

# SECTION ON PRACTICAL PHARMACY AND DISPENSING, AMERICAN PHARMACEUTICAL ASSOCIATION

## PHARMACOPŒIAS, FORMULARIES AND STANDARDS.

### MINUTES OF THE FIRST SESSION.\*

The first session of the Section on Practical Pharmacy and Dispensing was called to order at 3 P.M., September 6, 1916, in Hotel Chalfonte, Atlantic City. In the absence of Secretary Hugh B. SeCheverell, Mr. E. Berger volunteered to act as secretary. Mrs. St. Claire R. Gay was asked to take the chair while Chairman Joseph Weinstein read his address, entitled

### CLINICAL EXAMINATIONS BY PHARMACISTS FOR BROADENING THE SCOPE OF PRACTICAL PHARMACY.

Within the last decade great changes have taken place in medicine and pharmacy. You all know the tremendous progress made in the field of medicine. Has pharmacy kept apace with the advances made by its sister profession? When I speak of pharmacy I have in mind not theoretical pharmacy, not the science of pharmacy proper, which, as we all know, is making great steps forward, but the practice of pharmacy, its functions and its use by the pharmacist as a profession and as a means of earning a livelihood. With the ever increasing competition and in the face of the difficulties to make his pharmacy pay, the practical pharmacist, in attempting to imitate the business methods of other merchants, oftentimes brings down pharmacy to a condition of "practically no pharmacy." He branches out into side-lines that distract his attention from pharmacy proper. When we glance at the show windows of the modern drug store and look at the display of alarm clocks, kodaks, cigars, candies, stationery, school supplies, souvenirs, hardware and even fruits, we are scarcely aware that we are passing a drug store if it were not for the colored globes, and even that mark of identification is now discarded by the chain stores.

I will not question the propriety of handling side-lines of general merchandise from the point of view of the professional pharmacist. In my opinion it is perfectly legitimate to sell in a drug store everything the public calls for, provided the business is conducted in a dignified manner and not to the exclusion of real pharmacy. Especially is it true of the useful lines of goods that have proven well their compatibility with the stock of the pharmacist of the past as well as with that of his present day successor, such as perfumes, soaps, toilet waters, rubber goods, sponges, brushes and the like. But are all side-lines a profitable business venture? After a careful study of the question, we will find that while side-lines were profitable sellers in former years, the number of articles that are selling now with reasonable returns is rapidly decreasing. The financial condition of the average pharmacist is such as not to permit him to carry a large stock of the daily increasing variety of goods, hence he can make no attractive displays, can offer no assortment of goods to choose from and has no complete lines. The result is that this business of his is being gradually undermined by the special stores, the department stores and the chain store, the giant druggists, who, with their unlimited capital, with their tremendous purchasing power and their up-to-date business methods are monopolizing commercial pharmacy, and threatening the very existence of the small druggist. This is especially true of our large cities.

The problem we are to-day confronted with is: What can be offered to the practical pharmacist in lieu of the unprofitable side-lines? As an elevating, professional and lucrative

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\* Papers read before the Section will be separately printed and therefore not included in the minutes.

succedaneum I beg to suggest *clinical laboratory work*, a field closely related to the pharmacist's profession, a scientific side-line that brings both additional revenue and considerable prestige.

I shall endeavor briefly to illustrate that there is a demand for the work and that the pharmacist is both fit and equipped to perform such work.

The modern practitioner of medicine, unlike his predecessor, in order to make a diagnosis is not satisfied merely with the feeling of his patient's pulse and looking at his tongue. He has now other means for the purpose of making a correct diagnosis, besides the physical examination and the symptoms of the patient, and that is, by examining his vital fluids, his excretions and secretions. A physician to-day can no more practise medicine successfully and properly diagnose diseases without first applying clinical tests, than a surgeon can operate without the necessary instruments. At present the physician partly makes the examinations himself and partly sends the work to the commercial laboratory, if there happen to be any in his vicinity. The time is not far distant when the physician, who has neither the time nor the facilities and proper technic to do the work himself, will be but too glad to place it in the hands of one who is competent to perform it, and that one is logically nobody else but the pharmacist.

