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AMBRUSCHEM, NEW YORK

HOWARD W. AMBRUSTER
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NEW YORK CITY

Prohibition

September 4
1 9 2 9

Miss Ida M. Tarbell
120 E. 19th St.
New York City

Dear Miss Tarbell:

Thank you heartily for your sympathetic letter of the 31st and I certainly agree that your time may well be mortgaged for your maximum expectation of life judging by past performance.

Anent the prohibition angle I enclose a letter recently written to a number of editors which brings out one direct and one indirect relationship of this adulterated drug situation to the Volstead Act.

Hidden beneath the surface, beneath the present strength of my arm to drag it out, is still another and very vital connection between those who offend on this rotten drug issue and the Volstead Act. Some day that angle will also come into public view.

Meanwhile may I ask as a favor that you read my suppressed address on "Criminal Drug Adulteration" attached herewith and then if you will suggest to me the proper ones among the organized women of this country who could have the facilities and the inclination to help get this subject discussed among the womens clubs.

I have made several attempts to introduce it beyond the portals of organized femininity but without success thus far. Apparently the stool pigeons of crooked commercialized pharmacy and medicine are so adroitly located that such queries are usually met with a smoke screen of half truths and falsehood that distract the inquirer.

If I could learn the identity of a half dozen important women leaders who would make their own investigation to check my statements I am confident that their indignation would be such that some pussyfooting managing editors I know here in N. Y. City would tell their advertizing managers to go to and wade into this scandal with both feet.

Again thanking you and hoping you can make this contribution to a worthy cause believe me

Sincerely yours

H. W. Ambruster

H. W. AMBRUSTER

HWA/BC

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"Criminal Drug Adulteration"

H. W. AMBRUSTER

(See program of Rapid City Convention of Am. Pharm. Assoc. as published in Jo. of Am. Pharm. Assoc., August, 1929, page 842.)

The attached address on Criminal Drug Adulteration was to be delivered at the 77th Annual Convention of the American Pharmaceutical Association at Rapid City, South Dakota, August 26-31, 1929.

The abstract of this address was accepted on August 2, 1929, by Dr. J. C. Munch, an employee of Sharp & Dohme of Baltimore, Md., who is also chairman of the Scientific Section of the American Pharmaceutical Association. Dr. Munch until recently was an employee of the Food Drug & Insecticide Administration of the U. S. Department of Agriculture.

On August 6, Homer Smith, President of Sharp & Dohme, attempted to compel E. R. Kelly, Secretary of the American Pharmaceutical Association, to refuse to permit Ambruster to make any address whatsoever before the Convention at Rapid City.

Dr. Kelly replied that as Ambruster was a member in good standing and was on the program to deliver a paper he could not refuse him the right to do so.

On August 10, 1929, Mr. Kelly advised Ambruster that the title of the address, "Criminal Drug Adulteration," was on the program and furnished printer's proof of the program showing it listed for the session of August 29.

On August 10, Mr. Munch notified Ambruster that complete copy of the address must be submitted to him not later than August 13.

On August 13, Mr. Munch, having received copy of the attached address, wrote Ambruster that he, Munch, refused to permit it to be delivered.

The other officers of the Scientific Section of the American Pharmaceutical Association besides Mr. Munch are:

First Vice-Chairman, H. A. Langenhan, Seattle, Washington.

Second Vice-Chairman, W. G. Crockett, Medical College of Virginia, Dept. of Pharmacy, Richmond, Va.

Secretary, L. W. Rowe, Care Parke, Davis & Co., Detroit, Mich.

Delegate to House of Delegates, Paul S. Pittenger, of Sharp & Dohme, Baltimore, Md.

This address therefore is printed for distribution to everyone interested in the manufacture, dispensing, prescribing, consumption, and financing of drugs and medicinals in this country and abroad.

(Signed) H. W. AMBRUSTER,
261 Broadway,
N. Y. City.

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Address by

H. W. AMBRUSTER

of New York City

To be delivered before the 77th annual convention of the American Pharmaceutical Association on the subject:

"Criminal Drug Adulteration as Proscribed by the Constitutions of the American Pharmaceutical Association and the American Medical Association and its Relationship to Members thereof."

