

twice. There is no primrose path that leads to success. Primrose paths lead elsewhere; especially is this true of the retail pill game. Success never fluctuates in the market. Fate is a square dealer and sells it to all of us at the same price. Sometimes it leaves us with flighty heads and nervous hands, but when we win there is a sweet satisfaction in knowing that we beat the game. Every man in the game has more brain than he uses, more ability than he shows, and is capable of more effort than he spends. Every successful man must study his business if he is to know it. He may know it to-day, but he must keep his eye on the signals or won't know it to-morrow. Every bit of power, both mental and physical, that the human dynamo will generate and apply is THE PRICE OF SUCCESS.

STATE NARCOTIC LEGISLATION.

(EDITORIAL COMMUNICATION.)

THE enactment of the Harrison Act marks an epoch in the history of narcotic legislation. It furnishes a new and original method of controlling the manufacture, sale and use of narcotic drugs, through the U. S. Treasury Department. It is both a police and revenue measure. It is intrastate as well as interstate in scope, covering both the states and the nation, and to a degree, if not altogether, it eliminates the necessity for state narcotic laws.

The Harrison Act, with its system of registration and recording, is an experiment in narcotic legislation, and the results will be studied with deep interest, both at home and abroad.

Each state has its sovereignty. The Harrison Act cannot abridge or interfere with the operation of the laws of any state respecting the manufacture, sale and use of narcotic drugs unless such laws are in direct conflict with the Federal statutes.

There is a general tendency on the part of the states to amend existing narcotic laws, or enact new ones, along the lines of the Harrison Act, and this attitude raises a very important question:—

Is it desirable *at this time* for the states to legislate, or is it not more desirable, in view of the experimental nature of the Harrison Act, and the possibility that Congress may amend it at the next session, to await the results of the experiment, and then amend or delete?

At the March meeting of the Philadelphia Branch, A. Ph. A., a resolution was offered by Dr. F. E. Stewart, seconded by Professor J. P. Remington, and carried unanimously: "That the Philadelphia Branch of the American Pharmaceutical Association hereby suggests to the Senate and House of Representatives of Pennsylvania that further legislation regarding the possession, sale, distribution and dispensing of habit-forming drugs be held in abeyance until a proper trial shall be given to the recently enacted Harrison Act intended for the control of the same, and that, therefore, further action regarding the bills now before the Senate and House relating to this subject be postponed in accordance with this resolution."

The following letter, addressed to the members of the Senate and House of Representatives of Pennsylvania, has been issued by the Philadelphia Drug Exchange:—

"A number of bills* have been introduced in the Legislature of the State of Pennsylvania modeled after the Harrison Act (H. R. No. 6282) for the regulation of the purchase, sale and possession of opium, coca leaves, their salt, derivatives or preparations, recently enacted by Congress and made effective as of March 1, 1915.

The Philadelphia Drug Exchange is in hearty accord with the purposes of the Harrison Act, but wishes to enter its most earnest protest against the enactment of State legislation along the same line, because it is absolutely unnecessary.

The Harrison Act is the result of years of study by experts of the Federal Government and representatives of Medicine and Pharmacy from all parts of the country, who carefully studied state and local conditions and framed a law that met the requirements of all sections.

From our technical knowledge of the conditions under which drugs are sold, we believe that the Harrison Act will prove to be the most effective law yet devised for minimizing the "dope evil" and that it should be given a fair and reasonable trial to demonstrate its possibilities and limitations before legislation of a similar character is enacted by the State.

Under the Harrison Act, dealers must keep a record of their purchases and sales of the interdicted drugs. Now, if each of the 48 states passes a law similar to the Harrison Act, dealers doing a national business will have to keep 49 sets of records, probably with widely varying requirements. Such a task would be most burdensome and with no compensating advantages to the public.

We trust you may see your way clear to oppose all narcotic legislation at this session of the Legislature."