We must not lose sight of the fact that originally the physician was his own dispenser. Both medicine and pharmacy belonged, so to speak, to one person, until the two subjects were gradually divided into distinctly separate professions. The right and title to diagnose and treat diseases belongs to the physician, and the pharmacist lays indisputable claims on the preparing and dispensing of the medicines prescribed by the former. Those claims on the part of the pharmacist should be extended further, so as to embrace the new field of clinical and bacteriological work, for, if in order to do justice to his patient, the physician had to relegate the dispensing of medicine to the pharmacist, he will certainly, for the same reasons, have to turn over his clinical work to the one who can perform it better than himself. The pharmacist has been the helpmate of the physician as his dispenser, now let him become also his clinical laboratory chemist and be as ready to engage in that line of work as he is now equipped to do prescription work.

It is evident that this work comes within the domain of practical pharmacy, for, if it were foreign to the calling of the pharmacist, a chapter on diagnostic reagents should have no place in the Pharmacopœia. Those reagents were not put there by the Revision Committee as an ornament, but for the use of the pharmacist, who, by virtue of his close association with the physician and his knowledge to handle test-tubes, burettes and reagents can make good use of them, is best fit to pursue the work and to advance with it.

The chemistry he is taught in the college of pharmacy should be of great help to him. Most of the colleges give him the necessary training by teaching chemical and microscopical examination of urine, milk, etc. Some also have a fair course in bacteriology.

Put, if to become fully able to handle all the work expected of a first class clinical laboratory, the pharmacist would have to broaden the scope of his knowledge by taking special courses in clinical pathology and bacteriology, there is no reason whatsoever why every pharmacist should not begin the work with urine analysis, which constitutes fully 90 percent of the work in the average laboratory. He can creditably perform the examination of urine with the utensils and reagents that should be found in a properly equipped pharmacy, with but a small addition of a little apparatus and some chemicals, specially employed in urinary work, which would necessitate a trifling outlay of money. The only relatively expensive item is the microscope, but the investment would show good returns in a very short time.

Beginning with urine analysis, by constant application and with the aid of literature on the various subjects, one becomes interested in the work, acquires experience and technical knowledge and can gradually take up the examinations of blood, sputum, smears, cultures, gastric contents, milk and so on. Nearly all the work, with the exception of complement-fixation tests and autogenous vaccines, could be mastered in a reasonably short time and carried out successfully in the drug store.

It is to be expected also that our schools of pharmacy will eventually realize the situation and, governed by the law of supply and demand, will include in their curricula full courses in clinical pathology and bacteriology.

The manner in which the work can be carried on and developed depends largely upon location, environments and the ability of the pharmacist. Some may use it as an adjunct to their prescription department, others, especially in the large cities, may make a specialty of it. Whichever course is followed, the results will always be gratifying.

It is needless to enlarge upon the moral effect that this line of work will have in raising the professional standing of the pharmacist, both in the eyes of the public and in the estimation of the physician. He will be looked upon by the public as a scientific man, when called upon to make a puncture in a finger for a drop of blood to be examined; he is certainly not considered so when he hands out a package of razor blades or a glass of ice cream soda. As to the physician, he will certainly be more than pleased to learn that the pharmacist has entered that field of work. He will hail the new order of things with delight and satisfaction when he will be able to send to the drug store in the evening a throat culture and ascertain early next morning by telephone whether it is a case of diphtheria or not. At times some clinical data are wanted while the patient is undergoing an examination, and what will be more gratifying to the physician than to know that the pharmacist downstairs can be relied upon for a quick report on a blood count or a smear examination, while he is waiting at the bedside of the patient. Through this work the pharmacist and the physician will be in constant communication with each other. The physician will cease to look condescendingly upon the pharmacist as a plain dealer in drugs with some quasi-professional pretensions, but will consider him a man of equal professional standing, whom he can consult on matters pertaining to medicine, particularly on clinical diagnosis.

On motion duly seconded, this paper was received and referred to the Publication Committee.

(E. G. Fine, of Boulder, Colorado, explained that the absence of the Secretary was due to his having been seriously injured in an automobile accident.)

