THE ORIGINAL PACKAGE.*

BY L. E. SAYRE.

The term original package may be ill chosen as it may apply to so many different things. Some few years ago, in Kansas, it was associated principally with intoxicating liquors. It suggests also, what the druggists have opposed, single-handed, the medicine-wagon package, vieing with the "How-to-keep-well doctor book." Strange the law permits this itinerant vender practice, but the money power and influence behind it defeats all attempts to obtain legislative control. Original package is also associated in every state with the "Unbroken Package," duly authorized by law, to be secured by food and drug inspectors for examination or for chemical analysis.

But the term is used in this paper to refer to the pharmaceutical package, in carton, wrapper, more or less artistically designed, accompanied with magic advertisement to promote sale. Whether manufactured by him or not the druggist is, tacitly at least, responsible for its claims. Some of these packages, for which a certain proprietorship is claimed, are designed to displace, or compromise with, the unethical patent medicine package.

It is not the purpose of this paper to pass judgment upon these products; let the doctors and other patrons do this. They are, among other things, supposed to show the skill of the compounder, and frequently do show the business acumen of the pharmacist.

Commenting upon these hard-to-define packages, the writer has observed, as director of the state drug laboratory, created for the administration of the Food and Drugs Law, that they are, in the first place, rapidly on the increase, and, what is worthy of notice, are curtailing and detracting from the practice of legitimate pharmacy and dispensing. Prescribing is becoming, indirectly thereby, a lost art. There is nothing new in this, but it should be often repeated, that as physicians and pharmacists alike patronize these ready-to-take (or administer) preparations, they become less ethical, less skilful and less professional, and they proportionately handicap pharmaceutical and medical progress. It may seem to an outsider a very easy matter for the pharmacist to package a remedy that will fit every possible case, but a well-trained medical practitioner knows better. His treatment is individual, no two cases of the same class are exactly alike. No one knows this better than the dispenser who is fortunate enough to have the confidence of the busy practitioner.

In the second place, they interfere with the propaganda for popularizing the United States Pharmacopoeia and National Formulary preparations as well as others approved by American medicine. This is a criticism and a warning of those who are interested in the commercial welfare of the pharmacist. The editor of the *N. A. R. D. Journal* calls attention to the fact that the actual work in this propaganda movement is lagging, shown by the interest displayed by pharmacists generally and by state and local associations particularly. This propaganda work should be done intelligently. To give reliable information concerning drugs of

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merit requires study and an intimate acquaintance with physicians' supplies and needs in drugs and their experience with them. The pharmacist's field has always lain in this field of compilation as it were. His point of view is different from that of the physician, or a group of physicians, who may call certain drugs "irrational," "superfluous," "antiquated," "inefficient," etc. He ignores disagreement and contradictions of the doctors, takes the dispenser's point of view, naturally, that of tabulation of data from disagreeing doctors.

Dr. SaJous, in the introduction to his excellent book on "Organotherapy", quotes the words of the president of a prominent British society, Dr. A. H. Bampton, who said, at one of the medical meetings: "If any daring member has introduced a subject on medical treatment, it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of diseases they would be subjected to good-humored banter, and received by those sitting in the seat of the scornful with amused incredulity."

Dr. SaJous remarks, in his preface, that "It was his intention to become a helpmate to the practitioner in his efforts to relieve suffering, and to assist the investigator by correlating facts."

This points to the highest ideal, worthy of the aim of the pharmacist. If his efforts are ridiculed by the drugless therapeutist, the only thing he can do is to shake the dust from his feet and depart. If, however, the mobile theories of the physician should decree some of these days hereafter, that the utility of drugs must be considered a superstition—a disease of the imagination; the doctor, the therapeutist, the pharmacologist, the pharmacist, the United States Pharmacopoeia and the National Formulary, as the original package, will be relegated to the scrap heap.

By legislative enactment it seems even possible to shorten the way to "Tipperary," and why should it not be possible for medical legislators to knock out, over night, drug utility and efficiency? Until that time, perhaps, the pharmacist, it is hoped, may be permitted to promulgate his compilations of facts regarding remedial agents, as gleaned from non-secret medical practice, and, beside, possibly, do a little thinking for himself.

But this is somewhat of a digression!

The more important point of this paper—the third one, and last—concerning the original package, is the one that suggested this subject for this Section on dispensing. In our report in another Section at this meeting, the writer referred to the clause in the rules and regulations of the Food and Drugs Law now in force in Kansas, which refers mainly to the so-called original package. This clause reads as follows:

"Proprietary medical preparations and similar medical products are required to conform in composition to the freshly prepared, non-deteriorated article, and to conform to the claims made for the preparation as to therapeutic properties, quality and strength."

During the last two years the assistant chief of drug inspection in Kansas (L. A. Congdon) has been carrying on what he calls a deteriorated drug campaign. The writer asked this inspector for a report of this campaign. His reply was that during the year from July 1, 1915, to July 1, 1916, he had found 8,673 bottles and packages of proprietary preparations, including patent medicines, unsalable

and, therefore, condemned. During the succeeding year (1916 to 1917) he had found, belonging to the same class, 2,073 bottles and packages.

Such a surprising report induced the writer to ask by what process such a condemnation had been made, as the articles had not all passed the inspection of the laboratory. His reply I quote: "Certain materials did not come to the laboratory, because upon their faces they were found to be deteriorated or were misbranded.

"They were merely orphans, so to speak, or stock which could not be sold, or stock which, if sold, would be illegal under our laws to sell, according to the labels, on such proprietary medicines. Some of the packages of proprietary medicines were wormy; others disintegrated, or crushed, etc.

"I might mention that such medicines as cough syrups, in which chloroform is stated to be one of the ingredients, would not be legal if the cork was more or less porous. I did not pass on any of these medicines myself, but they were passed upon by the inspectors themselves. In other words, they were very plain violations, which could be seen with the naked eye. They were disposed of by the proprietor of the drug store by his own free will and accord, when he was shown that they did not comply with the law."

Mr. Congdon further stated: "On the face of these articles they were shown to be misbranded or deteriorated and the proprietor agreed with the inspector."

Herein lies the main objection to the so-called original package—deterioration. I have myself frequently observed that some of the patent medicines, having an attractive and salable exterior, when this exterior was removed, to show striking evidence of deterioration-disintegration showing in the ropy, flocculent or granular precipitate.

This observation has led me to the conclusion that all package medicine in bottle containers should be placed in cartons, not in wrappers, so that the liquid contents may be easily examined by inspectors. Furthermore, it is somewhat humiliating to our vocation that even a minority, representing it, are seemingly unable to do their own inspecting—not expert enough, or careful enough, to eliminate for themselves sub-standard material. The whole profession has to suffer thereby because, like the weakest link in the chain, it is not stronger than its weakest member. Indeed, this is the day when one of the important functions of the pharmacist is to be an authority on the agents he dispenses, to be an inspector. The demand of the physician, the public, or the pharmacist's patrons, requires that the dispenser should be at least such an authority. If he performs in full measure the service which the present time demands, he must awake to such responsibility or be relegated to the lower ranks of merchant bartering in package medicines, the knowledge of the contents of which he has as little as the dealer who sells canned goods.