

Drug.	Physical Condition.	Ash %.	Remarks.*
Squills .....	granular	3.64 to 6.98	
Squills .....	powdered	2.29 to 3.23	Sq., 3% ash; Ph. G., 5%; Ph. Aust., 8%; Ph. Helv., 5% ash.
Stillingia Root.....	ground	5.81	K., 5% ash.
Stillingia Root.....	granular	4.47 to 5.39	
Stone Root.....	granular	4.43	
Stramonium Leaves.....		21.04 to *27.80	Drug adulterated. K., 17%; Ph. G., 20% ash.
Stramonium Herb.....	granular	14.76 to 18.64	
Tragacanth Gum.....		2.93	
Tragacanth Gum.....	powdered	2.85	Sq., ash 2 to 3% rarely exceeds 4%; K., about 3% ash.
Unicorn Root, False.....	granular	4.54 to 12.20	
Uva Ursi Leaves.....		3.29	Label stated about 3% ash.
Uva Ursi Leaves.....	granular	1.44 to 3.13	K., not more than 3% ash.
Valerian Root (Belgian).....	powdered	22.04 to 24.14	Ph. Belg., 15%; Ph. Helv., 12%; Ph. Aust., 10% ash.
Valerian Root (Belgian).....		18.61	
Vanilla Beans (Mex. Cuts)...		0.40	K., ash about 5%.
White Pine Bark.....	granular	1.09 to 2.04	
Wild Cherry Bark.....	granular	2.48 to 4.62	
Yellow Dock Root.....	granular	11.67	
Yerba Santa.....	granular	5.13	

\*Abbreviations:

- K.—Kraemer's Botany and Pharmacognosy.
- U. S. D.—United States Dispensatory.
- N. S. D.—National Standard Dispensatory.
- Sq.—Squires Companion of the British Pharmacopœia.
- Ph. B.—British Pharmacopœia.
- Ph. G.—German Pharmacopœia.
- Ph. Belg.—Belgian Pharmacopœia.
- Ph. Fr.—French Pharmacopœia.
- Ph. Ital.—Italian Pharmacopœia.
- Ph. Helv.—Helvetica Pharmacopœia (Swiss).
- Ph. Svec.—Swedish Pharmacopœia.
- Ph. Ndl.—Netherlands Pharmacopœia.
- Ph. Aust.—Austrian Pharmacopœia.
- Ph. Hung.—Hungarian Pharmacopœia.

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### PHYSICIANS AND CLEANLINESS.

"In an article in the *Southern Medical Journal*, an abstract of which appears in this issue, Dr. Charles Wardell Stiles severely criticises certain physicians with whom he has come in contact for a want of cleanliness in their offices, and for lack of careful observance of the rules of general hygiene. He says that inasmuch as physicians constantly advocate health legislation, they should be prepared to set a proper example of cleanliness for the laity. His contention is supported by numerous instances, which he cites, of the shortcomings of physicians in this respect in connection with their offices, their homes and their conduct in public meetings. Stiles' experience is no doubt unusual and his criticism is probably applicable only to the careless few. It is true, however, that physicians should set an example for the public in hygienic matters, and that they should be almost over-scrupulously clean for

the added reason of safety to their patients. This severe castigation of physicians is valuable therefore in calling again to the attention of physicians the importance of strict personal and practical cleanliness as an aid and example for the public.—*Jour. Am. Med. Assn.*

The abstract referred to above is as follows:

“Experience forces Stiles to the conclusion that there is not an inconsiderable number of physicians in practice who have exceedingly elementary ideas on the subject of cleanliness. He says that an entire book could be written on the condition of the privy one finds at the home of the average physician in small towns and in rural districts. In by far the majority of instances Stiles has seen, these guardians of the life of human beings have the common surface privy, open in the back, scattering soil pollution, breeding flies, and thus providing human excreta as a condiment to the food consumed by themselves, their families and their neighbors. The moral to the tale is, he continues, that resolutions adopted by these gentlemen as to the necessity for any given plan of public health legislation are somewhat lacking in weight of professional authority. Some of them seem to think that the only way to bring about a public health reform—much needed as it is—in this country is to put a physician in the president’s cabinet. Without taking any stand as to the advisability of the existence of such a cabinet official, Stiles suggests that a full time county health officer who will, among other things, compel these gentlemen to clean up their offices, operating rooms, and privies, and force them to stop spitting on the floor, might contribute somewhat to a reduction of the death rate. Stiles cites some forceful personal observations.”—*Jour. Am. Med. Assn.*

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#### THE LOOK AHEAD.

It is the druggist who can see ahead who gets the bulk of the business. He gets it not merely because he can see ahead, but because he takes proper advantage of that foresight. The man who looks ahead is the man who sees what goods will be in demand two or three months from now and prepares his stock in advance. It takes no particular shrewdness to make a note from day to day of the articles that are called for and to order in accordance with the immediate demand. Anybody can run a store on the basis of present day demands. But not everybody can run a store successfully on that basis. It is the look into the future that enables a man to meet the coming demand when it first appears. It is not difficult to anticipate the demands of the coming spring by studying the market and referring to the details of the business done last spring. It is not because it is difficult that comparatively few druggists look ahead far enough and often enough. It is because they do not think of it or because they do not think it worth while. Nothing is better worth while in all the realm of store-keeping than looking ahead and studying the probable needs of tomorrow. It may almost be said that today will take care of itself with the present stock. The successful druggist must learn to live in the future a part of his time. One of the best glasses through which to see the business future is the trade paper.—*American Druggist.*