

PROCEEDINGS OF THE LOCAL BRANCHES

"All papers presented to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council."

—Part of Chapter VI, Article VI of the By-Laws.

ARTICLE III of Chapter VII reads: "The objects and aims of local branches of this Association shall be the same as set forth in ARTICLE I of the Constitution of this body, and the acts of local branches shall in no way commit or bind this Association, and can only serve as recommendations to it. And no local branch shall enact any article of Constitution or By-Law to conflict with the Constitution or By-Laws of this Association."

ARTICLE IV of Chapter VII reads: "Each local branch having not less than 50 dues-paid members of the Association, holding not less than six meetings annually with an attendance of not less than 9 members at each meeting, and the proceedings of which shall have been submitted to the JOURNAL for publication, may elect one representative to the House of Delegates."

Reports of the meeting of the Local Branches shall be mailed to the Editor on the day following the meeting, if possible. Minutes should be typewritten with wide spaces between the lines. Care should be taken to give proper names correctly and manuscript should be signed by the reporter.

CHICAGO.

The 205th meeting of the Chicago Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held on Tuesday evening, April 19, 1932, at the University of Illinois School of Pharmacy.

The meeting was called to order by President R. E. Terry.

A resolution was adopted to extend an invitation to the AMERICAN PHARMACEUTICAL ASSOCIATION and allied organizations to hold their annual meeting in Chicago during the World's Fair.

The speaker of the evening was Dr. Martin E. Hanke of the University of Chicago, Department of Physiological Chemistry and Pharmacology. His subject was "The Regulation of Neutrality in the Animal Organism." He opened his discussion by explaining that there had been considerable development in this field of investigation during the last ten years.

He stated that the hydrogen-ion concentration of human blood was normally 7.4 and that it shows variations of 0.2 of a p_H in either direction. In severe cases of acidosis the lowest p_H where an animal can live is 7.0 and the highest alkalinity ranges to about 7.8.

There is scarcely a detectable difference between arterial and venous blood. There is a constant loss of CO_2 in the lungs but there is a control mechanism to care for this loss.

Blood is neutral but has in it carbonic acid, sodium, acid phosphate and proteins, which ionize as acids. Present simultaneously are sodium carbonate, sodium phosphate and sodium salts of the proteins. These salts repress the ionization of the acids. All of these

salts act as buffers. The acids react with the salts and the bases react with the acids. The result is a very slight change in the p_H of the blood.

Practically all enzymes have a p_H in which they act best, so the subject of hydrogen-ion concentration is very fundamental to living organisms.

There is a very delicate p_H in which the blood can carry carbon dioxide.

There are three points of view with regard to the neutrality regulation in the human systems. They are:

- (1) The sources of acids and bases that enter as food.
- (2) The excretory mechanism for getting rid of excess acid and base.
- (3) The buffer mechanisms to control the p_H during the time the acids and bases are being taken in and eliminated.

The carbon dioxide comes from the breaking down of the food, and the respiratory mechanism is the main source of its exit.

Sulphuric and phosphoric acids come from the sulphur and phosphorus of the proteins and are excreted in the urine as salts.

The body receives a certain number of organic acids directly from food and they are oxidized to carbon dioxide. The fruits from which we obtain these acids also contain the sodium salts of these acids. With the oxidation of these substances to carbon dioxide the sodium is left to be excreted in the urine. Thus it can be seen that orange juice and the juice of other citrus fruits leave an alkaline ash to be

excreted. Milk also leaves an alkaline ash. The lactic acid produced during muscular activity goes into the blood and reduces its alkalinity.

The acidosis present in diabetes is due to the incomplete oxidation of the fats. Acetoacetic acid is produced. This reduces the amount of alkaline base present.

Acid in the blood stimulates respiration so the carbon dioxide is swept out. Alkalinity depresses respiration and conversely the carbon dioxide is stored up to keep the p_H down.

Alkali reserve is defined in the terms of the carbon dioxide present in the blood. The sodium bicarbonate constitutes the major part of the alkali reserve.

Acidosis is not necessarily due to a low p_H but is associated with a low supply of sodium bicarbonate supply in the blood.

Normally the p_H of the urine is from 5.5 to 6.5. The involatile acids formed are excreted in the urine. The p_H of the urine varies in abnormal cases from 4.5 to 8.0. In acidosis the ammonia accumulates in the urine. Ammonia is a base. The nitrogen is normally excreted as urea, a neutral compound, but in acidosis the nitrogen comes out as the ammonium salts of the acids present. Thus, the formation of ammonia constitutes a mechanism for conserving the base.

Much precise information has been found in the last ten years in regard to the buffer mechanisms. They are the acids and the salts of the acids. We have in the blood, acid of the protein of the serum and sodium of the proteins. Hemoglobin exists as acid and the potassium salt of hemoglobin.

The buffers of the tissues are about five times the quantity of the buffers of the blood. Oxyhemoglobin is a strong acid as compared to reduced hemoglobin. Reduced hemoglobin in the tissues liberates alkali with a migration of acid and chlorine into the serum. This increases the carbon dioxide combining power of the blood.

Hemoglobin in its own right is a buffer in the blood. It has been recently found to have a new function in aiding in the diffusion of carbon dioxide into the lungs and out of the tissues.

Some of the pathological conditions associated with acidosis and alkalosis are: The coma of diabetes, which is due to extreme acidosis, hyperexcitability in alkalosis, uremia and nephritis are characteristically associated with a lowered alkali reserve. There is a lowered p_H in fasting, anesthesia and pregnancy.

The remainder of the meeting was turned into a general discussion of the many facts presented. Many members voiced their appreciation of the masterly presentation of the subject.

The meeting was closed with a rising vote of thanks to Dr. Hanke for his very interesting discussion.

MAY.

The 207th meeting of the Chicago Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held Tuesday evening, May 17th, at the University of Illinois School of Pharmacy. The meeting was presided over by President R. E. Terry.

Chairman Gathercoal, of the Revision Committee of the National Formulary, discussed "Progress in the National Formulary Revision Up to Date." Mimeographed bulletins were presented to the members present so that they could follow the discussion closely. This bulletin gave a very interesting review of the history of the inception of the National Formulary and of the revisions up-to-date.

GENERAL PRINCIPLES OF REVISION.

Naturally, the General Principles of the N. F. are patterned rather closely after those of the U. S. P., and yet there are some striking points of difference. This can be nicely illustrated by reference to General Principle No. 1 on Scope. In the Pharmacopœia the admission of drugs and medicines is based first upon therapeutic usefulness and pharmaceutical necessity, and secondly upon extent of use. In the National Formulary admission is based almost entirely upon extent of use. The National Formulary very carefully avoids including any of the formulas as well as drugs or chemicals that are recognized in the U. S. P.

A very important change has been introduced into General Principle No. 1 by the introduction of the following phrase: "and for such other medicinal materials as are frequently called for in the pharmacies of the United States." Heretofore, no medicinal chemicals or drugs could be included in the N. F. unless the same were used in some formula in Part I. Now it will be possible to include such non-U. S. P. items in the N. F. even though they are not used in a formula in Part I.

PRESCRIPTION INGREDIENT SURVEY.

Numerous surveys were made of the prescriptions written in wide-spread sections of the country. The extent to which the items

were used gives a basis to work on for admission and deletion. Therefore, we have used as a guide in the consideration of items for admission to N. F. VI, a usage in at least 20% of the 60,000 drug stores and hospital pharmacies of the United States, or a usage of at least once in each 10,000 prescriptions.

As to new items for N. F. VI, there will be probably 100 items dropped from the U. S. P.; possibly more than this. Then we now have under consideration more than 400 items that are unofficial—so we shall be able to easily replace, in part at least, the 280 N. F. V items that have been dropped. Among the new items already admitted to N. F. VI are a considerable number of ampuls. A number of new Elixirs and Syrups are under consideration. Tablets and capsules are also being considered for N. F. VI. A few new vegetable drugs and a number of new chemicals are also being considered for admission.

ACTUAL PREPARATION OF THE MONOGRAPH.

(a) The first step toward the revision of a monograph or the preparation of a new one is its assignment to a Sub-committee. There are nine Sub-committees.

(b) The Sub-committee first gives general consideration to the preparations as a group, to the general form of the monograph, the general style of the definition and rubric, the general plan of the formula and any changes in the general character of the description, the tests, the assays, etc.

(c) The chairman of the Sub-committee then assigns to each member of his Sub-committee certain preparations which the member will especially study. All of the Sub-committees have made such assignments of monographs for study, except one or two who are going about their work in a different way.

(d) Reports are received from these Sub-committee members by the chairman, who then presents the first revision of the monograph in his Sub-committee Letter.

Practically all of the fifty chemical monographs have been presented to the Sub-committee and likewise more than half the Solution Preparations, and a considerable portion of the other monographs have gone forward to their respective Sub-committees.

(e) Sub-committee members comment upon this revision and these comments are then published by the Sub-committee chairman in his Sub-committee Letter. Eventually the Sub-committee recommends to the General

N. F. Committee the monograph as accepted by the Sub-committee.

(f) The monograph is then published in the *N. F. Bulletin* for consideration by the Committee members and all others who receive the bulletin. About 150 monographs have appeared in the *Bulletin* and are now before the N. F. Committee.

(g) Comments may come from Government officials, laboratory men of pharmaceutical and chemical manufacturing firms, and college of pharmacy men, as well as from the Committee members. Such comments are all published in the *N. F. Bulletin*, and hundreds of them have been received and so published in the last few months.

(h) After the monograph has been published in the *N. F. Bulletin* it is taken up for consideration by the Sub-committees on Posology, on Nomenclature, on Chemicals and Chemical Tests and possibly on Botany. Reports from these Sub-committees are received and published in the *N. F. Bulletin*.

In the present N. F. revision none of the monographs have advanced beyond this point, but we can give a general picture of their subsequent progress from a review of the work of previous revision committees.

(i) The revised monograph will be presented again to the General N. F. Committee by the chairman, and further comments called for. As long as reasonable suggestions for change are made the monograph will be repeatedly presented to the Committee, either as a whole or as a vote on the individual comments or suggestions.

(j) When no further suggestions are offered on the revision of the monograph it will be presented for publication in the *JOURNAL OF THE A. PH. A.*, and thus be exposed to criticism from any interested person.

(k) Finally the monograph will be subjected to very careful scrutiny by an editorial committee. An experienced English grammarian will review it for grammatical construction. Others will check it for uniformity in style, for posology, for assay, for Latin titles, etc., until it has been whipped into as nearly perfect shape as possible.

(l) The carefully copied completed monograph will then go to the printer.

(m) Galley proof will be submitted to all members of the Committee and those receiving the *Bulletin*. In the galley proof, if previous experience is any criterion, many more corrections will be made.

(n) Each of these suggested corrections must be carefully considered either by the N. F. Committee or the editorial committee and then the corrected galley will go back to the printer for the page proof.

(o) Usually a first and a second page proof must be prepared and read before the copy goes to the Publication Committee of the A. Ph. A.

(p) This Publication Committee gives it the final O. K. before it goes to the printer for actual printing and binding.

(q) And then the completed volume appears upon the market and the real criticisms from the pharmaceutical public of the world finally begin to appear. We hope there will be no errors in typography, spelling, in English construction, in incorrect figures, etc., but we are very confident that there will be many criticisms on the scope of the book, the General Principles by which it has been revised, the style and arrangement of the monograph and of the compromises that the N. F. Committee is forced to make to bring its work to a final fruition.

Dr. Bernard Fantus spoke on admissions to the N. F. He stated that facts are being accumulated as to the use of drugs. These figures will serve as an estimate of the use of these drugs and formulas. No other country has the peculiar division between the scope of the two books; the U. S. P. is aiming to guide the physician in the use of the best drugs and preparations. The future U. S. P. will aim to have only the best preparations of each drug official so that the doctor can depend upon this preparation as being recognized as the best and will not become confused as to which preparation to use as is now the case. Preparations omitted from the U. S. P., if still used, will always be found in the N. F.

Prof. Hynes discussed the simplification of titles. He attributes the lack of popularity in comparison with the merits of U. S. P. and N. F. drugs and preparations to their cumbersome titles. He advised simplification of nomenclature so that titles can be mastered by medical students, physicians and druggists.

The meeting was closed with a general discussion and the extending of a vote of thanks to Prof. Gathercoal, Dr. Fantus and Prof. Hynes.

LAWRENCE TEMPLETON, *Secretary*.

DETROIT.

The May meeting of the Detroit Branch of

the AMERICAN PHARMACEUTICAL ASSOCIATION was preceded by a pharmaceutical conference arranged by Dean Edward H. Kraus and his staff. This was a new idea and proved to be a great success. It is planned to repeat a similar program next year.

The Conference speakers were all members of the faculty of the University of Michigan. The attendance was materially increased by the students from The College of the City of Detroit and the Detroit Institute of Technology.

The A. Ph. A. Branch meeting was called to order by President James Liddell and on motion of Fred Ingram, Jr., the minutes of the previous meeting were omitted inasmuch as they were printed in the JOURNAL.

