

EDITORIAL NOTES

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WHAT SHALL BE DONE WITH CARBOLIC ACID PLANTS AFTER PEACE IS RESTORED?

Recent quotations on carbolic acid were as low as 60 cents a pound in drums. An industrial story of importance lies behind such quotations. Just prior to the outbreak of the war, the production of phenol in this country did not exceed ten tons per month, now it is stated to be upwards of one thousand tons. The enormous demand for picric acid has largely influenced this increased production.

To put it briefly, the declining price of phenol shows that the United States has not only been able, within less than two years, to become absolutely independent of foreign sources of supply, but has increased its output to such an extent that, despite the demand from munition makers, a large surplus production is available for the development and manufacture of other important chemicals hitherto imported from Europe. In other words, American industrial chemists, by their achievements in the manufacture of phenol, have taken a long essential step toward the building up of a vast new American chemical industry.

It is clearly evident that unless some other need than that for munitions is found for phenol, the manufacturers will be forced to discontinue its production on such an extended scale. There is then the opportunity of manufacturing salol, salicylic acid and other derivatives, and it is hoped that while engaged in the production of phenol, the chemists have not overlooked the future of this industry.

NATIONAL ASSOCIATION OF MANUFACTURERS OF MEDICINAL PRODUCTS URGE MOBILIZATION OF PRIVATE RESOURCES FOR MEDICAL SUPPLIES.

The Washington correspondent of the Paint, Oil and Drug Reporter says that copies

of resolutions adopted by the National Association of Manufacturers of Medicinal Products, urging the mobilization of all private resources for the manufacture of medical supplies for the army and navy in case of war, have been received in Washington and are a part of the information coming in from various organizations of plans intended to facilitate the campaign of preparedness for the United States in case of war.

President Wilson received a copy of these resolutions which call attention to the necessity of not only providing trained soldiers, but also for perfect organization throughout all the industries of the country which can be of service to the nation in time of war. Mention is also made of the fact that the Government has paid no attention, so far as chemical and allied industries are concerned, to any feature except the furnishing of munitions of war. It is pointed out that it will be desirable to prepare for the prevention of disease in camps as well as the scientific treatment of the wounded if war shall come.

SHALL THERE BE TWO TYPES OF SCHOOLS OF PHARMACY?

The reprint which will follow deals with the present status of medical education and is reproduced for the interesting data contained therein. So the question propounded for this note is really a secondary thought, however, the suggestion may not be out of place notwithstanding that in most pharmacy schools advanced training is offered those students who desire it. The end-points of the thought are, trade schools for preparing young men and women for the conduct of a drug business and institutions for teaching the sciences, knowledge of which is essential for pharmaceutical and chemical manufacturing, research work in pharmacy and related lines. The suggestion will of course be accepted only as an undeveloped thought. The article referred to follows:

"G. Wilson, Baltimore (*Journal A. M. A.*, April 8, 1916), after noticing the raising of the standards within the past two decades and admitting that the American people are receiving vastly better medical attention than even 10 years ago, says already the cry for a doctor is coming from rural communities, and that they are asking for a good doctor, if possible, but in any case a doctor. While the report of the Carnegie Foundation on medical education in the United States has done an immense amount of good, he thinks that it has held largely the position of an advocate rather than of a judge, and has not considered sufficiently certain important factors. One of these is the difference in the morbidity rates in certain districts from those abroad and the bearing of the per capita wealth of the community with the ratio of physicians to population. His personal opinion as regards medical education has been that there is need in this country of two classes of medical schools, the one like the Johns Hopkins, in which the requirements can hardly be set too high, and the other and larger class for the training of general practitioners. *The first type of school should have a limited class of students, trained not only in clinical and laboratory medicine, but also in the methods of research.* They would become teachers, research workers and specialists, practitioners and consultants in the larger towns and cities. To require this of all men who desire to practice medicine would, Wilson thinks, undoubtedly raise the standard, but be no more satisfactory than to require that all locomotive engineers be graduates in mechanical engineering from an approved college. *The second class should demand a good education in the essentials, namely, the requirements demanded for admission to most colleges and including the essential fundamental scientific branches underlying medicine, such as chemistry, physics and biology.* He would not consider an ancient or modern language essential, though it would be a help. He questions the general accuracy of the statement of the Carnegie Foundation that graduates of the Johns Hopkins Medical School have settled to any extent in small communities. From a study of statistics he finds that they are extremely rare in those of Maryland, where the other school in Baltimore has 350 practitioners from its graduates. In 16 years, from 1897 to 1913, inclusive, the Johns Hopkins Medical