The Chairman then called for a discussion of his address.

#### DISCUSSION OF THE CHAIRMAN'S ADDRESS.

A. W. LINTON: We have heard more or less about the demand for commercial pharmacists, and also about the demand for the professional pharmacists. It is at times hard to reconcile the two. Ninety-five percent of the work in an ordinary drug store is selling, and it is not necessary to have a man trained in prescription compounding to do that; yet men like Dr. Weinstein tell us that there is a demand for the professional pharmacist. It seems to me that there will come to be in the United States two classes of pharmacists, as there are in European countries. Not all the drug stores that we have at present could be professional pharmacies. There would not be enough work in filling prescriptions to keep them busy. There will be a demand for the store that will sell the ordinary remedies and other lines of goods now associated with drug store work. I believe that there is also going to be a demand for the professional pharmacy, where prescriptions will be filled by a highly trained prescription specialist, and where clinical examinations can be carried out. I think it is going to be for the best interests of all concerned, to separate these two lines of work. Let those who sell ordinary proprietary remedies, etc., give up prescription work. They do not usually do very much of it any way, and it does not pay for the room it takes up in the store. Then let there be another class of stores in which there are men who have a professional training, and are prepared to do prescription work and perform clinical examinations. I do not mean to suggest that one business is not as honorable as the other. Both are important; but I think that a separation of the commercial and professional sides of the drug business is the best solution of the problem.

JACOB DINER: There is no question about the advisability and desirability of having the pharmacist engage in the professional line of his calling, or about his being qualified, from every point of view, to take up laboratory work, whether it be urinalysis, examination of the gastric contents, or anything else. It is always suggested, that a man who enters the professional side of pharmacy and gives up the commercial side is an altruist and is not likely to be very well remunerated. It is true that the demand for the professional pharmacist may not be so great at present; but I am free to say, that I cannot see the necessity for waiting for this demand to grow. Not so many years ago, there was no great demand for electric bulbs

and electric lights, etc.; and automobiles were not in such great demand until recently. Nor are flying ships to-day a great necessity. The demand for automobiles has grown to a great extent, because the desire for them was created; and even in Atlantic City the appearance of flying ships is preceding the demand for them. We have to go out and create a demand. We must show the physicians that we are able to do this work if a demand is to be created. The drug store is the logical place for clinical work. I do not say that tissue work will come within the province of the pharmacist, because it requires special training in pathology, physiology and the diagnosis of disease. Other kinds of work, however, can be done by the pharmacist; and if he desires to do it, the demand will come.

F. T. GORDON: Who pays for the examination, the doctor or the patient?

THE CHAIRMAN: The successful laboratory worker gets the work from the physician, and the pay from the patient.

F. T. Gordon: I have been up against so many cases where the doctor would charge five dollars for diagnosis, and send the patient to me to have the examination made for fifty cents.

THE CHAIRMAN: You should not do it for that. It is not done in New York.

MR. GORDON: In Pennsylvania before a young graduate in medicine can get his license to practise, he must serve a year as a hospital interne. A good part of the work that he does consists in the routine examination of feces, gastric contents, urine, sputum, etc. None of these examinations are paid for, unless it is for a private patient. The people are trained to send their samples to the hospitals where the work is done for nothing.

THE CHAIRMAN: They should not do that work for nothing.

I. A. BECKER: In Chicago physicians employ nurses to do a lot of this work. These women act in the double capacity of nurse and clinical laboratory worker.

THE CHAIRMAN: That is because the pharmacist does not do it.

E. F. COOK: The Philadelphia College of Pharmacy is taking steps to prepare men to do this work. This has been one of our ideals for many years. Probably there will develop two types of pharmacies; one where ordinary commercial lines are sold, and another where this professional work can be done. The former type does not appeal to the physician in many instances—especially when he finds that the patient has taken his prescription there, and the druggist has sold him a cold cure instead. I feel that while we have a few unusual men who conduct a broad commercial business and also a splendid clinical business, they are exceptions. I think that professional stores, such as the Morgan store in Philadelphia, will develop. There are others in the country, but Morgan's is a good example. Some of the men going out from our college have opened clinical laboratories, and many physicians are glad to use their services, rather than those of younger physicians; because they feel that a young physician is a possible rival, and they do not care to put their work in his hands. The doctor is welcoming the trained pharmacist who is ready to do clinical work. We believe in this sufficiently to give a special course of one hundred and eighty hours of bacteriological work in one year, coupled with many other lines of chemical analysis, etc., which is preparatory for this work. We have exhibited in the museum of the College, what we believe to be a model professional store, with a sales room, prescription department, and various laboratories. We have great faith in the future of this type of store. There cannot be a large number of them, but a community of twenty-five or thirty-five thousand can readily support one.

