

A PROTEST AGAINST THE USE OF PROPRIETARY REMEDIES.*

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The profession is being overwhelmed by proprietary remedies. The manufacturers who project them copyright the name by which they are to be known, patent the process by which they are made, and patent the resulting product, so that these remedies must remain a monopoly for all time. Coblenz, in his recent edition of "Newer Remedies," gives a succinct account of about two thousand, all introduced during the last few years, and Lehn and Fink, in "Progress in Pharmacy and Therapeutics," enumerate about five hundred more.

I have recently had three of the leading dispensing druggists of Chicago, Messrs. Gale & Blocki, Dale & Sempill, and D. R. Dyche & Co., examine the last 1000 prescriptions on their files for the purpose of ascertaining how many of them contained these proprietary remedies, with the result that one firm finds about 20 per cent., another 21 per cent., and the third 26 per cent.

The most of these products are made in German color factories, as by-products; they are covered with this triple system of patents, and sold at an enormous profit in this country—I am told three or four times the price charged elsewhere. The therapeutic use of most of them is based on *ex parte* evidence; they are presented to us by expert promoters, with an abundance of literature, in which the effort is made to demonstrate that they are a positive cure for this or for that. The enormous production of these articles, and their extensive consumption, show a deplorable state of therapeutic morals, and the time has come, in my opinion, to protest against them.

These enterprising manufacturers and their accomplished agents, of course, have no use for the Code of Ethics and the traditions of the profession from the time of Hippocrates until to-day.

The Code of Ethics, Section 5, reads as follows:

SECTION 5.—Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or others. For, if such a nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

Notwithstanding the objections of these people and some of the profession, it must be that the great majority of our craft are in full and unreserved sympathy with these declarations of the Code, and therefore unite with me in this protest, and beg a cessation of this wholesale use of these drugs that are so expensive to our clients, and have not been subjected to sufficient clinical observation or pharmacological experimentation as to justify their scientific use.

Even if the remedies may have been determined to be meritorious by exhaustive scientific examinations, so long as the name is copyrighted, the process of manufacture patented, and the resulting product patented, we are perpetually at the mercy of monopolists who may fix the price and vary the composition or purity as fancy may dictate.

I see no objection on the part of a manufacturing chemist patenting a process. This is probably his right, and at best is but a limited affair, but when you add the other attachments you perpetuate it as a monopoly, to the great injury of scientific medicine, and to the detriment of our clients.

In the name of scientific pharmacy and rational therapeutics, I most earnestly protest against the present tendencies. We certainly have in our armamentarium enough well-tried remedies that have been subjected to thoroughly unbiased and carefully conducted physiological tests, and have had the ordeal of scientific clinical application, to enable us to fulfill the mission intrusted to us.

The national formulary has been of much aid to us; instead of prescribing "bromidia," we can at one-third the expense order liquor chloralis et potassii bromidi compositus; instead of "arsenauro," we can prescribe liquor auri et arsenii bromidi, and instead of antikamnia we can order pulvis acetanilidi compositus, and so with numerous other of these proprietary articles.

In conclusion, may I express the hope that this Section of the ASSOCIATION may call its members back to a more conservative prescribing, and issue its protest against the impetuous rushing after new and untried remedies. And, furthermore, that this great ASSOCIATION may use its mighty power to have our patent laws so modified that the present system of triple patenting of products made for the healing of the people may no longer be possible.

DISCUSSION.

DR. N. S. DAVIS, JR., Chicago, said that the lecturer had brought before the Section a subject which was of great interest, but especially so at the present time, because the Pharmacopeia is now in the hands of the revision committee. Two classes of proprietary remedies have been mentioned: 1, those combinations of drugs which are put on the market by their proprietors by skilful advertising, and 2, all those definite chemical products whose mode of manufacture is patented. As medical men, we must necessarily object to the patenting of articles which must be used for the benefit of the sick. At the present time many medicines are furnished to the medical profession which are not mixtures, but definite chemical compounds made by patented chemical processes. They are articles which the pharmacist could not duplicate were he called on to do so. These preparations are extensively used. Many of them have valuable medicinal properties. They will not be discarded by the profession because they have such properties. He would, however, discourage the use of mixtures, pills and tablets which are ready-made. We should adapt our prescription to the needs of the individual case, and this can not be done if we use ready-made mixtures or pills. He therefore agreed with the lecturer in his opposition to such protected pharmaceutical compounds, but, at the same time, he thought that we must continue to use some things which are covered by patent.