Dean Edward H. Kraus, Chairman of the Nominating Committee, reported the following nominees for officers for the ensuing year: *President*, Robert Fleisher of the Detroit Institute of Technology; *First Vice-President*, Felix Johnson of the University of Michigan; *Second Vice-President*, Eugenie Lemke; *Student Council*, Arno Wheeler and Alfred Lavalli of the Detroit Institute of Technology; W. J. Briggs and A. C. Edmunds of the College of the City of Detroit; John Lambrinoff and C. A. Halm of the University of Michigan; *Council of Clerks*, David Millstin and Albert J. Liss; *Chairman Program Committee*, R. T. Lakey; *Treasurer*, Fred Ingram, Jr.; *Secretary*, Bernard A. Bialk, the latter two required no vote as they are permanent officers of the Branch.

On motion of Leonard A. Seltzer, seconded by Dean R. T. Lakey, the secretary was instructed to cast unanimous ballot for the Branch, electing the above nominees to office. Carried. The ballot was cast as instructed.

President James Liddell then introduced the speaker of the evening, Dr. James D. Bruce, *Director of Department of Post-Graduate Medicine and Vice-President* of the University of Michigan. Dr. Bruce gave a very interesting talk on "The Responsibility of the Medical and Pharmaceutical Professions for the Health of the People." In his talk Dr. Bruce took to task the dispensing physicians, claiming they were the chief offenders in substitution because they cannot carry a complete stock and the patient may receive a substitute if the correct medicine is not in the doctor's stock. Closer coöperation between pharmacy and physicians was urged for eliminating this evil.

Fred Ingram, Jr., made a motion to thank the speaker for his interesting talk and to thank

Dean Kraus for the illuminating program presented during the day. The motion was supported by Leonard A. Seltzer and carried by rising vote. Mr. Seltzer moved a vote of thanks to the officers of the Detroit Branch for their splendid work throughout the year.—Carried.

Retired President James Liddell expressed his appreciation of the support given him and urged that the students carry on in a manner that would continue to justify the confidence placed in them.

BERNARD BIALK, *Secretary*.

UNIVERSITY OF FLORIDA STUDENT BRANCH.

The fifth meeting of the University of Florida Student Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held May 18th, in the Chemistry-Pharmacy Building.

The meeting was called to order by President Katsch.

Mr. Johnson presented to the Society a plan for a membership campaign to be conducted during Freshman Week at the beginning of the Fall session: Mr. Johnson and several members to be selected by him are to interview the Pharmacy freshmen who will be under the supervision of E. F. Bradley, Freshman Councillor. This plan was approved by the Society.

The secretary read a letter from Dean B. A. Tolbert, *chairman* of the Faculty Committee on Societies and Fraternities, stating that this Branch had been officially recognized as a student organization on the University of Florida Campus.

The president next introduced the speaker of the evening—Dr. P. A. Foote, professor of Pharmacy and Pharmaceutical Chemistry, U. of F. The subject of Dr. Foote's talk was, "The Sponge Industry in Florida."

Dr. Foote gave an interesting account of the history of the sponge industry, and of the Old World customs, both religious and social, still followed by the Greeks who at present control the sponge industry in Florida.

Sponges are members of the animal kingdom, and are found firmly attached to rocks in the bottom of the sea at a depth of from a few feet to several hundred feet. There are at present about one thousand known species of sponges, but only a few of these are of commercial importance. They reproduce by throwing out spores which become attached to rocks and

grow. From one to six years are required for a sponge to reach a market size.

Florida produces four commercial varieties of sponges: The wool sponge is the highest grade and has a very wide use in surgery and pharmacy. The yellow sponge and the grass sponge are handled by drug stores, but have no use in pharmacy. The first is used as a bath sponge and the second is used for washing cars, etc. The wire sponge is the poorest grade and is used for very rough work.

There is a variety of sponge, the logger-head, which grows abundantly in Florida waters and at present has absolutely no commercial value. It is very tough in texture, grows flat along the ground, and is enormous in size—usually from ten to twelve feet in length. Work is being done with this sponge by Dr. Foote and Dr. Heath, professor of Chemistry, and it is thought that it has wonderful commercial possibilities.

Little is known of the chemistry of sponges. They contain a very high per cent of nitrogen—especially the fresh sponge. They are very resistant to most of the organic and inorganic solvents, but are readily dissolved by solutions of sodium and potassium hydroxides. They are practically fire proof. The amount of iodine in sponges has never been determined.

A number of interesting pictures and slides were shown.

A. P. McLEAN, *Secretary*.

NEW YORK.

The May meeting of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION, which featured "The National Drug Store Survey," was held at the College of Pharmacy, Columbia University, on Monday the 9th, the chair being taken by President Robert P. Fischelis; there was an attendance of about 150.

Owing to the length of the scheduled program, the reading of the minutes was dispensed with.

Treasurer Currens' report was read and accepted.

The secretary reported the applications for membership in the parent organization of Messrs. I. L. Fishbein and B. Esecover and of A. Seiler for membership in the Branch. These applications were approved.

Secretary Schaefer, of the Remington Medal Committee, reported that the Committee of Ex-Presidents of the A. Ph. A. had awarded the 1932 Remington Honor Medal to Editor

E. G. Eberle of the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION. President Fischelis said that he felt the members of the ASSOCIATION and the Branch would be very pleased that Editor Eberle was to be the recipient this year. It was decided that the time and place for the award to be made should be left to the discretion of the officers of the Branch.

The secretary then read a letter from Dean Hugh C. Muldoon, written on behalf of the Conference of Boards and Colleges of District No. 2, N. A. B. P., in which he expressed cordial thanks to the New York Branch for the entertainment provided during their recent meeting in New York City.

Dr. Otto Raubenheimer presented a joint-paper prepared in conjunction with Mr. Alfred Bonvicino on "The Official Pharmacopœia of the Kingdom of Italy." The Pharmacopœia, which went into effect on November 1, 1929, was compiled by a committee of 19, consisting of 3 retail pharmacists, 1 veterinarian, 3 professors in medical schools, 6 professors in pharmacy schools and 6 public health officers. In the preface, attention is directed to certain important matters; among them are the following:

"For the tests and reactions, with the name of Hydrochloric Acid, Sulphuric Acid, etc., without other indication, it is intended that the *Concentrated* acid of the Pharmacopœia be used.

"If a prescription is written for Hydrochloric Acid, Sulphuric Acid, etc., without other designation, the *Dilute* acid must be dispensed.