THE CHAIRMAN: I am glad that the Philadelphia College of Pharmacy is including this work in their curriculum, and am positive that the other Colleges will take it up also.

The following papers were read and discussed: "Pharmaceutical Emulsions from the Colloid Standpoint," by Leo Roon. "Uniformity in Dispensing," by J. Leon Lascoff. (This paper was published in the October J. A. P. H. A., pp. 1112-1116.) "Diacetylmorphine U. S. P. and Its Hydrochloride," by H. H. Schaefer. "The Propaganda for Legitimate Prescription Writing," by Jacob Diner. "The Real and Ideal in Dispensing—Random Reflections," by L. E. Sayre.

The several papers were referred to the Committee on Publication.

The First session of the Section on Practical Pharmacy and Dispensing was adjourned at 6.05 P.M.

## SECOND SESSION.

The second session of the Section on Practical Pharmacy and Dispensing was called to order at 9.45 A.M., September 7, 1916, in Hotel Chalfonte, by Chairman Joseph Weinstein. The order of business was a continuation of the reading of papers; the following were presented, discussed and referred to the Publication Committee:

"Pharmacopœial Revision," by Mrs. St. Claire R. Gay, Chairman of the Committee on Pharmacopœias, Formularies and Standards.

"Pharmaceutical Preparations Added to U. S. P. IX," by Otto Raubheimer.

"General Formulas in U. S. P. IX," by Otto Raubheimer. (This paper was published in the September number, pp. 984-988.)

Anent the statement, "that aromatic waters should not be permitted to freeze," the author stated that he was responsible for this inclusion, as in his experience a demijohn of rose water, which had frozen, on thawing was devoid of its fragrant odor. There was considerable discussion on the subject, as freezing is sometimes resorted to in concentrating flavors. The author, however, contended that his knowledge came through experience.

The next paper was entitled: "Newer Pharmacy of the New Pharmacopœia," by H. V. Army. (This paper was published in the September number, pp. 989-990.)

The next paper was by M. I. Wilbert and entitled, "The Scope and Possible Uses of the Recipe Book." (This paper was published in the October number, pp. 1121-1125.)

## SYMPOSIUM ON THE RECIPE BOOK.

H. P. HYNSON: I would like to present my original idea regarding the Recipe Book. I had the honor of being on the National Formulary Committee, and Professor Diehl said that I helped him a little. My idea was that the National Formulary, having been recognized by the United States Government as a book of standards, should be made the very best book that could be produced by American pharmacy as represented by this association. There were a good many formulas in it that did not measure up to the standard set by our association. If these formulas were taken out, the question was, What should be done with them? Every time that I suggested that they be deleted, others said that the people wanted them. We worried over this matter for a long time, until the idea developed that there must be some place made for these formulas; and I conceived the idea of suggesting a recipe book as a repository for them. It seemed to me that this was not a bad idea, if I do say it myself. It would make it easy for us to take camphorated tincture of opium, for instance, out of the Pharmacopœia. There appears to be no reason for changing any of these old formulas; yet, if they remain in the Pharmacopœia or National Formulary, they must be brought up to date and made as good as possible. If these formulas were changed, however, they would lose their value. The only object that I had in suggesting the recipe book was to make a place in which to put formulas that were still in use and should be preserved, but should not remain in either of the two standards.