School has graduated 965 men, of whom only four are practising medicine in rural Maryland. He gives tables supporting the statements, and trusts that the progress in regulating medical education will be done thoughtfully, and quotes the words of President Pritchett of the Carnegie Foundation: '*Let us not forget in our zeal for research that the principal function of the medical school is the training of medical practitioners.*'"

DAVID HOOPER, PRESIDENT OF BRITISH PHARMACEUTICAL CONFERENCE.

David Hooper, who was awarded the Hanbury Medal in 1907, has been elected president of the British Pharmaceutical Conference. President Hooper is an honorary member of the American Pharmaceutical Association, an honor that he much appreciates and which was bestowed on him in 1899, at



DAVID HOOPER

President of the British Pharmaceutical Conference

the Put-in-Bay meeting. Most of his life was spent in India and he has chiefly been engaged in the chemical examination of drugs and economic products. Two years ago Mr. Hooper retired to take up work in connection with explosives under the Minister of Munitions. President Hooper visited in the United States a few years ago.

SIGNING THE INDENTURE OF A FOUR YEARS' APPRENTICESHIP TO PHARMACY.

In the accompanying picture one of our veteran members, N. H. Martin, of Newcastle-on-Tyne, who joined the Society in 1869, is seen signing the indenture of apprenticeship of his grandson exactly 53 years after he himself was indentured to John Solomon of Penryn, Cornwall. During the whole period in which he has practised Pharmacy,



Reading from left to right: Vivian J. Martin, the apprentice; Dr. W. Martin, father of the apprentice; N. H. Martin, pharmaceutical chemist, master; Percy Corder, the family solicitor.

his conviction has grown that the founders of the Pharmaceutical Society were right in establishing Pharmacy upon a scientific basis; and he has viewed with regret all developments which seemed to him to foster the purely commercial aspect at the expense of that ideal. He shows his faith in the future of scientific Pharmacy by accepting his grandson as an apprentice to himself in the hope that, through him, his own ideals for the

professional and scientific aspects of a calling which he has loved and followed for over 50 years may be perpetuated.

This is reprinted from the *Pharmaceutical Journal and Pharmacist*, June 3, 1916. Mr. Martin joined the American Pharmaceutical Association in 1891, and has attended several of the annual meetings.

Mr. J. P. Gilmour, a leader of pharmaceutical opinion in Great Britain and former Chairman of the North British Branch of the Pharmaceutical Society, has been elected to succeed Mr. John Humphrey as editor of the *Pharmaceutical Journal and Pharmacist*. Editor Humphrey was compelled to resign on account of ill health.

Prof. Nestor Tirard, for the past twenty years secretary of the British Pharmacopœia Committee of the General Medical Council and medical editor of the *British Pharmacopœia* 1914, has been knighted.

OBITUARY

EDWARD WORTH MORSE.

Edward Worth Morse of Mt. Vernon, Ill., died June 20th. Death came suddenly while Mr. Morse was in his wagon and driving back to his home town. Apparently he passed away quietly, due of course to heart failure, as the local paper gives the news, but fails to define more definitely.

Mr. Morse joined the American Pharmaceutical Association in 1896 and was quite regular in his attendance at the annual conventions.

We have no record of his age or family connection, but the home paper gives his age at about seventy-five years, and that he came to Illinois from Massachusetts about forty years ago.

SOCIETIES AND COLLEGES

THE ATLANTIC CITY MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

THE REPORT OF THE COMMITTEE ON TRANSPORTATION.

The Committee on Transportation of the American Pharmaceutical Association announce the following rates and routes for

members attending the sixty-fourth annual convention to be held at

ATLANTIC CITY, N. J., SEPTEMBER 5-9, 1916.

While no special rate for the Convention could be obtained, the summer tourists' rates will be in operation at date of meeting, and are as follows: