied advice, guidance and coöperation, he has gone a long way in establishing for himself sub-

* Section on Education and Legislation, A. P. H. A., New York meeting, 1937.

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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.

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

BY B. E. HOLSENDORF.¹

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:

* Section on Practical Pharmacy and Dispensing, A. Ph. A., New York meeting, 1937.

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