I plead guilty of voting for the appendix in the present National Formulary. I thought that it would be a good place for these original formulas, and that the Revision Committee need not then be responsible for the pharmacy of these. I have no objection to additions being made to the Recipe Book, as they are apparently desirable; but I should like to see this indexed also (an index was suggested by Mr. Wilbert, see his paper). I think that it is a fine idea, and better than my original one. It will tell the druggists for the next five years, where they can find these various formulas. After this, there will be a book giving these formulas. I consider Mr. Wilbert's idea in regard to the index a splendid one. I do not know anything more useful than my old index of the Proceedings of the American Pharmaceutical Association. If you young men have not begun to collect a pharmaceutical library, you had better begin at once. I began far too late. Fortunately, however, I was able

to buy a set of the AMERICAN JOURNAL OF PHARMACY extending over forty years at a public sale for two dollars and a half. This started my library, and I gradually added to it. A little while ago, I had to write a little memoir of my good friend, Professor Simon and it did not take me two minutes to find out all that he had done. I hope that you will endorse Mr. Wilbert's suggestion in regard to the index idea.

OTTO RAUBENHEIMER: As has been very correctly pointed out by Professor Hynson, the father of this Section, and also the father of the Recipe Book, this is a splendid idea. He has started us going; and while we may differ with him in regard to a few things, nevertheless, the object we are trying to accomplish is just the same. The Recipe Book, according to my way of thinking, is just a book of unofficial formulas. As the National Formulary has been made a legal standard, we must have something that is unofficial. I hope that the time will come when paregoric and different diarrhea mixtures will go into the Recipe Book. That even in Washington original ideas may originate, has been proved to-day by Dr. Wilbert. I am glad that the idea of the index occurred to him. I did not think of such a thing until he brought up the subject. It will be published in the December number of the JOURNAL because the matter was acted on favorably by the Council. It will be published in addition to the other index; and hereafter, in December of each year, the JOURNAL will contain a new index. Then, if we want to find a formula, we can do so by looking in this index. This will be a great benefit to the average pharmacist, and will enhance the value of the JOURNAL, which will be greatly in demand.

JOSEPH WEINSTEIN: In my address, yesterday, as Chairman, I pointed out that side-lines are not profitable any more, and that pharmacists should take up something new and broaden their calling, to include, for instance, clinical examinations. If pharmacists have a Recipe Book, they can find in it a ready reference to anything they need, and will be able to make many articles that they can sell. Supposing a certain kind of ink is called for, if the pharmacist has the formula in the Recipe Book, he can make it. People come into the store asking for all kinds of things; and if the pharmacist knows that the formula for the thing asked for is in the Recipe Book, he can prepare it. There are now so many formulas for the same thing that pharmacists do not know which one to select; but if they had some tried formulas in the Recipe Book, they could make use of these. The value of this book would be tremendous. I think that we should lay stress on the subject of having as many formulas for the use of the pharmacist as we can. The stock could from time to time be replenished through the medium of our JOURNAL; and then we would have something to induce people to join the Association as we could show them what it is doing to help them earn a livelihood.

MRS. ST. CLAIRE R. GAY: The present situation in Europe has caused quite a dearth in cosmetics. I was called up on the telephone by a rather prominent firm of hair-dressers in New York, who wanted to know whether I could not give them something to take the place of a European preparation that they were unable to get. They gave me a list of ointments that they used in the treatment of the hair. The term "Polka Dot" ointments, which was applied to them, about expresses what they were in composition. I asked whether they would mind telling me the price they got for these, and was told that they asked seven dollars and a half for a little half-ounce box of one, and five dollars for another. On examination, the first was found to contain 1 percent of balsam of Peru in vaseline; and the ingredients were not even blended. They probably put the balsam of Peru in the melted vaseline and just shook them together. The other ointment contained  $\frac{1}{2}$  percent of ammoniated mercury in lanolin and vaseline. I told the people that I thought that we could duplicate these in this country, without serious trouble. They asked me to do the work, but I was engaged at the time and could not do it. I got them some one who could, however; and that man is to-day making all their preparations. He recently told me that he had just finished making five hundred dollars' worth of the balsam of Peru and lanolin ointment. I asked him whether he thought he had charged them enough, and he said that he thought he might be able to buy an automobile after a while. The American pharmacist has paid too little attention to this line of work. Everything does not depend on the wrapper. It is the composition. If any man will give a good clean preparation that will really do the work, there is a fortune in it.

