

EDITORIAL NOTES

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QUANTITATIVE TEST FOR SACCHARIN.

The *Pharmaceutical Journal and Pharmacist* of March 6, 1920, gives the following method of H. D. Richmond and C. A. Hill for the quantitative determination of saccharin: Of the saccharin to be examined 0.6104 Gm. is boiled for two minutes with 10 Cc. of $\frac{N}{7.5}$ NaOH, when hydrolysis is complete, taking care that no appreciable concentration occurs. Then 15 Cc. of $\frac{N}{10}$ HCl is added, followed by 50 minutes' boiling under a reflux condenser, adding a little powdered pumice to prevent bumping. The liquid is then cooled, 75 Cc. of cold water added, and a current of air passed through the upper part of the flask to remove any acid vapor; 15 Cc. of $\frac{N}{7.5}$ NaOH are added carefully, and the flask at once connected with a distillation apparatus provided with an efficient steam trap, a condenser, and an absorption flask in which are placed 20 Cc. of $\frac{N}{5}$ HCl. The distillation is commenced slowly; after the air has ceased to bubble through the acid the flame is raised, and about 70 Cc. are distilled. The solution is titrated with $\frac{N}{10}$ alkali, using methyl red as indicator, and corrected for a blank test of the reagents. The strengths of the acid and alkali used should not vary more than 2 percent at most from those given above. With 0.6104 Gm. of saccharin the number of Cc. of $\frac{N}{10}$ acid neutralized multiplied by 3 equals the percentage of saccharin.

NASCENCY AS AN INTENSIFYING FORCE IN THERAPEUTICS.

George Lunan contributes an interesting paper printed in the *Pharmaceutical Journal and Pharmacist* of March 27 on above subject. He concludes that if adequate research is applied to this subject there is every prospect of developments that will lead to an immense improvement in therapeutical medication.

It is tolerably well known and understood that rapid ionic activities augment physio-

logical reactions but, in the author's opinion, this is not yet adequately recognized nor evaluated. The following are some of the examples presented in the paper of the benefits of nascency in therapeutics: Wherever rapid ionism is produced by nascent chemical action, either at the time of the exhibition of a remedial agent, or later within the human organism itself, in colloidal form, the physiological reactions are more marked, and in this connection, as the diminished dosage is adequate for completed chemical reactions, this is a material advantage. When glycerite of boroglycerin is hydrolyzed, it is decomposed into nascent glycerin and boric acid. The reaction is an exothermic one, and its nascent products penetrate the mucous surfaces, and the physiological effect is much stronger than if ordinary glycerin and boric acid had been used separately or uncombined. Peroxide of hydrogen owes much of its therapeutic value to its decomposition into nascent oxygen and water. The quinine in ammoniated tincture of quinine, when diluted with water, is resolved into the alkaloid in a nascent state, and in the acid medium of the stomach is converted into salts in the nascent condition. Consequently it is much more active than the staler and more sluggish, because less recently formed, compounds of quinine. The neutralizing ammonium constituent in the diluted tincture, while retarding, yet lends itself to the reaction, and the consequent ionic mobility largely magnifies the physiological potency of the quinine.

Theoretically, hydriodic acid should replace the alkaline iodides in iodine therapeutics and give much more satisfactory results with a smaller dose of the absolute quantity of the elementary metal. Hitherto the difficulty of prescribing and dispensing the acid with diluents or other medicaments or media has prevented its general use. What is wanted is a stable organic base which would readily yield nascent iodine in minute quantity shortly after ingestion. Such a preparation would mark a signal advance in iodine medication that

would greatly benefit the patients for whom this treatment is necessary.

ADMINISTRATION OF DIGITALIS.

