admit that the methods are unfair to the reader but attempt to justify them on the ground that they bring desirable financial results to the advertiser; in other words, "The end justified the means."

It is fully realized by some that the results do not tally with the promises. Others in man to man talks will you tell that their methods are not only dishonorable but distasteful to them. The newspapers are looked on as accomplices in the business. The flamboyant style of advertising is defended on the ground that it keeps a certain industry, city or state before the public. It is fortunate that there are very few persons who act along the above lines but it behooves the buyer nevertheless to excerise caution in purchasing.

DISCUSSION.

JACOB DINER: One of the New York daily papers took up the matter of deceptive advertising, and now whenever a case of misrepresentation is reported the papers confer with the merchants, and in the majority of cases they come to an adjustment. When they fail to do so they publish the facts, and this is quite a severe punishment. There has been a law passed in New York, which is being rigidly enforced, relating to the advertising and sale of remedies intended for the treatment or alleged cure of venereal diseases. That law is very drastic. It not only prohibits the advertising of such remedies, but prohibits the handling of them. The Washington plan, as outlined by Dr. Kebler, is the most comprehensive I have heard of.

M. E. DORSEY: With reference to the venereal law of which Dr. Diner spoke, the subject is coming before the public in a general way. It seems to me this Section should make a recommendation to the Council. A state law is all right but without federal enactments a state law will not be very effective. Such medical advertising should be stopped by the Post Office Department refusing the mail service to papers carrying this kind of advertising, otherwise the restriction will be local. National advertising of this character should not be permitted and the Associated Advertising Clubs of America can help to this end. When national advertising of these remedies is cut out the problem is solved. In our city, Ottawa, we have taken from our shelves every remedy for the treatment of venereal diseases. The War Department has asked that, and I think it is proper and right.

L. F. KEBLER: In order to stop the indiscriminate sale of venereal remedies publicity must not be given in the advertising columns of the newspapers. The public will ask for these preparations as long as they are advertised.

M. E. DORSEY: I move the adoption of this resolution:

> Be It Resolved, that the Committee on Legislation of the American Pharmaceutical Association be instructed to take up with the War Department at Washington the control of advertising pertaining to venereal diseases, and use their influence with the Associated Advertising Clubs of America to entirely eliminate from the daily and weekly press all advertising pertaining to venereal diseases.

(After some discussion this motion was carried and referred to the Council.)

HOW CAN COÖPERATION BE SECURED BETWEEN STATE MEDICAL AND PHARMACEUTICAL BOARDS FOR JOINT CONTROL OVER THE PREPARATION, DISTRIBUTION, PURITY AND SALE OF DRUGS?*

BY F. E. STEWART.

Manifestly, state medical and pharmaceutical boards cannot excerise control over the preparation, distribution, purity and sale of drugs, except indirectly, by coöperating with the national and state authorities having charge of the

* A reply to Query No. 21 of the Section on Education and Legislation, A. Ph. A., and presented before joint session of this Section with the American Conference of Pharmaceutical Faculties and the National Association of Boards of Pharmacy, Chicago meeting, 1918.

enforcement of the national and state pure food and drug laws. These laws provide machinery for their enforcement, and no persons or association of persons can have any authority to enforce these laws or use the machinery provided for the purpose except those who are legally empowered to do so. Therefore, the query might more appropriately read: "How can coöperation be secured between State Medical and Pharmaceutical Boards, and the authorities having charge of the Enforcement of the National and State Pure Food and Drug Laws, for the purposes of Exercising Control over the Preparation, Distribution, Purity and Sale of Drugs?"

The "Food and Drugs Act, June 30, 1906" is entitled: "AN ACT for preventing the manufacture, sale or transportation of adulterated or misbranded or poisonous or deleterious foods, drugs, medicines, and liquors, and for regulating traffic therein, and for other purposes." "Query No. 21," as above revised, is in harmony with the objects of the National Pure Food and Drug Law; as defined in the title of the act, and, as the State laws are patterned after the national law, it is in harmony with state legislation on this subject also. To properly answer the query, therefore, a comprehensive study of the national and state pure food laws would be necessary to prepare us to consider how state medical and pharmaceutical boards can coöperate with the constituted authorities.

The limits of this paper will not permit anything more than a brief statement of some of the methods by which such coöperation may be secured.