FREDERICK T. GORDON: I want to say something from a different angle. As the official answerer of correspondents in one of our pharmaceutical journals, I have had more requests for formulas for cosmetics than for anything else. Some say, "Please send me a formula for a shaving cream equal to Blank's," for instance. To find a recipe or a formula sometimes takes several days. I have even had requests for a formula for red fire. Of course, not many druggists make this, and you would hardly think there would be a call for it; but you never can tell when you will want it.

My idea is that if we start to obtain these formulas and collect them in a book, so that the druggist does not have to look through a volume of journals to find what he wants, and the chances are that the very thing he wants is not there, it will be a very good thing. We want to get a real recipe book in some absolutely substantial form, so that it can be easily referred to. If we want to revise it every year, we can do so. It must be compact; it must be indexed, and it must have in it a whole lot of things that the average druggist wants to write to his pharmaceutical journal and ask about. There are a lot of formulas for inks, toilet waters, and other things that the druggist is constantly in need of, which are not in the National Formulary, and exist only in scattered form. If these were published in the Recipe Book, they would have some sort of official sanction, and would not be like a formula for the skin that I saw in a newspaper, which, if made up and used, would undoubtedly take the skin off.

GEORGE M. BERINGER: There is no reason why the American Pharmaceutical Association should not produce a good recipe book, suitable for the use of the American pharmacist. It must be comprehensive, and cover the needs of the pharmacists in the entire country. It must contain everything—even culinary recipes.

Referring to the question of cosmetics, I would say that I find that the foreign formularies contain a chapter on cosmetics, and treat the subject in a scientific way. Going back to the original English translation of the French works, we have an ample basis for work on cosmetics, on which we can develop an American line of preparations. I believe that the manufacture of cosmetics would prove to be a good scientific side-line to the business of the pharmacist. I have had great pleasure in taking up the study of cosmetics sent to me for examination—some American, and some French; and I have had very nice determinations to make. We cannot follow all side-lines, and the pharmacist who will develop a side-line of toilet preparations will be leading his field as well as the one who develops along clinical lines. Specialization is the field, and every pharmacist should pick out his own particular sphere of work. Then he will gain a reputation of his own in his community.

J. M. FRANCIS: Many of the formulas published in the pharmaceutical journals are not practical for producing the high-grade articles with which the pharmacist will have to compete, especially in the way of cosmetics. They may be good enough for the purpose, but when you are up against the kind of goods others will have on sale, you will find that you cannot sell the products. I am not criticising the editors who publish these formulas. A man who edits a journal cannot be expected to be an expert in a dozen different lines. He must get his material where he can. Where does he get it? The editor does not go into the laboratory and work out these formulas. He may not have one, and would not have the time to do this work if he had. The great weakness in the plan is that the man that makes the formula does not publish it the way he makes it. That is what I had in mind in criticising the formulas in the journals. Some of these formulas can be modified, some are useless, and some are fairly good; but very seldom will they produce an article as good as some of those now obtainable, and used the world over. Therefore, we should have a committee to do the work of experimentation.

M. I. WILBERT: I agree with Dr. Francis about the difficulty of finding a perfect formula in a journal or recipe book. Anyone who sticks to such a formula deludes himself and is apt to get into trouble. The formulas so far published in the Recipe Book are merely suggestive. They are only for experimental purposes. The object in printing these formulas twice is to have them first printed as suggestions in the JOURNAL and make them accessible, depending largely on the membership of the Association to work them out and perfect them to as great a degree as possible, and then to include these improved formulas in the Recipe Book, when it is published. Even then, the book will not be perfect, and should be improved on by the one using it.

Dr. Raubenheimer and Mr. Gordon misunderstood what I meant by a cumulative index. All you will have to do with such an index is to look in the last one published and you will be able to find anything that has been published in the JOURNAL regarding the formula in question.