Quoting from an abstract of a recent issue of the *Journal of the American Medical Association*, the points which Pardee emphasizes relative to the administration of digitalis are: The initial dose must be sufficient to bring the patient to the stage of slight poisoning, which cannot be accomplished within a reasonable time unless we use doses larger than have been used ordinarily heretofore. If a continued digitalis effect is desired, it will not be obtained satisfactorily unless the patient is kept at high level of saturation with the drug; his body must be nearly full, not nearly empty, or any failure to obtain good results cannot be interpreted as a failure of digitalis therapy. The nausea and vomiting which result from digitalis poisoning can be avoided if special care is used in observing the patient during the periods when he is receiving a daily dose which is above the average rate of 20 minims of the tincture a day at which the body can dispose of the drug. The variable susceptibility of different patients is an important thing to recognize. The amount of digitalis which will cause the appearance of these early signs of poisoning bears a definite relation to the weight of the patient. On the average a total dose of 2 minims of the tincture to each pound of body weight will produce these early toxic signs. If a patient, whose susceptibility is greater than the average, should receive such a dose, he would certainly be in danger of fibrillation of the ventricular muscle, and death. Those patients whose susceptibility for digitalis is less than the average must also be borne in mind. Therefore, if the average dose is insufficient to produce clinical improvement, and has not caused the appearance of toxic signs, continue to give the drug, watching carefully for the signs of early poisoning and not stopping digitalis until they appear. The average rate at which the body disposes of the drug Pardee found to be 22 minims of the tincture a day, but here, again, there are considerable variations from one individual to another, as low a rate as 10 minims and as high as 40 minims daily being encountered. In spite of this the dose of 10 minims, twice a day, beginning three or four days after an initial digitalization, will not bring any patient to the toxic stage again very quickly, even though he may dis-

pose of the drug at a much slower rate than the average.

THE ADVERTISING OF EDUCATION.

Secretary W. J. Woodruff, of the American Drug Manufacturers' Association, in his report at the recent meeting of that organization, emphasized the need of publicity for pharmacy. In his opinion, the public should be made better acquainted with the ideals of pharmacy, its problems, and the interest that the public has in the pharmaceutical industries. It would detract from this valuable contribution to prepare an abstract, so it has been deemed best to quote parts of the report in full and leave deductions to the readers. Other industries have broadened the vision of the people as to the useful possibilities of their activities; why should not the pharmaceutical industries do likewise?

"It has long been a belief of the ethical medicinal manufacturer that, since his sales leverage is on the physician, any advertising of a popular nature would be a lethal dose to his business. Like a good many other business traditions, it has been accepted as an axiom unnecessary of proof. A little effort to think all around the subject would, I believe, dethrone it from this position just as many other so-called business axioms have been dethroned by some hewer of new trails who has made an undreamt-of success largely because he disregarded the rules of the game and played it in a new way.

"The ban of the medical profession against advertising to the public is based on the very laudable principle that the calling of the physician is too noble to be made a subject of commercial exploitation. It was imposed in the days when advertising was a crude thing of 'best on earth' boasts in brazen and ugly display and when a business man had no other vision of advertising than as a medium of telling greater numbers than his salesmen could reach that he had something that he wanted them to buy. It is the very antipodes of the educational advertising of the sort proposed here, advertising that seeks only to enlighten and whose physical nature is commendable from both literary and artistic standpoints. The prejudice of the physician against advertising that goes to the people should not be regarded as rock that absolutely bars the passage-way. It may be a rock, but there are plenty of passages around it, and it is only a case of steering wisely to evade it. It simply means

that care must be exercised to avoid the slightest exaggeration, the slightest misstatement, the slightest suggestion of idle boasting, or the slightest tendency to lower the dignity of the medical profession or to commercialize human suffering. These are negative virtues and, not content with their observance, we should seek to impart qualities to our advertising that would positively tend to win the commendation of the physician.

"Copy of a restrained tone written in a style that would reflect lofty sentiment could not do otherwise than impress him favorably; neither could an illustration artistically picturing some of the nobler aspects of the physician's art, or some altruistic phase of medicinal manufacture. And if the advertising treated of the whole cycle of the healing art, the physician, and the pharmacist, as well as the manufacturer, picturing to the people the public service the physician and pharmacist render, your advertising would not only be unobjectionable to him but it would be a positive agency in cementing his good-will, and the good-will of the druggist as well."

STYLE OF COPY RECOMMENDED.

"And now let me give you a concrete illustration of how such copy as I have described could be used to cultivate a sympathetic public attitude and at the same time the good-will of the physician and the druggist. It is hurriedly written without due consideration of the points of which the first advertisement should treat, and falls far short of literary merit, but it serves to illustrate the style that I am trying to explain.

"When the faint glow of the last ember of life brightens under the ministrations of the physician at the bedside, and your loved one comes back to you from the brink of the Great Shadow, your heart, for the first time, wells up with all the gratitude that this, humanity's greatest earthly friend, deserves.

"You repay him then in speechless thankfulness for his sleepless nights of watching, his midnight hours of study, and the sunny holidays of youth spent in sombre college laboratories. And in your gratitude, think sometimes of his silent partners—the workers to whose tireless research and exacting care are due the contents of the bottle with which the magic was wrought.

"The genial proprietor of the corner drug store may seem simply an obliging merchant to whom you are indebted for a hundred little services, but, he too, is a professional man—

a pharmacist who has paid his toll in arduous study. Had he erred in the pharmacist's delicate, hairline task of filling the prescription, the physician's skill might have only served to mend the ravages of your passionate grief.

"And behind the physician and the druggist is the great army in the manufacturing establishment in which the ingredients of the prescription were made. The bacteriologists, the pathologists, and the research chemists who, in the face of a weary chain of failures, developed and perfected the formulas. The financial captains who unflinchingly watched thousands upon thousands of dollars sunk in fruitless experiments before the first glimmer of success. And the workers who throughout every step of the transformation of the crude chemicals into the finished preparation tested and retested its power and purity."

AIMS OF THE CAMPAIGN.

"Every advertising campaign that hopes for conspicuous success should be carefully planned from beginning to end before the first piece of copy is written. Its aims should be carefully defined and every individual advertisement should be prepared with that aim in view, in order that each may contribute to the continuity of impression that means advertising success. What the points should be in the first campaign of this industry is a matter for careful discussion. I would venture the suggestion, however, that

"1. It should explain the mission of each of the principal factors in the drug and medical worlds and endeavor to impress the public with their worthiness and their vital consequence. This would make such a campaign seem more altruistic and help to instill in the public an impression that the industry is inspired by other than purely selfish motives. It would, moreover, increase the good-will of these other factors for the industry and would serve to contribute to

"2. The second aim, which is to awaken the public to the fact that the remedial agents of the medical profession do not 'just grow' but are the product of a distinct industry.

"3. Thirdly, it should impress the people with the fact that this industry is imbued with the ideal of the medical profession and that while it is naturally looking for a reasonable profit its zeal to serve the public and the profession will brook no sacrifice in quality or service.

"4. That it is to the medicinal manufac-

turer that Medicine owes the development of its medicinal agents, and

"5. That there is no industry in whose welfare the average individual has a greater interest, that undue restraint on its liberty of action hampers one of the biggest factors in medical progress, and that it is to the interest of the public to safeguard its production in times of embargoes, shortages, and other adverse conditions."

DEATH LIST COMMERCIALIZED.

The *Home Sector* states that the newest type of opportunist has been discovered, the man who attempts to prey upon the families of the soldiers who fell in the war. His simple scheme is outlined in the following letter, one of several of its kind recently received:

"One of my relatives who served in the war was killed in France. His sister, who was his next of kin, and to whom his insurance is being paid, has been receiving a great deal of mail matter of every kind addressed to the nearest relative of Howard ———. Evidently someone carefully looks over the casualty list and peddles these names around because mail of all sorts, varying from prospectuses of oil schemes to circulars for memorial books, are being sent out."

It is apparent that the casualty lists of the recent war are being commercialized. The worst of the situation is that there is no legal means of preventing their use. They became public property when they were printed in the newspapers, and any promoter may use them without fear as long as his scheme is not so nebulous that it comes within the jurisdiction of the post-office inspectors.

The War Veterans' Section might warn the relatives of our dead to scan their mail with care, and if the practice becomes aggravated endeavor to expose the schemers.

BEQUESTS AND DONATIONS.

The following bequests and donations have recently been announced:

University of Cambridge, England, a donation of \$100,000 for the erection and equipment of an institute for parasitological research, with an additional \$50,000 for its upkeep and maintenance, by Mr. and Mrs. A. P. Molteno.

The Ontario Honorary Advisory Council for Scientific Research has made provision for forty bursaries, studentships, and fellowships to be awarded to qualified science graduates

who will prepare for a career in scientific research in connection with the natural resources of Canada.

Toronto General Hospital, a donation of \$250,000 toward lifting the debt on that institution, by Sir Joseph Flavelle.

Grant Hospital, Chicago, \$10,000, Alexian Brothers Hospital, Chicago, \$5,000, by the will of Jacob Birk.

Emergency Hospital, Chicago, \$400,000 by the will of Captain Charles Haines, St. Charles, Ill.

Henry Phipps Institute, Philadelphia, a donation of \$500,000 by the family of Henry Phipps.

St. Vincent's Hospital, New York City, \$100,000; Cancer Hospital, New York City, and Brooklyn Hospital, \$25,000; Brooklyn Home for Consumptives, \$20,000, by the will of Daniel J. Carroll, New York City.

COPIES OF REPORT OF THE SURGEON GENERAL NOT AVAILABLE.

According to law, only 2,500 copies of the report of the Surgeon General can be printed, and additional copies cannot be printed without a special act of Congress. We are informed by Surgeon General Ireland that all of the copies of the 1919 report have been distributed, and that it is impossible to obtain a special act for the printing of additional copies at this time.