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I take my text on the above subject from the words of a judge in a recent decision in the courts: "Commercial crimes are matters of great moment, and they must be discouraged. The Court is of the opinion that while a hold-up man is a dangerous man in the community, at least sometimes there is a fighting chance. There is no chance in dealing with a cunning, shrewd individual who manufactures articles that go internally into individuals and which may mean sometimes death, and surely distress. For that reason the Court will sentence the defendant to the (New York County) Penitentiary there to be dealt with according to law."

Turning now to the constitution of the American Pharmaceutical Association I find in Article 1 the aim of your association is stated as follows:

1. To improve and regulate the drug market by preventing the importation of inferior, adulterated, or deteriorated drugs and by detecting and exposing home adulterations.
2. To encourage such proper relations among Pharmacists, Druggists, Physicians and the people at large, as may promote the public welfare, and tend to mutual strength and advantage.
3. To improve the science and art of Pharmacy by diffusing scientific knowledge among Pharmacists and Druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention, encouraging home production and manufacture in the several departments of the drug business.
4. To regulate the system of apprenticeship and employment, so as to prevent, as far as practicable, the evils flowing from deficient training in the responsible duties of preparing, dispensing, and selling medicines.
5. To suppress empiricism, and to restrict the dispensing and sale of medicines to regularly educated Pharmacists and Druggists.
6. To uphold standards of authority in the Education, Theory and Practice of Pharmacy.
7. To create and maintain a standard of professional honesty equal to the amount of our professional knowledge with a view to the highest good and greatest protection to the public.

Turning from ourselves to our medical colleagues, the results of whose skill and knowledge is necessarily dependent upon the honor of the pharmacist, I find in the Constitution of the American Medical Association the following:

PRINCIPLES OF MEDICAL ETHICS

Chapter 1. The Duties of Physicians to their Patients.

The Physician's Responsibility

Section 1. A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

Chapter 3. The Duties of the Profession to the Public.

Physicians as Citizens

Section 1. Physicians, as good citizens and because their professional training specially qualifies them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

Public Health

Section 2. Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; and concerning measures for prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering people, without regard to the risk to his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.

Public Warned

Section 3. Physicians should warn the public against the devices practiced and the false pretensions made by charlatans which may cause injury to health and loss of life.

Pharmacists

Section 4. By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.

Conclusion:

"While the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under

many duties and obligations besides these herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public and fellow practitioners should be characterized by a gentlemanly deportment and that he constantly should behave toward others as he desires them to deal with him. Finally, these principles are primarily for the good of the public and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community."

Now let us consider the following:

Newark Evening News, October 18, 1928.

"Something very little short of an indictment of American medicine is implicit in the report made to the American Public Health Association at Chicago by a committee headed by Dr. Julius Levy of this city. This country makes the poorest showing, barring only Chile, Dr. Levy reports, in maternity deaths . . . . The proud record of American medicine in conquering general disease and specific epidemic infections, however, throws into bold and unpleasant relief this singular lack of advance among us in safeguarding life in the most appealing of human experiences . . . . Why . . . has the United States stood still, despite its rapidly advancing multiplication of hospital facilities, its elimination of questionable medical schools and its better dissemination of health information among the people, in making reproduction of the species safe for those who bear the burden thereof?"

In case that conclusion should be considered unreliable I quote from the 1928 report of the Committee on Maternal Welfare of the American Association of Obstetricians, Gynecologists and Abdominal Surgeons:

"If the risk rate in internal medicine, pediatrics and surgery can be so remarkably reduced, it should be possible to lower our death rate in obstetrics. Have we done this? Those in position to give the answer to this question steadily produce figures to demonstrate that we have not up to this time succeeded."

And the Michigan State Board of Health Commissioners report in 1929 says:

"Studies in the Bureau of Child Hygiene indicated that the deaths of mothers during childbirth were more frequent than should be the case."

To come now to specific statements I quote the following from one of the leading Obstetricians of the country:

"I have been receiving from time to time your communications relative to the adulteration of Ergot and jeopardy in which it places woman from postpartum hemorrhage. For a long time we have discarded Ergot from our maternity work because of the apparent unreliability of the preparations furnished by the Trade."