H. P. HYNSON: I move that the Section endorse the action of the Committee looking to the publication of the index, and that the thanks of the Section be tendered to Mr. Wilbert for his idea. I am willing to have the scope of the Recipe Book enlarged, but my idea was to have it only for formulas that had been established. Some time ago, I wanted a formula for Ringer's solution. I got one from Johns Hopkins, and wanted to authenticate it; then I found another formula in the *Proceedings of the American Medical Association*, and also one in another publication. I then had three, and did not know which to take. If we had the one that the Committee had gone to the trouble to get, the original one, it would be the best to use. I believe that after five years' trial of this index, we shall come to the conclusion that the American Pharmaceutical Association does not want to be responsible for any more formulas than those that have been used in standard books.

R. P. FISCHELIS: Is the index as sanctioned by the Council to be a cumulative one or an annual index? I think it is best to have a cumulative index.

OTTO RAUBENHEIMER: It would have been too hard to go before the Council and ask for something for next year. I only asked for something for one year. They voted that in the December number of the JOURNAL there should be published a separate index of all the formulas that had been published up to that time, covering from January, 1912, to December, 1916. Next year we can ask for something more.

(The motion of Mr. Hynson was seconded and carried.)

#### NOMINATIONS OF OFFICERS.

The following nominations for officers of the Section were made:

For Chairman: W. H. Glover, of Lawrence, Mass., and David Stolz, of Syracuse, N. Y. For Associates: Mrs. St. Claire R. Gay, of New York City, and Charles W. Holzhauser, Jr., of Newark, N. J.

The last paper read at this session was by Franklin M. Apple, entitled, "Reaping a Full Harvest." The paper was discussed and the recommendation contained therein adopted.

The meeting was adjourned at 12.40 P.M.

#### THIRD SESSION.

The third session of the Section on Practical Pharmacy and Dispensing was called to order by Chairman Joseph Weinstein at 2.45 P.M., September 7, 1916. The reading and presentation of papers was continued and the first one of the afternoon's program was by R. P. Fischelis, entitled, "Practical Pointers From a Prescription Store." After a discussion of the paper, Dr. Horatio C. Wood, Jr., of Philadelphia, addressed the Section. He spoke in part as follows:

As a physician, I always look upon the pharmacist as my best friend; I have a sense of confidence in the likelihood that he will stop me from killing someone. To err is human, and I recognize my humanity. If I know that a prescription is going to a competent pharmacist, it is always a source of relief to me to feel that if, by some slip of mind, I write a drachm where I mean a grain, he will probably hesitate to put the prescription up, and I, as well as the patient, will be saved a lot of trouble. I, therefore, always welcome any criticism that the druggist makes on my prescriptions. Sometimes he criticises them on the ground of the menstruum that I have chosen. Sometimes he is right, and sometimes he is wrong; but whether he is right or wrong, I always thank him, because it shows that he is taking an interest in his business and looking after my interests as well. If he is right, I am always ready to learn.



I have no harsh or unkind criticism to make of the druggists. I find that most of them know their business and attend to it; but every little while I have some vexatious failure on the part of the druggist. Knowing Prof. Remington very well, I sometimes go down to his house and unburden my soul.

One criticism that I have to make is the fact that a large number of them do not seem to know that there is such a book as the *Pharmacopœia*, or they pay no attention to it, if they do. When the eighth revision came out, a pharmacist who had a drug store on one of the most prominent corners of Philadelphia, in the middle of the doctors' section, and who did an almost exclusively prescription business, sent out a pamphlet calling attention to the changes in the eighth revision. Shortly afterwards, I ordered an A. B. S. pill, and ordered it by that name, and he called me up and asked me where he could find it—and he was the man who sent out the pamphlet. I asked whether he read the *Pharmacopœia*, and I could hear him blush on the telephone.

Another instance happened last winter. I wanted to give a hypnotic, and decided to give ethyl carbamate, or urethane, and I wrote for it by its Latin name. This was at three o'clock in the afternoon. A half-past ten that night, when the patient ought to have been asleep, the druggist called me up and asked whether I knew of any place where he could get it. I said, "It is in the *Pharmacopœia*." "Oh," he said, "is that the same as urethane? We have that, but it is spelled 'ethyl,' and you wrote 'æthyl.'" I showed him that in Latin they still use the diphthong.