Let us first consider the meaning of the word coöperate. As defined by Webster's dictionary, the word "coöperate" means, "To act or operate jointly with another or others; to concur in action, effort, or effect." One of the great difficulties in securing coöperation between interests of physicians and pharmacists is want of recognition of the fact that pharmacy is an important branch of medical science and practice, and both are engaged in the same business. The physician sells his advice for money, and the pharmacist sells drugs. To that extent both vocations are commercial. But the sale of drugs by the pharmacist and of advice by the physician only represents what each is doing for a living. It is also necessary to consider the negative side, *i. e.*, what each is *not* doing. Both must refrain from doing things that injure the business of the other before there can be coöperation between them. The field of the physician is to diagnose the disease and prescribe the remedy, that of the pharmacist to select, prepare, preserve, compound and dispense the remedy of a drug or combination of drugs. Neither should poach on the preserves of the other. There seems to be no way of defining the boundary line between the field of the pharmacist and physician in this regard. Possibly, it might be accomplished by establishing neutral territory between them—a kind of buffer state like Switzerland is and Belgium was. A limited line of open formula household medicines, chosen by the medical and pharmaceutical professions coöperatively, is suggested. The U. S. P. and N. F. contain a sufficient variety of simples and compounds to make up such a list. Pharmacists might carry a line of such remedies in stock ready-made, put up in cartons with properly worded and censored circulars enclosed, giving accurate information as to their indications and uses.

The word "coöperate" also means, "to associate a number of persons for their common benefit." How can the several parties associate themselves to-

gether for their common benefit in the enforcement of the national and pure food laws? The practice of medicine and pharmacy and drug-therapeutics have a common object, that is to prevent, mitigate, and cure disease. To the extent that physicians and pharmacists coöperate in carrying out this object their common interests and the interests of the public are benefitted. The plan, therefore, should be one for securing coöperation between the State boards of pharmacy and medicine, representing the medical and pharmaceutical professions, with the pure food and drug authorities for promoting the public health by extending definite aid to the constituted authorities having charge of the enforcement of the national and State pure food and drug laws.

The first step in the process of enforcing the pure food and drug laws consists in the establishment of standards for determining the identity, purity, quality and strength of the materia medica products and preparations on the market. This step was taken by Congress and the legislatures of the several States of the Union when they made the United States Pharmacopoeia and National Formulary legal standards for the medicinal drugs, chemicals, and preparations of the same included in their pages. Coöperation for the purpose of enforcing these standards is of the greatest importance in securing the object we desire to obtain.

Standardization of State laws to conform with the national pure food and drug law is also important. Conflicting laws have rendered conditions intolerable.

But there are many preparations on the market advertised in the newspapers or medical journals or both claiming to be therapeutic inventions or discoveries for which no standards have been established. Some of these preparations are doubtless worthy of a place in the United States Pharmacopoeia or National Formulary, while some of them represent nothing except pretense to therapeutic values not in fact possessed. The next step in standardization would be for the representatives of the medical and pharmaceutical professions to cooperate for the standardization of medicinal drugs, chemicals, and preparations not included in the United States Pharmacopoeia and National Formulary. This step in the process of standardization would separate the wheat from the chaff.

This means legislation to do away with secret medicines altogether. People who take medicine on their own responsibility should have the privilege of knowing what they are taking that they may consult physicians or medical books and use the medicines advisedly.

The next step would be coöperation for the enforcement of the Sherley Amendment to the Pure Food and Drugs Act relating to misleading advertising, and in this way get rid of the chaff. The following announcement relating to the Sherley Amendment was published by the Bureau of Chemistry, U. S. Department of Agriculture, August, 1914:

"Suggestions for labeling medicines under the Sherley Amendment to the Food and Drugs Act, June 30, 1906. The Bureau has received many inquiries relative to the proper labeling of medicinal preparations in compliance with the requirements of the Food and Drugs Act, as amended by the act of August 23, 1912, commonly known as the Sherley Amendment."

The following suggestions are offered to manufacturers or proprietors of such preparations to serve as a guide in the preparation of labels:

"*1. Claims of Therapeutic Effects.*—A preparation cannot be properly designated as a specific, cure, remedy, or recommended as infallible, sure, certain, reliable or invaluable, or bear other promises of benefit unless the product can be a matter of fact depended upon to produce the results claimed for it. Before making any such claim the responsible party should carefully consider whether the proposed representations are strictly in harmony with the facts, in other words, whether the medicine in the light of its compositions is actually capable of fulfilling the promises made for it. For instance, if the broad representation that the product is a remedy for certain diseases is made, as, for example, by the use of the word "remedy" in the name of the preparation, the article should actually be a remedy for the affections named upon the label under all conditions, irrespective of kind and cause.