And another writes me:

"After having four or five abscesses, following injections of Ergot, in my obstetrical cases, I have stopped using it for over a year. Pituitrin has taken its place completely, in two of the hospitals with which I am associated."

Finally a Veterinarian writes me:

"I have felt for a long time that a whole lot of the Ergot on the market was impotent, as when I first started to practice I used the drug a great deal, but finally discarded it from my medicine case, simply because I was never able to obtain uniform results."

He won't even use ergot any more on animals. He is a state official in a state where animals are an important part of the wealth of the population.

Now what may be the cause of all this? Let us start by listening to Dr. E. A. Taylor of the Federal Food Drug and Insecticide Administration, who says:

"Some crude ergot is not up to standard potency." "Last year we let come into the country a relative small percentage of such substandard crude ergot."

"A few shipments (since Sept., 1927) which did not come up to standard we allowed to enter."

"Such permission (to recondition crude drugs) is sanctioned only by the regulations. *It is not a part of the Act.*"

"This departure from the letter of the law was designed to prevent *unnecessary business losses.*"

If you think that Dr. Taylor is in error I may say that statements supporting his own are available from Mr. W. G. Campbell, Chief of the Federal F. D. & I. Administration, from Dr. P. B. Dunbar, his chief assistant, and from W. R. M. Wharton, chief of the Eastern District of the F. D. & I. Administration.

Let us also hear from Dr. E. Fullerton Cook, Chairman of the Revision Committee of the U. S. Pharmacopoeia, who tells me that substandard ergot has been used for years by manufacturers who are "most reliable." And Dr. Nitardy of E. R. Squibb and Son indicates to me his approval of Dr. Cook's statement.

But we can have a more authoritative statement, as follows:

"Dr. John F. Anderson, Scientific Director of E. R. Squibb & Son, makes the statement, according to the sworn testimony of the editor of Time magazine, that pharmaceutical houses in this country are using filthy Polish ergot from which an extract can be made that satisfies the government."

I have with me the stenographic court record containing the above if anyone would care to inspect it.

Let us now turn to evidence of another kind and we find that:

The Council of Pharmacy of the American Medical Association has officially condemned as putrid and impotent the following ergot preparations:

Ergotole, made by Sharp and Dohme, of Baltimore, Md.

Ergotin-Merck, distributed by Merck & Co., of Rahway, N. J.

Liquor Ergot-Mulford, made by H. K. Mulford & Co., of Philadelphia, Pa.

Secacornin, made by Hoffman Laroche & Co., of New York City.

and

Extract of Ergot Purified, for which the maker's name is not stated in the "New and Non-Official Remedies" list but which is variously described therein under the names Ergotin Bonjean, Extractum Secalis Cornuti and Extractum Ergoti.

Now I would like anyone present to attempt to justify the conditions thus indicated, if anyone will.

Turning from ergot to digitalis I quote from a letter from a western medical man:

"It has come to this—that the profession is permitting the proprietary drugs to supplant our

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materia medica and therapeutics. A year ago a prominent M.D. prescribed digitalis for my wife in high blood pressure. It nearly cost her her life. It is more than possible that the drug was not as pure as claimed by the manufacturers."

And then listen to this testimony from a life insurance company:

New York Times, March 28, 1929.

"Cardiac diseases were responsible for the disbursement of nearly $17,000,000, or more than one-seventh of the total $117,000,000 paid out in death claims by the Metropolitan Life Insurance Company last year. For the past eight years, death claims as a result of heart disease have been increasing, with the result that while heart conditions at the beginning of the present decade caused 11.8 percent of the deaths and 11 percent of the claim disbursements, they were responsible in 1928 for 16.6 percent of the deaths and for 14.8 percent of the total sum disbursed."

Now turn to ether and I quote the following official notices of judgment under the Federal Food and Drugs Act:

14318—The Upjohn Co., San Francisco, Cal. Consent decree of condemnation and forfeiture. Product released under bond to be conditioned in part.

14540—E. R. Squibb & Sons, New York City. Decree of condemnation and forfeiture. Product released under bond to be relabeled.

