

upon the name of Dr. J. P. Martin, formerly of Nevada and he was elected a member of our society.

Dr. E. N. Ewer read a paper on "Obstetric Economics" in which he brought out as one of the main points the necessity of frequent and complete examinations of the prospective mother and the advisability of radiographs of the teeth to ascertain whether foci existed that might produce serious complications. Dr. Ewer emphasized the point that a successful obstetrician should be an experienced surgeon. Interesting and profitable discussion was led by Dr. C. R. Harry.

At the conclusion of the paper Dr. R. T. McGurk, who had acted as secretary while Dr. Dewey R. Powell was in government service, tendered his resignation and Dr. Powell was appointed secretary for the remainder of the year.

The regular monthly meeting of the San Joaquin County Medical Society was held at the Chamber of Commerce quarters, Friday evening, June 27, 1919. Those present were:

Drs. E. A. Arthur, J. T. Davison, C. R. Harry, C. D. Holliger, L. Dozier, H. Q. Willis, C. F. English, R. T. McGurk, B. J. Powell, J. P. Martin, Grace McCoskey, Mary Taylor, N. E. Williamson, B. F. Walker, D. R. Powell, W. F. Priestly and F. S. Marnell.

The report of Committee on Admission was read, in which they recommended that Drs. F. S. Marnell of the State Hospital staff and L. E. Tretheway of the County Hospital be admitted to membership. It was unanimously adopted by the Society. The above doctors were declared duly elected members.

The business of the evening was a discussion of a proposed increase in fees and a committee was appointed to recommend a general revision of the fee schedule of the Society, at present in effect. It was also moved and carried unanimously that the following minimum fee schedule be adopted, beginning July 1, 1919: Office visits, \$2.50; house calls, day, \$3.00; night visit, \$5.00; confinement cases, \$50.00.

The scientific discussion was to have been devoted to the men more recently returned from service but owing to various circumstances the only one present was the secretary, Dr. Dewey R. Powell, who spoke briefly of his experiences at the Letterman Hospital.

## Notice

A copy of the Constitution and By-Laws of the Medical Society of the State of California, together with the Medical Defense Rules, has been mailed to each member of the Society. The State Society office will appreciate hearing from any member who fails to receive his copy. The State Secretary should be promptly notified of any change of address, and all communications should be addressed to Dr. Saxton Pope, Secretary, 930 Butler Building, San Francisco.

## State Board of Medical Examiners

### NEW MEMBERS.

Dr. C. J. Gaddis, D. O., Secretary and Treasurer of the State Society of Osteopaths, vice Dr. Ernest Sisson, resigned; both of Oakland.

Dr. C. J. Gaddis was a student at Amity College, Iowa, and Orleans College in Nebraska. He graduated from the State Normal School at San Jose, serving afterwards as principal of a high school. He subsequently graduated from the American School of Osteopathy at Kirksville, Mo. Dr. Gaddis is past president of the State Osteopathic Association, trustee of the National Osteo-

pathic Association, and Secretary-Treasurer of the State Society of Osteopaths.

Dr. A. J. Scott, Sr., Auditorium Building, Los Angeles, appointed vice Dr. Harry V. Brown, Los Angeles, term expired.

Dr. A. J. Scott, Sr., graduated from the University of Michigan in 1882 and spent the following ten years as surgeon for different lumber companies in Northern Michigan, going from there to Milwaukee, Wisconsin, where he remained until coming to California in 1902. Having passed the State Board in 1904, Dr. Scott took up the practice of medicine in Los Angeles where he has resided since that time. Besides giving attention to his professional work he has identified himself with the municipal and political affairs of his section, having been a director in the Chamber of Commerce, president of the Los Angeles County Republican organization and one of the directors of the California Liberty Fair Association.

## Department of Pharmacy and Chemistry

Edited by FELIX LENGFELD, Ph. D.

Help the propaganda for reform by prescribing official preparations. The committees of the U. S. P. and N. F. are chosen from the very best therapists, pharmacologists, pharmacognosists and pharmacists. The formulae are carefully worked out and the products tested in scientifically equipped laboratories under the very best conditions. Is it not plausible to assume that these preparations are, at least, as good as those evolved with far inferior facilities by the mercenary nostrum maker who claims all the law will allow?

The following ruling bearing upon the Federal narcotic law relating to the quantity of narcotic drugs that may be dispensed or prescribed by physicians, dentists and veterinary surgeons has been received by Collector of Internal Revenue Justus S. Wardell from the department, and he cautions all persons registered under the act of December 17, 1914, to closely observe and follow the same.

The ruling contained in T. D. 2200 of May 11, 1915, permitting a practitioner to dispense or prescribe narcotic drugs in a quantity more than is necessary to meet the immediate needs of a patient is hereby revoked and the revocation shall be applicable in all cases whether a decreasing dosage is indicated or not.

The act of December 17, 1914, as amended by the act of February 24, 1919, permits the furnishing of narcotic drugs by means of prescriptions issued by a practitioner for legitimate medical uses, but the Supreme Court has held that an order for morphine issued to an habitual user thereof, not in the course of professional treatment in an attempted cure of the habit, but for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act. U. S. vs. Doremus, No. 367, October term, 1918, T. D. 2809.

In view of this decision, the writer of such an order, the druggist who fills it and a person obtaining drugs thereunder, will all be regarded as guilty of violating the law.

The Government Printing Press has just issued the report of the special Committee on the Traffic in Narcotic Drugs. This committee was appointed by the Secretary of the Treasury in March, 1918, and consisted of Henry T. Rainey—Member of Congress; Professor Reid Hunt, B. C. Keith, Deputy Commissioner of Internal Revenue; A. G. DuMez, U. S. Public Health Service, and Dr. B. R. Rhees, Clerk.

All official sources of information were placed at the disposal of the committee and, in addition, questionnaires were sent to all registered physicians and druggists as well as to all police chiefs,

health officers, heads of penal and corrective institutions, charity institutions and private hospitals and sanitariums throughout the United States. Unfortunately, most of those addressed failed to answer and so the statistics are incomplete. It was deemed advisable to consider the answers as representative and to calculate statistics for the whole on the basis of the answers received.

Thirty and two-thirds per cent. of the physicians answered and these reported 73,150 addicts, from which it is assumed that there are 237,655 addicts in the country under treatment. This is probably a fair approximation; in some cases the information was so vague that reliance could be placed on only 4 to 6 per cent. of the total mailed. Such data are suggestive but of little statistical value. It is interesting to note that only 30 2/3 per cent. of the physicians answered whereas 52 per cent. of the druggists (100 per cent. in California) and 60 per cent. of the police chiefs answered. This would seem to indicate that druggists and police chiefs appreciate the gravity of this problem to a greater extent than physicians.

The importance of the subject is shown by that fact that there are now registered under the Harrison Act more than 125,000 physicians, 48,000 druggists, 42,000 dentists and 10,000 veterinarians, and that the officially reported consumption of opium is about 500,000 pounds annually and of cocoa-leaves about a million pounds. About as much more is illicitly imported. The official reported importation of medicinal opium into this country as reported by decades has steadily increased since 1860 but this is not true of the per capita consumption which increased from about 26 grains in 1860-69; 56 grains in 1890-99 and decreased to 35 grains in 1910-15. Even this is 13 to 72 times as much as other countries whose statistics are available. During the same period the per capita consumption of smoking opium increased from 2 grains 1860-69 to 13 grains in 1900-09. Its importation is now absolutely forbidden. It is estimated that there are in the United States about 1,000,000 addicts of whom less than 25 per cent. are under a physician's care. The police chiefs of the larger cities generally report that the number of addicts is increasing while those of the smaller cities report a decrease. Various reasons are given, some considering prohibition responsible for an increase, others for a decrease. Both San Francisco and Portland report increase. The general opinion seems to be that prohibition will make many seek a substitute stimulant and that an increase of addicts may be looked for. Morphine seems the favorite among the addicts, then follow cocaine and heroin. The latter seems to lead to crimes of violence and in that respect is particularly dangerous; cocaine seems to cause a less fundamental, if more intense, change in its addicts, physically and mentally, than does morphine and therefore, its habitues may be cured and become normal more quickly. The reports of the private institutions seem to show but a small percentage of cocaine fiends who want to be cured. Fiends are equally divided between the two sexes and scattered among all trades and professions. Their age runs from 12 to 75 years. They are usually American born or, if foreign, acquired the habit in this country. This does not apply to Orientals. They occupy all kinds of social position, though of course, the underworld has more than its due proportion. They are usually, though not always, of low mentality or suffering from some nervous disorder. Most of them ascribe the habit to drugs administered by a physician either personally or prescribed, or to association with addicts. Most of the addicts get the narcotic from the illicit drug peddlers who are said to have a national association 1800 strong. The drugs are smuggled from Mexico and Canada (and probably from Japan and China although the report is

silent on this). Cocaine and morphine are even sent across the border and then smuggled back into the country. It takes about thirty days to acquire a narcotic habit though some acquire it in 10 days. Heroin seems particularly dangerous, combining the intensity of cocaine and persistence of morphine. Its devotees are peculiarly prone to acts of violence.

The conclusion and recommendations of the Committee are as follows: "From the data obtained the Committee is convinced that there is a nation-wide use of narcotic drugs for other than legitimate medical needs, and that such use for the satisfaction of addiction has materially increased in certain sections of the country despite the vigorous efforts exerted in the past four years in the enforcement of the Federal antinarcotic law, and in the enforcement of the laws of the States and municipalities which have enacted such for the control of habit-forming drugs. Furthermore, it is apparent from the replies to questionnaires sent out that there has been no definite or concerted action on the part of the majority of the States and municipal governments to suppress the illicit traffic and use of habit-forming drugs and that there has been but little, if any attempt made to secure accurate information concerning the problem of drug addiction as a basis for the enactment of proper legislation and regulation. The replies to the questionnaires sent out to State, county and municipal officials show that a great majority of these officials kept no records and therefore have no information upon the subject. This condition is believed to be due principally to a lack of knowledge of the seriousness of the situation. In many cases it is no doubt partly due to the more or less general acceptance of the old theory that drug addiction is a vice, or depraved state, and not a disease, as held by modern investigators. This attitude has had the effect of holding these unfortunate creatures up to public scorn, and thereby lessening any interest in their welfare. Records having a bearing on any and all phases of drug addiction are of sufficient importance to warrant immediate action for the purpose of remedying these conditions.

Inasmuch as the Harrison antinarcotic law has recently been amended by Congress in accordance with the suggestions made by the Committee in its preliminary report, it is believed that the present Federal Statute confers the necessary power for the effective control of the manufacture, sale, distribution and administration of narcotic drugs, and it is the opinion of the Committee that no further national legislation is necessary for this purpose at this time. It is, however, the opinion of the Committee that there yet remain several phases of the narcotic problem which merit the consideration of the Congress.

One of the more important of these is the question of the responsibility for the care and treatment of addicts who, by reason of the amended statute will find it difficult, if not impossible, to obtain the supplies of drugs necessary to maintain their normal condition due to habituation. The enactment of legislation on the part of the National Government covering this phase of the problem, likewise the passage of similar measures by the States and municipalities, is deemed urgently necessary.

There also remains the international aspect of the opium traffic which should receive immediate consideration. If this and the other countries represented at the international opium convention are to effectually control the traffic in opium and other habit-forming drugs, some concerted action is necessary. It is, therefore, recommended that this country, through the State Department, take up this matter with the other powers which were signatory to the international agreement entered into at The Hague in 1912 with a view to persuading such Governments to enact the necessary legislation to carry out the terms of The Hague

protocol. Otherwise, the task of this country of suppressing the illicit traffic in habit-forming drugs will be rendered much more difficult.

Pending the ratification of The Hague opium convention by the various powers and the enactment of necessary legislation to carry out the terms thereof, it is urgently recommended that the United States Government take up with the Government of the Dominion of Canada and Mexico the subject of more effective control of the manufacture and exportation of narcotic drugs therefrom for the purpose of securing their co-operation with this Government in the suppression of the smuggling of such drugs from one country into the other, which now affords the principal source of supply for the illicit traffic in these drugs.

It is also recommended that educational campaigns be instituted in all parts of the United States for the purpose of informing the people of this country, including the medical profession, of the seriousness of drug addiction and its extent in the United States, and thereby secure their aid and co-operation in its suppression.

It is also recommended that both public and private medical organizations which have research facilities be requested to undertake studies to determine the nature of drug addiction with the view of improving the present forms of treatment or evolving some new and more efficient method of handling these patients. The latter statement is made in view of the fact that at the present time there are numerous forms of treatment for drug addiction, none of which appear to have been given a thorough trial by the medical profession, as a whole, or to have received the unqualified support of those members of the profession who have had no financial interest in the matter.