"*2. Indirect Statements.*—Not only are indirect statements and representations of a misleading character objectionable, but any suggestion, hint, or insinuation, direct or indirect, or design or device that may tend to convey a misleading impression should be avoided. This applies, for example, to such statements as "has been widely recommended for," followed by unwarranted therapeutic claims.

"*3. Indefinite or Sweeping Terms.*—Representations that are unwarranted on account of indefiniteness of a general sweeping character should be avoided. For example, the statement that a preparation is for "kidney troubles" conveys the impression that the product is useful in the treatment of kidney affections generally. Such a representation is misleading and deceptive unless the medicine in question is actually useful in all of these affections. For this reason it is usually best to avoid terms covering a number of ailments, such as "skin diseases, kidney, liver, and bladder affections," etc. Rheumatism, dyspepsia, eczema, and the names of many other affections are more or less comprehensive, and their use under some circumstances would be objectionable. For example, a medicine should not be recommended for rheumatism unless it is capable of fulfilling the claims and representations made for it in all kinds of rheumatism. To represent that a medicine is useful for rheumatism, when as a matter of fact it is useful only in one form of rheumatism, would be misleading; such statements as "for some diseases of the kidney and liver," "for many forms of rheumatism," are objectionable, on account of indefiniteness.

Names like "heart remedy," "kidney pills," "blood purifier," "nerve tonic," "bone liniment," "lung balm," and other terms involving the names of parts of the body are objectionable for similar reasons.

"*4. Testimonials.*—Testimonials, aside from the personal aspect given them by their letter form, hold out a general representation to the public for which the party doing the labeling is held to be responsible. The fact that a testimonial is genuine and honestly represents the opinion of the person writing it does not justify its use if it creates a misleading impression with regard to the results which the medicine will produce.

"No statement relative to the therapeutic effects of medicinal products should be made in the form of a 'testimonial' which would be regarded as unwarranted if made as a direct statement of the manufacturer.

"*5. Refund Guarantee.*—Statements on the labels of drugs guaranteeing them to cure certain diseases or money refunded may be so worded as to be false and fraudulent and to constitute misbranding. Misrepresentations of this kind are not justified by the fact that the purchase price of the article is actually refunded as promised."

It is evident from the above Announcement of the U. S. Department of Agriculture that the Sherley Amendment ought to be embodied in the various state pure food and drug laws, and properly enforced by the coöperative efforts of the state medical and pharmaceutical boards, working with the authorized agencies having charge of the enforcement of these laws. The Sherley Amendment might then be used as an effective sieve for separating the pharmaceutical wheat from the nostrum chaff which takes up so much valuable space on the shelves of drug stores throughout the country.

The next step in carrying out a coöperative plan for "controlling the preparation, distribution, purity and sale of drugs," would be the standardization of the alleged new therapeutic inventions now being so extensively advertised by the

great chemical houses engaged in the pharmaco-chemical industries. The commercial introduction of some of these products represents one of the worst forms of the nostrum evil. The nostrums to which I refer are first advertised in the medical journals to fool the doctor, then advertised in the newspapers and other periodical literature to fool the people. The doctor and druggist become the cat's paw for raking the chestnuts out of the fire. As the public is injured rather than benefitted by using these products promiscuously for self medication, the patent law protecting capital invested in their manufacture, advertising, and sale, is being perverted. The object of the patent law is to promote progress in the science of the materia medica and in the practice of the useful arts of pharmacy and drug-therapeutics, not to protect and foster a commercial business in medicinal products carried on in unfair competition with educated and licensed practitioners of medicine and pharmacy. Coöperation between medical and pharmaceutical State boards for correcting this evil would do more for legitimate pharmaceutical practice than all the other methods of coöperation ever suggested.

We need a coöperative method for introducing new and useful medicinal drugs, chemicals, and preparations of the same to science, and brands of the same to commerce. The co-partners in this plan should include representation from the great manufacturing houses engaged in the legitimate pharmacal and pharmaco-chemical industries. They should be invited to coöperate in giving the medical and pharmaceutical professions, and the public, a square deal. If they refuse to coöperate in doing so, laws should be passed and enforced to put them out of business. This is the tendency of the pure food and drug laws, the anti-narcotic laws, the medical and pharmaceutical license laws, and other similar legislation now under the consideration of political economists. That is why certain houses opposed to square deal object so strenuously to what they call "attempts of the government to dictate to them how do to their business. What is the Government for except to see to it that the people get fair play?