The greatest trouble that I have is due to the druggist's not having pharmacopœial things on his shelves. I will tell you an instance. This was not a Philadelphia drug store. I was up in Pennsylvania, for a little relaxation, and saw a gentleman there, who was not feeling well. I ordered a tonic containing ferric phosphate, strychnine sulphate, and aromatic elixir. He came back later and told me that they could not fill the prescription at two drug stores, but why, I do not know. Probably they did not have the ferric phosphate, of which I am very fond.

I could give a long list of experiences of this kind—instances in which I have been unable to get things that really, in certain cases, it would be impossible to get along without. I am free to confess that these were generally drugs that are rarely called for, and for which there is not a great deal of demand; but they were staple drugs, and there is no reason why the druggist should not have carried them in stock. I do not see why a physician should be forced to prescribe proprietary remedies of the hypnotic class. I might mention such a popular drug as veronal, which I use at times; but generally ethyl carbamate is as satisfactory as veronal, or more so. Unless, however, I know the drug store to which the prescription is going, I may have to write for the proprietary remedy, against my own desire, for fear that the patient cannot get the prescription filled in time to do the work. I had an interesting experience along this line with what is regarded as the highest type of prescription drug store in Philadelphia. I will not mention the name, but those of you who know Philadelphia drug stores will probably know which one I refer to. One drug that I use is aluminum hydroxide. The prescription went to three drug stores, and they all said that they could not compound it. It went to another druggist, and he compounded it. I met him afterwards and congratulated him on the fact that he carried the drug in stock. He said, "I did not have any of it, but I made it." He was the only druggist who was clever enough to know that he could precipitate it from any of its salts, and he did not have to wait to call up and buy a supply.

I want to repeat what I said in the beginning: that despite the little peculiarity of the drug store, I always have a very kindly and confident feeling towards the druggists. I have not said anything about the mistakes that they have made—mistakes of carelessness. The druggist occasionally makes a mistake in wrong quantities and adding a wrong ingredient. I may say that I hope to be pardoned for a little self-glorification. One man referred to the fact that doctors are not copy-plate chirographers. I always tell medical students in the beginning of the course, "If you cannot write so that it can be read, buy a typewriter." I am sorry that not all the students follow my advice; but I do insist, for the protection of the doctor, as well as the druggist, that the doctor should write as plainly as a man can write.

Personally, I do not think that there are many of my prescriptions which could not be interpreted by pharmacists of some experience. I thank you, Mr. Chairman, for this little opportunity to meet with you personally. (Applause.)

In the absence of the authors, the following papers were read by title and referred to the Publication Committee:

"Plasters," by Thomas Latham. "Conveniences in the Store-Room," by William Mittelbach. "Absurdities of the Press as They Relate to Pharmacy and Chemistry," by F. E. Niece. "A Plea for Further Study of Green Plant Drugs," by H. W. Jones.

Emil Roller presented the next paper of the program that was read and discussed, entitled, "United States Pharmacopœia and National Formulary Propaganda."

The next number of the program was a "Prescription Clinic," conducted by H. P. Hynson, who in his introductory remarks stated that while the term "clinic" did not altogether apply, the embodied meaning of the discussion of difficulties was applicable. (The prescriptions with discussions thereon will be printed in a succeeding issue of the JOURNAL.)

The subject of the next paper of the program was "Mercury Salicylate and Its Preparations," by J. Leon Lascoff.

The last paper was by Louis Spencer Levy, entitled, "At Last a Safe Bichloride Tablet."

#### NOMINATION AND ELECTION OF OFFICERS.

David Stolz of Syracuse asked that his name be withdrawn as nominee for chairman of the Section, and as there was now only one nominee for each office, the Secretary was instructed to cast the ballot electing the nominees, namely:

W. H. Glover of Lawrence, Mass., Chairman; David Stolz of Syracuse, N. Y., Secretary; Mrs. St. Claire R. Gay of New York City and Charles W. Holzhauser, Jr., of Newark, N. J., Associates.

The officers were then installed. A rising vote of thanks was extended the retiring officers.

The final session was adjourned at 5.25 P.M.

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