At present, the existing state narcotic laws do not provide for the registration and recording of the manufacture, sale and use of narcotic drugs, and this omission makes them far less efficient than the Harrison Act.

It is claimed that the Federal law really does not go beyond the means of furnishing evidence to detect violation of the state laws, and that a state board of pharmacy securing evidence for prosecution under a state narcotic act would have access to the records required by the Harrison Act; but, the Commissioner of Internal Revenue has decided "that the board could get (and then only upon the payment of a fee) nothing in the way of a record except a verified copy of the statement of *purchases*, which revenue collectors may require; no records of any sales by wholesalers or manufacturers could be obtained in any manner unless it would be by the impracticable, almost impossible, procedure of getting the revenue collectors of districts to supply verified copies of a record of the purchases of every person registered in their districts—and this would not account for sales to persons outside the state. And when it had these records—if they could have been obtained—what could the board of pharmacy do? Nothing but report any discovered illegality under the Harrison Act to the Federal authorities!"—(N. A. R. D. Journal, 1915, 1159.)

If state narcotic laws are amended or enacted, and do not require the keeping of records, but depend upon the records of the Internal Revenue Department as evidence for prosecution, then the state will face the practical difficulties above mentioned, or if the state requires the keeping of records, also, then the work of the Harrison Act will be duplicated many times, and dealers doing a national business, or even business in a number of states, will have to keep numerous records and make numerous reports to the state authorities, and the result will be confusion worse confounded.

If the state narcotic laws are in conflict with the Federal Act, it should be determined whether such differences are important or unimportant, and then, of

course, if the differences are serious, the state laws should be made to conform with the Federal statute and with each other, *but*,

"Is it really necessary *at this time* to enact state legislation similar to the Harrison Act, in order to ensure proper and sufficient protection of the public?" Would it not be better for the states to wait until the Harrison Act has been tried-out? The Harrison Act is a good law, the best that has yet been devised, but its possibilities and limitations have not been determined, and its administration will doubtless reveal some defects. Why not wait, and then, in the light of experience with the Act, amend or enact state laws, if necessary, especially adapted to state conditions and in co-ordination with the Federal Act?

The arm of the Federal Government is longer than that of any state or municipality and much more efficient. It reaches into the remotest sections of the country, and experience may show that the Federal Act will serve the public—both general and pharmaceutical—much better than 48 state laws; and, that one law will be far less burdensome to pharmaceutical interests than 49 laws, goes without saying.

J. W. ENGLAND.

PROFESSIONAL PHARMACY FROM THE VIEWPOINT OF THE COMMERCIAL LABORATORY.*

F. E. STEWART, PH. G., M. D.

By commercial laboratories I mean the laboratories of the great commercial houses engaged in the pharmacal and pharmaco-chemical industries. What are these laboratories doing for the medical and pharmaceutical professions? They are making most of the chemical, pharmacal and biological preparations used by physicians in treating the sick.

Why are the commercial laboratories making these preparations? Why are not the retail druggists making them? These closely related and mutually dependent questions cannot be answered in five minutes or in an hour.

As a general proposition it may be stated that the concentration of capital and the centralization of business has brought about this change.

No well-informed person will dispute that, from an economic standpoint, the business of manufacturing and dealing in medicinal drugs, chemicals and preparations of the same, can be carried on more successfully on a large scale, than when operated in a small way. This applies to all lines of manufacture and the drug business is no exception. The great department store is an outcome of this economic fact. The great manufacturing plants in all lines, exist because of it. The so-called trusts exemplify the same principle. The retail druggists, as a dealer in ready-made goods, is in competition with the department stores. As stated by the widow of an old-time prominent druggist in Philadelphia, "When I was a girl, no one thought of going anywhere but to a drug store for a sponge or tooth-brush, but now nobody thinks of going to a drug store for either. Everybody goes to the department store for both." While this statement is somewhat exaggerated, it illustrates the tendency of the times.

* Read at the February Meeting of the Philadelphia Branch A. Ph. A.