"The indication 'Preserve away from light' signifies that the substance must be preserved in opaque vessels or in black, red, orange or brown colored glass.

"For 'alcohol' without other indications the 95% alcohol must be given.

"By ordinary temperature 15° C. is understood.

"The drops, according to the ruling of the conference at Bruxelles, must be measured with a dropper with a round orifice, with a diameter of 3 millimeters, so that 20 drops of distilled water weigh 1 gram at 15° C.

"Maceration and percolation, unless otherwise indicated, must be made at a temperature of 15-35° C., digestion between 35-65° C., infusions with boiling water, decoctions by boiling the drug with the water for half an hour.

"Solutions of drugs for hypodermic or intravenous use, must be sterilized, even though it is not specified by the prescribing physician. The process to be followed varies according to the substance to be sterilized."

Drugs which must be renewed annually are listed. Among the interesting articles deleted are Phenol Water, Pancreatin, Carlsbad Salt and Paregoric; newly admitted articles include Digitoxin, Strophanthin, Rhamnus Frangula Cortex, Viburnum prunifolium Cortex, Boldi Folia, Black Pepper, Barium Sulphate, Chloretone, Luminal, Atophan, Novocaine, Salvarsan, Citroform and Tannigen.

Dr. Raubenheimer discussed the arrangement of the monographs on Botanicals, Chemicals and Galenicals; under the General Chapters, he mentioned that Fluidextracts were made by the four Type Processes laid down in the U. S. P. The Pharmacopœia gave working formulas for the preparation of over a dozen chemicals; information of this type was no longer given in the U. S. P. He referred to titles which might be confusing to the American pharmacist; he compared the strengths of the acids, alkalis and solutions with those corresponding to them in the U. S. P. He finally discussed at length the Tables in the Pharmacopœia, the following being of special interest: official titles and commercial or trade-mark names; medicines which must be kept on hand; those which must be kept under lock and key; those to be kept away from light; substances only a pharmacist may sell, those anyone may sell; maximum single and daily adult doses; single doses for hypodermic injections and solvents; daily maximum veterinary doses.

The president thanked Dr. Raubenheimer for his interesting paper, and he was warmly applauded.

President Fischelis briefly outlined the importance of the National Drug Store Survey and the St. Louis Conference, the work of which was to be under discussion for the remainder of the evening's program. He called upon Mr. J. J. Toohy, of E. R. Squibb & Sons, to speak on "Promotional Methods of the National Distributors." Mr. Toohy addressed the meeting as follows:

"The most impressive reaction I received at St. Louis was the voluntary gatherings for the first time of over 800 representatives of every conceivable interest in the drug industry in one united effort to learn how the wheels

go round in a retail drug store and to see what can be done to make them go faster."

The roll call listed retail druggists of every size and type, the independent retailer, the professional pharmacist, the national chain store operator and the local chain operator. The wholesaler was there, the manufacturer, the educator in pharmacy, the Drug Trade Press, and that department of the Government most directly concerned with the development of American enterprise.

Is it not reasonable to hope that out of such a community of interest, narrow views will evaporate to leave as a residue a broad understanding and an appreciation of the other fellow's viewpoint and problems?

Manufacturers will learn the real operating costs of retailing and retailers will learn that a gross margin per unit of sale is not the only basis on which to judge a manufacturer's product.

The next most impressive reaction was the field work itself. The business specialists of the Department of Commerce labored over a year in their search. Their observations can be said to be as accurate and as fair as human behavior permits. Some conclusions may require adjustment in the light of later facts, especially those developed in the checking of the survey results in other cities, but the St. Louis sample shows trends that compel the attention of the drug industry.

No manufacturer or group of manufacturers could have assembled the facts recorded. Even if finances were unlimited, no manufacturing group could secure the coöperative effort required. You who sell and understand what a drug store inventory is, could probably raise a just doubt over the labor involved. Three complete inventories of every single article of merchandise in 13 stores were taken. Every nickel's worth purchased by these 13 stores for a whole year was recorded. An inventory of products affected was taken at every price change—and that means every sale and every price change induced by any reason. Time studies were taken of all retailing operations. 30,000 actual retail transactions were listened to, clocked and the consumer and his reactions were recorded.

What does a national distributor see in the St. Louis Drug Store Survey? *First*, although of secondary importance, is the data about his own market.

Manufacturers are quite aware of at least one weakness in our position. Our relation-

ship with the consumer is too indirect—principally secured by our representatives in conversation with dealers.

The consumer's interest is not in the price and profit issue which is our primary relationship with the dealer. The consumer's concern is the perfection of product to meet his wants, the appeal of package and advertising and a convenient source at a fair price.

The manufacturer must reach the consumer through direct advertising in all media, and through display and salesmanship at the point of sale; when you reflect that manufacturers in the drug industry spend over \$35,000,000 in national magazines alone, or 2% of the total sales, and realize that practically no manufacturer deals directly with his biased facts concerning his market.

Secondly, he sees eye to eye with retailers on such points as

1. The story of the prescription department as outlined in the Department of Commerce booklet called "Prescription Department Sales Analyses in Selected Drug Stores." The essence of this is that the prescription department is the nucleus, the prestige department of the drug store, and that there is no reason it should not be a mighty profitable department.

2. The retail drug store is largely a metropolitan institution. The per capita purchase in retail drug stores, according to the Census of Distribution in metropolitan areas, is many times that of nearby rural areas. St. Louis in 1929 had a \$22.40 rate against \$1.60 in one county in the St. Louis wholesale district. The message here is the intensive development of metropolitan markets.

3. A large part of drug store volume is derived from satisfying the casual impulse of the passerby. Consequently, a large part of the demand for drug store merchandise can be stimulated by various methods of promotion.

4. Men use the 13 test stores more than women and buy more. The department store market in St. Louis may have a bearing on this unusual observation, but at least this trend demands close checking and very likely a shift in selling appeal.

5. The average sale is about 35¢. The drug store is therefore dependent on many small purchases with small profits. Repeat sales from the same customers are important, especially in neighborhood stores. Store prestige must be established. The price appeal is overdone, and no longer needs the emphasis

it gets. The consumer wants value and he can be sold quality, convenience and interested personal attention.

6. Consumers seem pretty well acquainted with the loss leader appeal. On a sale day, the store does a splendid volume—on the loss leaders. Normally 9.5% buy more than one item. On sale days 9.9% buy two items, or more, which represents a very slight increase. But, on sale days only 8.4% buy a non-sale item with a sale item, showing a suspicion of the merchandise on which the dealer hopes to make up his loss.