New materia medica products and preparations should not be introduced by advertising. Advertising should be confined to brands of products, leaving the products themselves open to competition and introduction to science by the coöperative investigations of medical, pharmaceutical, and chemical scientists. Therapeutic advertising is particularly objectionable. Therapeutic verdicts of judicial character can only be obtained as the result of original research by competent observers conducted under conditions of environment which eliminate as far as possible errors due to the personal equation and differences of climate, race and social conditions. Persons engaged in the sale of advertised products are not in a judicial position. Consciously or unconsciously they are biased in their judgments in favor of the products they advertise for sale. The same applies, possibly in a less degree, to research workers who advocate new methods of treating disease. Both classes of introducers occupy the position of advocates, not judges. What they say in favor of the products they are advocating and against the products of competitors, must be received *cum grano salis*, no matter how honest their intent.

The bias of the commercial introducer is in direct proportion to the amount of capital he has invested in advertising the product for sale. For that reason the building up of great commercial monopolies in the manufacture and sale of alleged new therapeutic discoveries, under the protection of the patent and trade-

mark laws, should never be permitted. The only legitimate demand for medicines is that created by their proper use in the practice of competent physicians, aided by the investigations of the laboratory workers, and reported in the professional societies where their merits can be impartially discussed. Each alleged discovery must be compared with prior discoveries before it can be decided whether the old should give place to the new. The decision should not be influenced by monetary considerations. Much of the demand created by advertising is purely fictitious and immediately commences to diminish when the advertising ceases. The exploitation of the sick room for gain is a crime against humanity that ought to put those guilty of it behind the prison bars. Coöperation between the medical and pharmaceutical State boards for the purpose of putting an end to this crime would be in harmony with the altruistic ideals concerning which the medical and pharmaceutical professions are so fond of boasting.

CONCLUSIONS.

State medical and pharmaceutical boards can coöperate in the joint enforcement of the laws for controlling the preparation, distribution, purity and sale of drugs, in many ways: Following are some of the ways:

1. By a joint study of these laws and regulations for their enforcement. Joint meetings should be held for that purpose.

2. By suggesting improvements in the laws and regulations for the purpose of harmonizing them more closely with the scientific and professional requirements essential to the proper practice of pharmacy and drug-therapeutics as coördinate branches of medical science and practice.

3. By insisting that druggists and manufacturers shall observe the suggestions in regard to the labeling and advertising of medicines contained in the Announcement issued by the U. S. Department of Agriculture relating to the Sherley Amendment to the Pure Food and Drugs Act of June 30, 1906.

4. By reporting violations of these laws to the constituted authorities and following up their complaints to see that they are properly considered and acted upon in every case.

5. By bringing cases of violation to the attention of the State and county medical societies, also to the national medical and pharmaceutical societies, so that members of these societies may be placed in position to recognize and distinguish between the sheep and the goats when purchasing materia medica supplies or writing prescriptions.

6. By teaching physicians and pharmacists through the medium of their societies the necessity of standardization as applied to the materia medica thus making them realize the importance of the United States Pharmacopoeia as a guide to prescribing and ordering supplies.

7. By insisting that medical and pharmaceutical schools and colleges shall teach their students the rules of conduct which should guide them in their relations to each other as physicians and pharmacists; also in regard to their relations to the public as practitioners of correlated and mutually dependent medical arts.

8. By teaching physicians and pharmacists to cease acting as sales agents for nostrums of all kinds to the extent that it is possible under existing conditions to do so, remembering, on the part of physicians, that in case pharmacists should throw their nostrums out of stock to-day, they would be forced to put in new stock before night to meet the demands of the medical profession, and remembering, on the part of the pharmacists, that physicians who do their own dispensing, are often induced to do so because the druggists in their vicinity refuse to give the public proper pharmaceutical service preferring to recommend their own nostrums, and the nostrums of others, to their patrons, rather than confine themselves to the legitimate practice of pharmacy.

9. By exerting their influence as boards of medicine and pharmacy upon Congress to secure proper revision of our patent and trademark laws so that they can no longer be employed to protect and foster a commercial drug business carried on in unfair competition with educated and licensed practitioners of medicine and pharmacy.