DR. J. M. ALLEN, Liberty, Mo., said that the paper of Dr. Brower directed attention very pointedly to one fact, viz., that the use of this class of remedies is becoming very general all over the country. The effects of the use of ready-made pharmaceutical compounds by physicians would be: 1, to lessen their study of materia medica and pharmacy; 2, to lead in the direction of routinism, thereby arresting growth and investigation. He had never used a formula in his life and always advises his students never to use them, but to study carefully materia medica and pharmacy, then formulate their prescriptions as a force to combat the etiologic and pathologic forces of disease. If the physician will do this, he can have his prescriptions filled as accurately and elegantly in almost every little town in the country, as the so-called manufacturer of drugs can do it. He does not believe that it is wise or beneficial to the physician to dispense his own drugs. His time is too valuable. Besides, the pharmacists of the country are now educated gentlemen. He should send his prescription to a druggist as a distinct department in the practice of medicine. The physician should place himself in close communication with a pharmacist so that they will be of mutual

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assistance to each other. He has derived great benefit from this close relation, always finding them ready to render any assistance asked.

DR. A. BERNHEIM, Philadelphia, said that he had no connection with any manufacturing pharmaceutical business. He merely spoke to correct the statement that the cost of many medicines is much greater in this country than in Europe. For instance, antipyrin costs 5 to 6 marks per ounce in Germany, which is more than it sells for in this country. Moreover, these products are not recommended indiscriminately for everything, but they are carefully tested by clinicians, the most celebrated doctors in Germany, and only if they have been found to be very good are they put on the market. Of antipyrin he has frequently given and himself taken thirty grains, but he would not take ten grains of acetanilid. Of the names mentioned by the reader of the paper, antipyrin is also known as phenazon, an abbreviation of phenylidimethyl-pyrazolon, tannoform is only improved tannin preparation. We should not condemn patented articles as a class. The term "patent" comes from the Latin word which means "open," it is not concealed. It is very different with the class of pharmaceuticals of unknown composition where you never know what is in the compound, or what it will do. He personally had never prescribed any compressed tablet or proprietary secret medicine.

DR. A. B. LYONS, Detroit, Mich., agreed with all that he had heard of the paper. In regard to pharmaceutical compounds and patented drugs, he said that there is no unmixed evil in the world, and in attempting to eradicate some evil we should be careful that we do not take away something good with it. This is exemplified in the subject discussed in the paper. We associate the name of patent with things which should not be patented, and could not be. If an article had no novelty it could not be patented. He is heartily in favor of patenting preparations or discoveries by scientific men, if they could be, because the knowledge would thus be given to the world and it would increase the resources of science. He is, on the contrary, opposed to proprietary pharmaceutical compounds. If a man puts together two or three articles well known to the profession, on what ground can he claim the exclusive right to manufacture the combination? "None genuine without Smith's signature" means quackery every time in pharmacy. He was very much pleased with the remarks of Dr. Allen about students and the relation of pharmacists to the medical profession, and the overwhelming of the profession by commercialism. There are two classes of men who are now especially interested in selling medicines; the question is which class will physicians encourage, those who offer only a few remedies which they alone can supply, or those who aim to carry out the personal wishes of the physician in the preparations prescribed and deal in all medicines, and who seek to preserve the pharmaceutical profession.

DR. G. J. LOCHBOEHLER, Washington, D. C., said that we ought not to use prepared remedies, for in a great many cases they are not what they claim to be. Take, for instance, the emulsion of cod-liver oil. Professor Wiley, two years ago, analyzed all the emulsions in the market. Most of these are claimed to contain 50 per cent. of oil. Dr. Wiley found that, of all the samples, only three contained 50 per cent., most of them containing only 15 per cent., some only 3 per cent., and several none at all. There is a firm that puts up a preparation of cod-liver oil whose agent tells you that it contains everything that cod-liver oil should possess except the fat. It is free from the taste of cod-liver oil because it has *no cod-liver oil* in it. The taste of cod-liver oil can not be eliminated. But why use it? Why not use butter, cream and the fats of the daily food? Why not use the well-known remedies of the pharmacopeia instead of prescribing new, and possibly dangerous, compounds? A child went into a drug store and complained of headache; the druggist gave her five grains of antipyrin and she died in ten minutes. The coroner decided that the child died with cerebrospinal meningitis.

