

The pharmacopœial tincture contains about 6.86 grams of free iodine and 5 grams of potassium iodide in 100cc. The range of variation (1.97 to 9.26 grams per 100 cc.) is certainly remarkable. What real valid excuse can be offered for either of the above extremes? Furthermore, is there any substantial reason for some of the other variations? The permissible variation from the standard must be met sooner or later. Shall it be stringent or reasonable? If reasonable shall the variation be 5 percent or 10 percent or 20 percent? Considering that the adjective "about" qualifies the amount of free iodine that should be present in the tincture, about 60 percent exceed a 5 percent variation, 40 percent a 10 percent variation and 18 percent a 20 percent variation. I do not believe many manufacturers will contend for or advise a 20 percent variation in that it would not only savor of carelessness but actually encourage it. Is then a 10 percent variation either way from the standard, reasonable, fair and just to the manufacturer, the consumer, the physician, etc., or is it desirable to be more stringent?

Suggestions are invited either in the columns of this Journal or otherwise. The free iodine is the essential factor of this tincture, but the potassium iodide and percentage of alcohol must also be considered. The conditions noted above relative to the variability of the free iodine also holds for potassium iodide. The variation ranges from no potassium iodide to 6.82 grams per 100 cc. Discussion in this connection is also invited.

THE NEED FOR RESTRICTING THE INTERSTATE TRAFFIC IN HABIT FORMING DRUGS.*

M. I. WILBERT.

It is generally recognized that few if any trades or professions are more generally protected, more variously restricted or more thoroughly hampered by laws and regulations than is that portion of the drug business that is usually defined as the practice of pharmacy. On the other hand there are few if any occupations that offer greater possibilities for immunity and profit to the individual who is willing to ignore the letter, or even the spirit of existing laws and regulations than does this same retail branch of the drug business.

To illustrate it is but necessary to call attention to the profitable business frequently done by the drug store saloon keeper in prohibition territory and the comparative immunity that is assured the dope distributing druggist or nostrum peddler who is willing to restrict his business to interstate traffic in these drugs.

Even the intrastate traffic in drugs of this type appears to be safe and profitable because of the usual lack of funds and energy to enforce existing legislation within the State.

Recognizing the existing shortcomings it is not surprising that law abiding physicians and pharmacists generally are desirous of providing efficient means for restricting the sale and use of narcotic or habit forming drugs and are par

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ticularly anxious to refute, in a definite and positive way, the repeatedly made assertion that medicine and pharmacy are at fault in fostering the illegitimate and unnecessary spread of the habitual use of narcotic drugs.

A review of the history of existing legislation amply evidences the fact that physicians and pharmacists have ever evidenced an appreciation of the need for restricting the sale and use of harmful and possibly habit forming drugs and practically all of our present day laws had their origin with one or the other branch of the professions interested in medicine.

As an illustration of what has already been accomplished it may be interesting to note that of the 55 political divisions of the United States, as enumerated in Public Health Bulletin No. 56, no less than 48 have laws designed to restrict the sale and use of cocaine. Twenty-nine of these laws include a reference to alpha and beta eucaine.

Twenty political divisions have laws designed to prohibit or restrict the opening of opium dens and 30 political divisions restrict the sale of opium. Of the latter laws, 7 include all alkaloids of opium, 27 mention morphine, 5 mention codeine, 16 mention heroin and 16 include derivatives of these substances.

It may also be interesting to note that 16 political divisions restrict the sale of hydrated chloral and that in 9 of the divisions unauthorized possession of one or the other of the enumerated drugs is unlawful or evidence of unlawful intent.

With all of these many and varied laws, or possibly because of them, the abuse and habitual use of the alkaloids or derivatives of coca and opium have increased tremendously during the past two decades and varied suggestions have been made in recent years to restrict and regulate the interstate traffic in drugs of this type so as to facilitate or at least permit of the enforcement of local or state laws in accordance with the spirit that prompted their inclusion in the statute books.

Physicians and pharmacists generally have recognized the need for interstate regulation and have endorsed many if not all of the measures that have been proposed from time to time. Without recalling any number of these endorsements two of the more recent may be quoted for illustration of the spirit that prompted them.

"The National Drug Trade Conference in session in Washington, D. C., this fifteenth day of January, 1913, herewith submits by unanimous resolution that this Conference is heartily in favor of Federal Legislation of such a nature as to bring under control the importation and the interstate traffic in so-called habit-forming drugs in such a manner as to prevent their illegitimate use, without placing unnecessary burdens upon the manufacturer, jobber, retailer, physician, or veterinarian."

The following resolution was adopted by the Ninth Annual Conference on Medical Legislation, held in Chicago, February 25, 1913:

"Whereas, several bills intended to regulate interstate commerce in habit forming narcotic drugs have been introduced in Congress;

"Resolved, that the Council on Health and Public Instruction and the members of the Annual Conference on Medical Legislation of the American Medical Association hereby express their approval of all legislative efforts which may be neces-

sary to restrict the employment of habit forming drugs to proper and legitimate uses."

Up to the present time the effectual opposition to the enactment of a law designed to regulate the interstate traffic in narcotic drugs has emanated from wholesale dealers and manufacturers who fear the imposition of irksome and totally unnecessary restrictions in the way of keeping records and the practical difficulties of determining whether or no an order from an unknown or even from a known source is authentic.

Another source of opposition is due to the objections of law abiding physicians and pharmacists who feel that some of the proposed restrictions are in direct conflict with the provisions of local laws and who are not willing knowingly to assume responsibilities that cannot be lived up to.

The former of these two objections has been effectually eliminated by the proposition endorsed by the National Drug Trade Conference at its meeting in the City of Washington on January 15, 1913, to restrict sales at wholesale to orders on an official blank provided by the Commissioner of Internal Revenue. This proposition has been included in H. R. 28,277, and can readily be made to serve all reasonable requirements for keeping records and at the same time place the responsibility for unlawful purchase on the buyer or person who presents the order, rather than putting all of the burden of proof on the seller.

The second, and in many ways the more important of the objections to previously proposed measures can be effectually overcome by making such a law clearly applicable and restricting it to the interstate traffic in habit forming drugs leaving to the States themselves the regulation of sales to physicians, dentists and veterinarians other than those desirous of buying in larger quantities or from dealers outside of their State.

A bill taking cognizance of these evidently reasonable objections could readily be prepared and, if introduced in Congress, would not be objected to by any of the many law abiding physicians, dentists, veterinarians or pharmacists who are willing to confine themselves to the practice of their professions in accordance with the provisions of local laws to which they are subject. A law restricting interstate traffic in habit forming drugs, to sales by licensed dealers to other licensed dealers could be made to provide for a complete record of all purchases and sales, with a minimum of expense and trouble to all concerned while a law that does not effectually provide for the recording of all interstate transfers would fail to give the information necessary to enforce otherwise efficient State and local laws that are now on the Statute books.