7. Brand specification is as high as 95% in aggressive merchandising stores where the low-cut appeal is strong, but in the conservative neighborhood store, brand specification drops to about 60%.

8. Operating costs vary according to the department and to the commodity sold. Gross margin is so commonly used as a basis for judging a dealer's interest in a product, that many retailers complain when the margin is less than the average gross margin for all items.

Four factors affect net profit: Gross Margin, Turnover, Unit of Sale, Special Handling Requirements. Misunderstanding is bound to creep in when exclusive reliance is placed on any one of these factors.

9. The average retail drug store does not practice aggressive merchandising and is not fully capitalizing the demand created by national advertising. This aggressive merchandising does not mean high pressure advertising or clubbing every customer to buy something else. It means organizing and sales planning such as

- a. Orderly and effective store arrangement.
- b. Attractive window and counter displays, co-relating these to national advertising schedules, which any newspaper will supply.
- c. Attractive special sales which are timely, novel and thoroughly planned.
- d. Handbill or direct mail advertising that is unquestionably fitted to that store rather than a stereotyped plan that may fit an average store but not yours.
- e. The use of a quantity price appeal, 3 for 49¢, has been proven to be more effective than 1 for 14¢.

These trends cannot and should not be accepted by every retail operator in the country as absolutely literal, but they represent facts

that point out lessons to manufacturer and retailer.

In the third place, the manufacturer is deeply concerned and thoroughly interested in the accumulation of facts on retail drug store practice prepared for retail drug store consumption. Not only must the drug industry understand itself, but, particularly, the retail outlet must operate profitably and justify itself economically. The manufacturer has, of course, the selfish interest that his best customers are retail operators.

Another obvious point is, a good retail druggist is always a better distributor for a manufacturer than any hired retail distributor employed by the manufacturer.

Manufacturers should accept their share of the responsibility of spreading the story of the National Survey throughout the industry, helping to test the results in every local area, and disseminate all information available on this Survey and others which may be founded on it throughout the industry.

The next speaker was Dr. J. Leon Lascoff, who as a Retail Pharmacist took part in the St. Louis Conference in discussing a paper on "The Prescription Department," compiled by F. A. Delgado of the U. S. Department of Commerce. Dr. Lascoff spoke as follows: "The National Drug Store Survey Conference was one of the most interesting and worthwhile meetings I have ever attended. About 700 people were present. Among them were quite a number of retail pharmacists. Seven speakers addressed the session dealing with the prescription department, on which portion of the conference I have been asked to speak to you to-night. Due consideration was given by the Survey to the professional side as well as to the commercial. A very able report was given by Wroe F. Alderson on the general results of the Survey and a report of the prescription department in particular was given by Frank A. Delgado. Both gentlemen are associated with the U. S. Department of Commerce. As time does not permit me to cover Mr. Delgado's entire report, I have summarized the important points presented by him.

"A detailed study was made of 24,000 prescriptions, their ingredients, etc. Of these it was found that the bulk of the ingredients used were official, that is, listed in the U. S. P. or N. F. This information should be of value to the pharmacist in building his prescription stock.

"There were then presented some of the answers to the questions most frequently asked regarding the prescription phase of the Survey.

1. What percentage of drug store volume is accounted for by the prescription department? This was found to represent nearly one-fifth of the total sales volume, combining both prescription and non-prescription sales made out of the prescription department.

2. What other possibilities are there to increase prescription department sales that will keep the pharmacist busy and allow him to exercise his professional knowledge? The pharmacist has an average of from 900 to 2200 different drugs, galenicals, etc., from which only approximately 500 to 800 are actually employed in filling prescriptions.

3. What sales other than actual prescriptions are made from the prescription department? A check was made for 50 days in Store 1. It was found that 1830 non-prescription sales, or an average of 36 such sales per day, were made. The average value per sale was $27\frac{1}{2}$ cents, or \$504.77 for the 50-day period.

4. How can the pharmacist attract attention to his prescription and professional departments? Display those old symbols of pharmacy, the gilded mortar and the show globe, together with some educational or professional windows. Do not make these displays only once a year, on National Pharmacy Week, but have them often.

5. What was the average minimum and maximum number of prescriptions filled per day? The 13 stores filled an average of 15 prescriptions per day.

6. Did this include refills? There was an average of approximately four refills per day. This number varied. Those stores that had been in business for a long time usually led in refills.

7. What was the maximum number of prescriptions filled per day? Four of the stores filled approximately 20, 22, 31 and 40 prescriptions per day.

8. What was the minimum number of prescriptions filled? Three of the stores filled from 6 to 7 prescriptions per day.

9. What was the average price charged for all prescriptions? This was \$0.92.

10. What were the average prices charged for new and refill prescriptions? New prescriptions averaged \$0.95 each and refills averaged \$1.00 each.

11. What was the usual price charged for

prescriptions? Over 57% of the 24,000 prescriptions studied were priced at from \$0.75 to \$1.00. Approximately 20% were priced from \$0.50 to \$0.70. 18% at from \$1.05 to \$1.50, and 4% at over \$2.00. This makes only 21% priced at over \$1.00. Narcotic prescriptions were generally priced somewhat higher than the non-narcotics.

12. Were there any examples of abnormally low-priced prescriptions? 610 prescriptions, or $2\frac{1}{2}$ % of the 24,000 were priced at less than \$0.50. Of these 610 prescriptions, 565 were non-narcotic and 45 were narcotics. 19 prescriptions were priced at \$0.10; 55 at \$0.25; 39 at \$0.30; 159 at \$0.35; and 338 at \$0.40.

13. Were there many prescriptions selling for over \$2.00? Only 95 sold for \$2.00 or more, with the average price from \$2.00 to \$4.00.

14. In what form are prescriptions in greatest demand? 61% of the prescriptions were liquids. The second most popular form was capsules, which comprised $17\frac{1}{2}$ %. Tablets were used in 10% of the prescriptions. Therefore these three forms—liquids, capsules and tablets—accounted for about 89% of all the prescriptions. Four were ointments; 3% were divided powders; $1\frac{1}{2}$ % were bulk powders; $1\frac{1}{3}$ % were effervescent salts; 1% was for pills; $\frac{1}{8}$ of 1% suppositories. The remaining $\frac{1}{8}$ of 1% was divided among konseals, plasters, globules, pearls, crude drugs, etc.

(Liquid prescriptions in the U. S. averaged 4 ounces each, and 61% of all prescriptions filled were liquid.) It would appear from these figures, and from the estimates as to the number of prescriptions filled, that production in the retail drug stores would amount to approximately one million gallons.