DR. TOMPKINS condemned the presumption of faith-curists and the practice of medicine by so-called ministers, who assume to know more about medicine than physicians. He mentioned a case of a young woman dying of consumption, who was taken out of the hands of the doctors by a bishop, but she died just the same.

DR. FRANK WOODBURY, Philadelphia, suggested that the manufacturing pharmacists of the present day are better business men than those of the early part of the century, and that if quinin, morphin and strychnin and similar indispensable drugs had not been discovered until the present time they would undoubtedly be patented, so that we must expect that hereafter all new drugs would be introduced in this shape. The fact that a drug is manufactured according to a pro-

tested process, therefore, should not prevent its use. He would, however, urge that the well-known drugs should not be hastily laid aside in favor of new and expensive substitutes. Too great eagerness for new and comparatively untried drugs inspires mistrust on the part of the patient, and may engender a suspicion that he is being used for experiment. There is no doubt that the taking up of new remedies is often due to ignorance of the value of the old ones.

DR. LYONS said that each particular subject must be studied on its merits and by some competent authority. Reliable evidence is needed as to what each special article will do. It is necessary that some board be constituted which shall exercise a censorship over this whole class of remedies, and this board should have behind it the authority of the AMERICAN MEDICAL ASSOCIATION.

DR. D. R. BROWER said that a very pleasant gentleman came to his office recently and showed him a pharmaceutical compound and told him what it would do. From his office the gentleman evidently visited other physicians in the same building that afternoon. On the next day the speaker entered the drug store in the same building and inquired whether there had been any prescriptions for this compound, and found that six had prescribed it within twenty-four hours after the promoter had visited them, and perhaps there were more prescriptions taken to other drug stores. This is a great evil. The same compound is also sold directly to the public; its uses are printed on the label where the public can see it. So that prescribing such remedies encourages counter prescribing and self-treatment. With regard to antipyrin, it may be cheaper here than in Europe, but he doubted it. He knew that people living in Detroit have gone across to Canada to get their prescriptions for antipyrin filled because it is much cheaper there. These new remedies are being constantly forced upon the profession; there have been some 2500 brought out within recent years. The question is, what shall we do in the matter? It is a very important question for the profession to answer.

CULTIVATION OF THE ESTIVO-AUTUMNAL MALARIAL PARASITE IN THE MOSQUITO —ANOPHELES QUADRIMACULATA.*

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To determine this question my observations were carried on through the past winter and summer, the latter of which has been the warmest for thirty years. Previous to June, 1900, I had not discovered any specimens of anopheles here or in New Jersey, and but one specimen had been sent to me from Texas. In the previous fall I had treated a case of malarial fever in whose blood both crescents and ovoid bodies were found, which undoubtedly originated in Philadelphia,¹ and it was near this locality that my first efforts were made to capture adult anopheles or their larvæ. Periodic trips were made to this section during many weeks without avail, and I brought back only the larvæ of culex, chironomus and various other unknown larvæ.

About three-fourths of a mile distant from the house in which the case of fever had been treated, and near the League Island Navy Yard, on June 19, 1900, I managed to catch a small dark-brown or black and striped mosquito larva which agreed tolerably well with the description of Ross, in that "it lay upon the surface of the water like a stick and when disturbed would move off with a backward skating motion." Howard had subsequently² described the larvæ of anopheles as being "darker" than culex. Placing these larvæ, together with a small amount of algæ or green moss, in a glass jar, I succeeded in raising several to adult insects, which proved to be specimens of both anopheles quadrimaculata and anopheles punctipennis. Both of these species had therefore been caught in the same narrow and slowly flowing stream of fresh water which drained a marshy district formed by a railroad embankment.

* A paper read and specimen presented—by invitation—before the College of Physicians of Philadelphia, Dec. 5, 1900.