14842—E. R. Squibb & Sons, Brooklyn, N. Y. Decree of condemnation and forfeiture. Product released under bond to be conditioned in part.

I have been trying for several months to find out from Mr. Campbell exactly what became of this ether after it was conditioned, where it was sold and used. Mr. Campbell won't tell me. It is none of my business.

Let us look briefly at another section of the picture —*serums.* I quote:

New York Times, March 15, 1929.

"Results of a test of various serums for treatment of spinal meningitis, conducted at the Post Graduate Hospital, were reported last night at a meeting . . . of the Academy of Medicine . . . The findings . . . disclosed that the serums prepared at the State Laboratory at Albany under direction of Dr. Augustus Wadsworth had been curative in 85 percent of the cases, whereas five other serums, including some obtained from commercial houses, had failed to prevent the death of ten patients who have been treated."

The examples which I have recited are a few, a very few, of those which are available. And I would call attention to the fact that in them I have in all cases quoted the statements of others for which ample proof of authenticity is available.

If I were under oath at this time I could add with propriety many other verbal statements made to me by hospital authorities, medical men, pharmaceutical manufacturers and officials. At an early date I hope to have this opportunity, in court, and at that time those referred to will have their opportunity to deny them, if they will, under oath.

Meanwhile I cannot but feel that full public discussion of the situation is what is badly needed and I find that many agree with me but are holding back for someone else to start the action.

A state Health Commissioner in defending any medical man who in good faith gives a patient a worthless drug sums it up succinctly in these words:

I would say that a manufacturer who knowingly distributes worthless drugs to the physician, advertising it as meeting the standards of the "United States Pharmacopoeia," or the Board of Pharmacy of the American Medical Association, are the ones who are guilty and should be prosecuted; or the parties who allow such worthless drugs to be used by pharmaceutical houses should be prosecuted.

Now having established my footing in the above I ask those assembled in this convention to consider and to face the facts, most of which are within their own personal knowledge, as follows:

A Drug adulteration is rampant in the pharmaceutical industry in this country today. Does anyone deny this?

B Official Washington boasts that it grants privileges not lawful in the enforcement of the Food and Drugs Act and of the Pharmacopoeia (Your Pharmacopoeia) "in order to prevent unnecessary business losses." Does anyone deny this?

C State officials in conference to consider better enforcement of State laws are advised by these same Federal officials to throw in their waste baskets communications warning them of specific instances of drug adulteration. Do you want to see the proof?

D Mention of any of these subjects is vigorously suppressed in the lay, medical and pharmaceutical press of the country by the direct influence of the patent medicine and pharmaceutical advertisers in these journals. Shall I name the editors and publishers who have told me so?

E Reputable men in medicine and in Pharmacy—men holding high office in professional and scientific organizations—are coerced, bribed or otherwise induced to hold their tongues when they indicate any inclination to protest against these things. Do you want proof of the above?

I can and will produce ample proof to support the truth of all of the above statements and I defy anyone to attempt to refute them.

I ask you now, gentlemen, where is this condition leading the rank and file of pharmacy and medicine; into what quagmire of public distrust of your ethics and of your scientific attainments is it plunging you?

I assert that unless you are blind you realize, you must realize, that distrust of ethical pharmacy and medicine will turn the public to patent medicine pharmacy and advertised, bottled, medical advice.

And the same influence which dominates the stage now and which has brought about this condition of affairs, an influence which most of you hate, and fear to hate openly, is the same very tangible patent medicine crowd which will reap the golden ill-gotten profit when the public does turn finally from any further trust in ethical pharmacy and medicine.

What are you going to do about it and what are your medical brethren going to do about it?

I have been accused of attacking the integrity of the pharmaceutical profession and of the medical profession. I denounce these accusations as utterly without foundation. I have the highest respect for ethical pharmaceutical men and for ethical medical men. I have never attacked the integrity of either profession. I have attacked and shall continue to attack the commercial and official dishonesty which attempts to shield itself by misusing the words "Medical Ethics."

I submit that it is these drug adulterators who are really attacking the integrity of the pharmaceutical and medical professions.

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