15. Is it true that the compounding of prescriptions has become a mere pouring-out of a liquid from one bottle to another, or counting out a certain number of pills or tablets? Just the contrary is indicated. 65% of the prescriptions call for more than one ingredient; over 4% called for 6 or more ingredients.

16. What percentage of the number of prescriptions studied were written in the metric system? Only $7\frac{1}{2}$ % were so written.

17. How many items were stocked in the prescription department and what proportion of the total did they account for? While 5070 items were stocked for the store as a whole, 1500 or 29% of them were in the prescription department.

18. Will it be possible to show the total amount invested in the inventory of the pre-

scription department of each store? Figures for 4 stores show that the prescription department accounts for $\frac{1}{6}$ of the total inventory. In other words, there is an average prescription stock inventory of \$1140 against \$6800 total inventory.

19. How is the prescription inventory investment divided?

30 to 38% were specialties.

24% were galenicals, not including tablets.
11 to 14% were chemicals.

4% were biologicals.

5% were glandular products, some of which were specialties.

2% were essential oils.

2 $\frac{1}{2}$ % botanical drugs.

2% ampuls."

The above comprises a very brief summary of Mr. Delgado's report. In its original form it covers 12 pages of typewritten matter not including some very interesting analysis tables.

After Mr. Delgado's report, the discussion was led by a group which included two pharmacy college professors and four retail pharmacists from various sections of the country.

Dr. E. Fullerton Cook mentioned, among other things, that there should be a separation of the professional pharmacies from the merchandising drug stores. Such a separation exists in Europe where we find the apothecary shop and the "druggerie."

The report entitled "Facts on Retail Operating Costs and Mark-Up for Profit as Applied to the Prescription Department" was read by Dr. Lascoff. He, at this point, read excerpts from this report and in conclusion said "to answer the question as to whether or not a prescription department pays, I say, without reservation, 'Yes.' For I never heard of a pharmacist who lost a customer because his prescription department was too clean. I never heard of a pharmacist who lost the confidence and good-will of a physician because he used the best chemicals and galenicals that money could buy, and who equipped himself in every way to work side by side with the physician in the relief of those in distress. Finally, I never heard of a pharmacist who went into bankruptcy because he knew what each prescription cost him and who charged a fair price comparable with the skill and knowledge required of a professional pharmacist."

The president then called upon Robert W. Rodman, Associate Editor of the *Druggists Circular*, to discuss the report on "Retail Ad-

vertising and the Special Sale," as submitted by Nelson A. Miller before the St. Louis Conference. Mr. Rodman said, "When the Department of Commerce investigated the advertising activities of the retail druggist as a part of the National Drug Store Survey at St. Louis, it turned the spotlight upon a most important phase of the retail drug business which affects every department of the store and yet one which is most often neglected by the druggist.

The survey revealed three important weaknesses on the part of the retailer.

1. He is taking little advantage of the selling support offered by the national advertising of pharmaceutical manufacturers.

2. He is doing little or no advertising of his own, and

3. The only type of prestige which those who are advertising are attempting to develop is *price prestige*.

During the year 1930 the 35 leading consumer magazines in this country carried nearly 15 million dollars worth of advertising on toilet goods, 5 million on proprietary medicines, 2 million on sundries, about $\frac{1}{2}$ million on hospital goods and 128 thousand on confectionery. Millions of lines of advertising of this merchandise were carried by daily and weekly newspapers during the same period.

Yet the retailer made practically no attempt to tie-up with these campaigns even with window and counter displays. These millions of dollars were spent to increase the sale of merchandise which the druggist has upon his shelves and presumably is eager to sell, yet he made no effort to cash in on this promotion at the point of sale but rather sat by and waited, hoping to get a few crumbs of the business after other retail outlets for this same merchandise had helped themselves to what they wanted.

Chain organizations plan, so do successful independents. They make the most of every opportunity to increase the effectiveness of their selling efforts. This is the first condition revealed by Mr. Miller in his studies—one which can be remedied by many druggists at no expense and one which should be remedied by them at the first opportunity.

Retail druggists are doing little or no advertising of their own and the only type of prestige which those who are advertising are attempting to develop is price prestige. Under this classification of advertising we find not only newspaper copy but handbills, letters

to customers and physicians, stuffers to be wrapped in packages, and other forms of promotional material.

Advertising in some other retail lines is directed to a considerable degree toward building the prestige of the retail concern itself. Points of emphasis include the services of the store, its reputation for fair dealing or its general policies. Although the services of the retail druggist are particularly well adapted to such promotion, drug advertising is largely on a commodity basis with an emphasis upon price appeal. The usual drug store advertisement is simply a listing of products and prices without comment except for a few words pointing out the sensational character of the price cuts offered.

The Survey clearly shows the need for retailer education in advertising. In my opinion it calls for the preparation of an advertising guide for the retail druggist which will show him what to spend and how to spend money for promotional activities.

When we speak of choosing a location with certain definite conditions in mind or of rearranging the fixtures of a store to fulfil certain definite requirements, the average druggist readily understands what we are talking about and with a little guidance is able to go ahead, but when we speak of composing a booklet or of writing a promotional letter to go to customers or physicians he feels we talk of something intangible which is foreign to his ability through either training or experience. Advertising is a specialized activity demanding training and experience. The druggist cannot be expected to be a skilled professional man, a merchandising expert and an advertising specialist. He must be shown in elementary form, by models, just how to wage an advertising campaign and gradually by using these models he will acquire the ability to design more distinctive advertising materials of his own. He must be encouraged in attempting to obtain prestige for his service, dependability, reliability, etc.—elements which pay far greater dividends than do cut prices.

A major reliance of the retail druggist in his merchandising effort must continue to be his display windows. While many pharmacists feel that the window has no particular pulling power the Survey has developed evidence that even the ordinary type of window is inclined to produce a gentle sales stimulation difficult to observe but possible of measurement.

It is unreasonable to expect results from a haphazard schedule of window displays, however. The druggist should take into consideration the type of customers who pass his store in planning his displays. A window of one article of merchandise which will prove a great stimulator of sales in one store will fall flat in another store because of neighborhood conditions and the variance in type of customers served. A plan is needed to insure a fair representation throughout the year of each department of the store in the windows—from the prescription department to the soda fountain.