BUILDING FOR ARMY MEDICAL SCHOOL.

The Army appropriation bill contains a provision for the expenditure of \$500,000 for suitable buildings to be used by the Army Medical School on the Walter Reed Hospital grounds at Washington, D. C. It is left to the discretion of the Secretary of War and the Surgeon General to determine the kind and character of such buildings. The bill carrying this appropriation has been favorably reported to the House of Representatives by the committee on military affairs.

This is said to be the beginning of what is expected to be the largest medical center in the country. The plans now being drafted call for the assembling of the army medical school, nurses' school, medical museum and library, at an estimated cost of \$10,000,000. The work of medical reconstruction and physiotherapy will be carried on in the enlarged institution and adequate headquarters will be provided for the entire hospital corps.

PERSONAL AND NEWS ITEMS.

Harry B. Mason, Director of Promotion, Publicity and Advertising, has been elected a member of the Board of Directors of Parke, Davis & Co., filling the place made vacant by the death of Frank G. Ryan. As president, the latter is succeeded by James E. Bartlett, heretofore Director of Sales for the Company.

John E. Jackson, who has been the presiding officer of the Virginia Board of Pharmacy for the past five years and served two full terms on the Board, has retired. Mr. Jackson has large credit for Virginia's prerequisite law and it may be assumed that this is the crowning event of his administration.

Prof. Wortley F. Rudd, head of the Department of Chemistry in the Medical College of Virginia, is also dean of the School of Pharmacy of that institution. During the past year he was president of the American Conference of Pharmaceutical Faculties.

William James McGill, holder of the Stearns' Fellowship at the College of Pharmacy, University of Michigan, is now engaged in research work on the active principles in Digitalis.

Charles M. Carr, formerly editor of the *N. A. R. D. Journal*, is now connected in an editorial capacity with the *Western Druggist*, of Chicago. E. D. Irvine, who has been with the Engelhard publication for a period of about twenty-five years, continues as managing editor and business manager.

Prof. Henry G. Greenish, of the School of Pharmacy of the Pharmaceutical Society of Great Britain, who is an honorary member of the A. Ph. A., advises that the school has 170 students instead of the usual number of about seventy.

Prof. Charles T. P. Fennel, dean of the Cincinnati College of Pharmacy, who has been seriously ill for some time, is reported on the way to recovery.

Dr. James Rowland Angell has been elected president and chief executive officer of the Carnegie Foundation. He is internationally known as a scientist and is the chairman of the National Research Council. During the war Doctor Angell was instrumental in the formation of student army training corps. In 1914 he was appointed exchange professor to The Sorbonne, Paris. He has been with the

University of Chicago since 1894. In 1908 he became dean of the Senior College, and in 1911 dean of the faculty.

Dr. George Hohmann, professor of Materia Medica at Fordham University, is also Associate Coroner's Physician to the City of New York.

Robert R. Gerstner is chemist of the Oil Products Company, Inc.

Herbert M. Payne, of Detroit, Mich., has sold the pharmacy he recently opened at Philadelphia and Oakland to **Harvey D'Amour**, a veteran of our world war, who went through the thickest of it and returns to us to take up his life's work again minus both legs. Associated with him in the venture is **Arthur Berman**, formerly a chemist at Harper Hospital.

W. E. Bingham, prominent in national pharmaceutical councils, has sold his store at Tuscaloosa to **Charles T. Corwin**. Mr. Bingham was president of the Alabama Pharmaceutical Association from 1897 to 1899, has been its secretary since 1901, and a member of the Alabama Board of Pharmacy for many years.

Melmoth M. Osborne, druggist at Elkins Park, Pa., for many years, has retired from business and now resides at Radford, Va.

C. M. Woodruff, general counsel of the American Drug Manufacturers' Association, has gone to California in quest of health. In speaking of him, President Stofer said: "Unquestionably, during the past three or four months we have very keenly felt the absence of one of our most loyal and constructive members—one who was present at the birth of this association, and who then builded even better than he knew. C. M. Woodruff's health was such that it was necessary for him to leave the vigorous Northern climate for the more health-giving, balmy atmosphere found in the State of California. We sincerely trust that his health has been fully restored and that a beneficent Providence will spare him to us for many years, and that we may continue to profit by his counsel and advice."

The Australasian Journal of Pharmacy, established originally in 1866, has been taken over lately and is now published as the official Federal journal of the associated pharmaceutical organizations of Australia.