It is the opinion of the Committee, based on the results of its investigations, that the medical need for heroin, a derivative of morphine, is negligible compared with the evil effects of the use of this alkaloid, and that it can easily be replaced by one of the other alkaloids of opium with the same therapeutic results, and with less danger of creating habituation. Therefore, consideration should be given the subject of absolutely prohibiting the manufacture, sale, distribution or administration of this most dangerous drug by the States and municipalities.

## MEDICAL USES OF WINES AND SPIRITS.

### TREASURY DEPARTMENT

Office of Commissioner of Internal Revenue  
Washington, D. C.

June 30, 1919.

Physicians may prescribe wines and liquors, for internal use, or alcohol for external uses, but in every such case each prescription shall be in duplicate, and both copies be signed in the physician's handwriting. The quantity prescribed for a single patient at a given time shall not exceed one quart. In no case shall a physician prescribe alcoholic liquors unless the patient is under his constant personal supervision.

All prescriptions shall indicate clearly the name and address of the patient, including street and apartment number, if any, the date when written, the condition or illness for which prescribed, and the name of the pharmacist to whom the prescription is to be presented for filling.

The physician shall keep a record in which a separate page or pages shall be allotted each patient for whom alcoholic liquors are prescribed, and shall enter therein, under the patient's name and address, the date of each prescription, amount and kind of liquors dispensed by each prescription, and the name of the pharmacist filling the same.

Any licensed pharmacist or druggist may fill such

prescriptions if his name appears on the prescription in the physician's handwriting.

Druggists filling these prescriptions shall preserve in a separate, carefully guarded file, one copy of every prescription filled, and once a month shall transmit to the Collector of Internal Revenue a list showing the names of the physicians, the names of the patients, and the total quantity dispensed to each patient during the month. These lists shall be subject to immediate examination and frequent review in the collectors' offices, and wherever there is indicated either (1), that a physician is prescribing more than normal quantities, or (2), that any patient, through the services of one or more than one physician, is procuring more than a normal quantity, the collector shall report the facts to the Commissioner and the United States Attorney.

Pharmacists should refuse to fill prescriptions if they have any reason to believe that physicians are dispensing for other than strictly legitimate medicinal uses, or that a patient is securing, through one or more physicians, quantities in excess of the amount required for legitimate uses.

The following questions were submitted to the Commissioner of Internal Revenue and are given with the answers received from that official:

(1) May a physician have his secretary or some other person write a narcotic prescription and then sign it himself or must the whole prescription be written by him?

A prescription may be prepared by a secretary or agent for the signature of a physician, but the physician will be held responsible and liable to the penalties imposed in case the prescription does not conform in all essential respects to the law and regulations.

(2) In case the physician neglects to put in the name and address of the patient, or the date, may this be filled in afterwards by the patient or by some one authorized to do so by the physician?

The law does not, in the opinion of this office, contemplate the making of changes in a prescription by a person other than the physician after signature by the physician. This office can not consent to such practice. If any person is authorized by a physician to alter or add to a prescription after it has been signed, such person will be regarded as the agent of the physician and the physician will be held responsible for any unauthorized changes which may be made and any violation of the law which may occur.

(3) In case the physician desires to continue the same medicine may he request the druggist to send him a copy of his previous prescription and then sign it or must he write it himself?

This office can not consent to the furnishing by a druggist of a copy of a prescription for the physician's signature. There is no objection to a druggist furnishing a copy of a prescription to the physician who issued same, provided it does not conflict with any State laws, from which the physician may prepare an entire new and original prescription. The druggist who furnishes the copy of a narcotic prescription should write across the face thereof "Copy—not to be filled," for if it were found subsequent to the issuance of a copied prescription that it had been filled the druggist might be subjected to the charge of forgery of a record required by internal revenue laws.

(4) Furthermore, may the druggist filling such a prescription use a label containing the original number of the prescription only or must the label bear a new prescription number? (Even if it does bear the old number?)

Under the amended law each container of drugs put up by the dealer upon a prescription must bear the name and registry number of the druggist, serial number of prescription, name and address of the patient, and the name, address and registry