The special sale is presumably intended to increase the total volume of store business, according to Mr. Miller, but it is doubtful whether it accomplishes this purpose when the effect over a period is considered. The main effect seems to be the concentration of business on the sales day and its reduction on non-sale days because of the tendency of customers to wait for sales. The special sales event has become the predominant tool of aggressive drug store merchandising, yet in effect it defeats the primary purpose for its use. Rather than bringing customers into the store by cut prices on nationally advertised items for the purpose of introducing controlled brand merchandise it serves mainly to increase the volume on merely the special sale items at little or no profit or even a loss. Customers enter the store with prepared lists of merchandise which they want and the peaks of operation of the day are so accentuated that sales clerks actually have less opportunity to suggest additional purchases or companion items than normally. If such is attempted the store service is delayed, the sale acts as a detriment to the store, and regular customers in many cases are lost. Attempts at switching during a special sale are almost suicidal, for customers feel that they have been tricked into coming to the store. They will have a hard time trying to obtain the products they want and their sales resistance is built up stronger than ever.

Special sales do not make people buy more merchandise but rather to make their purchases where the prices are lowest and correspondingly at little or no profit to the dealer.

When your secretary invited me to address your meeting to-night he restricted me to the subject of "Retail Advertising and the Special Sale," but I cannot close without a word or two on the work as a whole.

Many druggists will profit as a result of the National Drug Store Survey and others may lose by its work. Those who profit will be the druggists who study the findings and adapt them to their businesses. Those who lose will be the ones who allow their more progressive and aggressive neighbors to take away from them even more trade than heretofore. If all used the facts and profited by the Survey, the drug business would receive such an impetus as would make many of its non-druggist competitors give up their drug lines and would make many of those who have been thinking of stocking drug lines turn to other fields. Every druggist will be affected by the Survey whether he makes use of its findings or allows his competitor down the street to do so.

The thousands of dollars thus far expended in the work, the thousands of hours of study, the plans, the estimates, the voluntary work of the hundreds who have contributed ideas, and the large sums yet to be spent will all have been wasted unless druggists make use of the Survey findings.

No fairy queen, with a sweep of her wand, is going to revolutionize the drug business. Legislation, surveys, journalistic suggestions and the rest are effective helps, but it is the man himself, for whom all this effort is made, who must do the actual work. Competition to-day, perhaps more than ever before, is a case of the survival of the fittest. Pharmacists must face the facts, figuratively as well as literally, and realize that they themselves must improve the conditions under which they labor. For those who are sincere in their desire to succeed, the National Drug Store Survey will prove of valuable assistance."

President Fischelis welcomed Wroe Alderson of the United States Department of Commerce, who was the Director in charge of the St. Louis Survey.

Mr. Alderson said that the National Drug Store Survey was an attempt on the part of the Department of Commerce to collect more facts concerning drug store merchandising than had ever been collected before. It was apparent that no industry at the present time would be able to pull itself out of the depression without the whole-hearted cooperation of all parties concerned. At the St. Louis Conference there were together for the first time representatives of every section of the drug trade who were working on the vital problems confronting the drug industry and all felt that something was being accomplished.

All branches of the trade were suffering from a common malady which was due to continuous elaboration of competition; the symptoms of this were revealed by the Survey. The chain store at the present time was a sick institution because of going into competitive bidding for locations; this had forced it into extreme practices of merchandising. Drug manufacturers in many cases in the past had felt that it was only necessary to get their products before the public for the retailer to be forced to handle them, whether there was any profit in them for him or not; to-day manufacturers were realizing that it was essential for everyone handling the product to make some profit. The investigators tried to discover in the Survey what items were profitable for the retailer to handle; they found that there was no escape from the necessity of merchandising, whether the druggist conducted a strictly professional or a commercial store.

Mr. Alderson summarized the six most important findings of the Survey as follows:

"1. The retail drug trade, with a few notable exceptions, does not engage in aggressive merchandising, and hence is not fully capitalizing its opportunities for the creation of demand.

2. The essential basis of aggressive merchandising is organization and sales planning, rather than high-pressure tactics in advertising or the sales interview.

3. A re-direction of retail sales effort is suggested by the predominance of men among customers, by the small number of multiple sales, and by observed consumer reactions to sales devices.

4. Location and rental problems are of paramount importance, involving not only the success of the retail druggist but major issues concerning the entire industry.

5. An era of store modernization is overdue because of the many new departments in the drug store which have not been fully assimilated.

6. A basis for pricing from operating cost rather than from competitive considerations is urgently needed and would go a long way toward clearing up some of the issues now vexing the trade."

He said that he considered the last point to be the central theme of the Survey. Too often it was incorrectly assumed that gross profit and net profit were proportionally similar and that a satisfactory gross profit meant a satisfactory net profit, but in many instances

this was not so. There were several characteristics of a commodity which determined what it cost—(1) turnover, (2) size of unit sale, (3) special handling of the product—all of these must be taken into account. When the findings of the Survey were concluded he hoped to present to the retail trade two simple tables from which the druggist in any part of the country, in any type of store, could compute for himself whether a given commodity was profitable for him to handle or not.

President Fischelis called to the platform President Frank A. Blair of the Proprietary Association, a member of the Program Committee of the St. Louis Conference, who said that he had attended over 36 conventions but had never been to one in which the interest of those present was so continuously sustained. The findings of the Survey must be "sold" to the retail druggist and to all branches of the drug industry; meetings such as this one to-night should be held throughout the country so that all might learn details of the work of the Survey and derive benefit from it. Druggists should study their own locations, stores and customers in order to find out what the public would purchase, since the requirements of one locality were often entirely different from those of another. The drug industry had played a very important part in the conservation of the health of the nation, since statistics showed that 50 years ago the country, with a population of 50,000,000, had a death rate of 20.3, while at the present time the population was 125,000,000 and the death rate 11.5. He briefly referred to the work of Mr. Robert L. Lund who had conceived the idea of the Survey and had obtained the cooperation of the Department of Commerce and of all branches of the drug trade.

The next speaker was Harry H. Miller, of the New York Pharmaceutical Conference, who was present at St. Louis; he presented the following paper entitled "A Few Sidelights on the Convention."

"My first thought upon taking up my pen to prepare a report of the National Drug Store Survey Conference held in St. Louis on April 26th and 27th was the utter futility of the task before me. Such a report must of necessity be superficial and, if I can succeed in conveying to you even a vague idea of the ground covered and the constructive thought presented by the various speakers, I will have accomplished all I can hope to accomplish.

I have never, perhaps, attended a convention or conference which delved more thoroughly into the subjects under discussion. Keen analysis was the theme song of the entire proceedings and he who came away with nothing to ponder must indeed have been an inattentive and unappreciative listener.

Here we were given a most comprehensive summary of the data gathered in this Survey which occupied a year's time. Doubtless, some of the facts may not have coincided with our personal observations in our own limited fields of activity but the logic and pertinence of the findings as a whole cannot be denied.

The Survey established itself in my estimation as a success for a myriad of reasons. It has thrown a great searchlight on many of the problems of our profession, which we have been making feeble efforts to solve, and it places within the reach of the humblest of us the results of a research, which none of us singly could accomplish or even attempt to accomplish.

I regret that every man and woman connected in the remotest way with Pharmacy could not be at the Conference but I am glad that a wide audience gained a knowledge of what the Conference was to enjoy, through the radio address delivered by Dr. Julius Klein, Assistant Secretary of Commerce, on April 17th.

Dr. Klein, in his talk, estimated the value of the Survey as follows: "This Survey will bring home valuable lessons of importance to tradesmen in many lines everywhere, because leaders in the drug trade and related industries have already been planning to make its results genuinely effective, not through a spasmodic temporary effort, but with a permanent and far-reaching program all over the country."

Speaking on "Results of the National Drug Store Survey," Wroe Alderson, Survey Director of the United States Department of Commerce, explained what the Survey sought to accomplish and the method of securing data. He said that while much of the material had not yet been analyzed some very significant facts had already been established. He summarized the six most important of these.

"Conservation of Drug Store Assets" was ably discussed by Victor Sadd, Director of Business Failures Studies, Department of Commerce. Financing under adverse conditions, he assigned as the cause of more failures than insufficient capital. Future failures can

best be forestalled, he declared, by preventing the unfitted from entering business and by assisting the efficiency of those in business.

Dr. Frank M. Surface, Assistant Director of Foreign and Domestic Commerce, spoke on the "Aims of Merchandising Research," defining the whole purpose of this particular survey as a desire to help business in a constructive manner.

The matter handled by Dr. Robert J. McFall, Chief Statistician for the Distribution Bureau of the Census, in his talk on "The Census of Distribution and the Drug Trades," was of a nature that called for quiet perusal. Statistical to a great degree, it was an address that one could profitably spend hours studying. This address contained many interesting sidelights on drug store sales, operating expenses, etc.

What the Government is doing for the Drug Industry was explained by C. C. Concannon, Chief of the Chemical Division, who enumerated an almost unbelievable list of activities including censuses, researchers, control of unfair competition, promotion and protection of public health, etc.

Rich in helpful suggestions for the druggist who maintains a soda fountain and a luncheon business was the address of W. H. Meserole of the Department of Commerce, who dealt with the subject in detail, even to the effect of weather conditions on this line of the druggists' business.

In dealing with "The Prescription Department," Frank A. Delgado of the U. S. Department of Commerce, said that every pharmacist should realize that this is his prestige department and the department that establishes confidence for him in the community.

Other splendid addresses on the opening day's program were "Sundries and Hospital Supplies," by John R. Bromell; "Scientific Pricing," by Wroe Alderson; "Proprietary Medicines and Toiletries" by Nelson A. Miller; "The Customer in the Store," by B. B. Aiken; "The Customer on the Sidewalk," by W. H. Meserole; and "Introducing Test Drug Store Owners," by H. C. Dunn.

The importance of store location was the subject of an admirable address by I. K. Rolph on the second day of the Conference. Mr. Rolph is of the opinion that no kind of retail business is more sensitive to good or faulty location than is the drug store. His study of drug store possibilities in central shopping districts, in sub-center, neighborhood

development and other locations was highly enlightening.

Many of the fallacies prevailing in the popular mind regarding retail advertising and the special sale were exploded by Nelson A. Miller who spoke on these two matters. The Survey he said, developed plenty of evidence to show that the drug store window still has pulling power. The main effect of special sales, he announced, seemed to be to concentrate business on the sales days and reduce it on non-sales days.

Just what the consumer thinks of the druggist was set forth by E. B. Aiken, who spoke on "Sales Methods and Consumer Reactions." He referred to many of the comments he received through questionnaires filled in by customers. Many a druggist might find the key to his waning business through these answers.

W. H. Meserole placed every importance on "Drug Store Arrangement," which was the subject of his talk. It is his opinion that every drug store should seek three general objectives in their arrangement—general attractiveness, operating ease and efficiency and special promotional advantages.

A good common sense talk toward the country druggist was "Merchandising in the Rural Drug Store," by John R. Bromell. "Retail Selling Prices" were set forth by Wroe Alderson and analyzed in detail.

Speaking on "Accounting and Control for the Retail Druggist," Nelson A. Miller said: "Accounting and Record Keeping is undoubtedly the least appealing task of the retail druggist. At the same time there is possibly no retail outlet with greater need for definite instruments of control." He then proceeded to show how an efficient system of accounting and control may be installed and maintained at a limited expenditure of time and money.

Other addresses which rounded out the final day's program were: "Promotional Methods of the National Distributor," by Wroe Alderson; "Promotion through Modern Packaging," by B. B. Aiken; "Selective Selling by the Drug Wholesaler," by J. R. Bromell.

If this report seems singularly inadequate I can but plead that I have endeavored to my best ability to present to you a blanket report of all that was presented at the Conference with a few meager extracts from some of the highlights. I regret that the limited time at my disposal has permitted me to do no more.

I do desire to say in closing, however, that Mr. Robert Lund and all men of the Department of Commerce and who helped make the Survey are deserving of a great deal of credit; that I believe the Survey has accomplished much good and that if it fails to realize its purpose, it will only fail because the good seed does not find fertile ground. Certainly such an effort deserves our cordial support and I sincerely trust that each and every one of you who comes into possession of literature pertaining to the Survey, will interest yourselves sufficiently to read it carefully. If I were to make one general statement regarding the St. Louis Conference, I think I would say that there was not a single address delivered there which did not contain much meat for thought as well as constructive suggestions which each one of us could find of some benefit."

The president then invited to the platform Mr. Stanley I. Clark, Sales Manager of Lehn & Fink, Inc., and a member of the Program Committee of the St. Louis Conference. He said that the most important benefit to be derived from the findings of the Survey was their application to the everyday problems of the druggist; it had been shown that the prescription department showed the largest unit sale and that the next two important departments were proprietaries and toilet goods. The average independent druggist was not using the promotional assistance that the manufacturer was trying to give him in the way of companion sales. Turnover had been over emphasized; it alone did not solve the druggist's problems; there must be an increase in the unit of sale; by this was meant that a customer usually coming into a store with one item in mind and not in the market for another item must be sold a second item, the selling of which increased the unit of sale and thus gave the druggist a more satisfactory profit than was obtained from a single transaction. It was necessary for all to get a profit from every transaction; this meant careful planning and coordination of sales.

The president now turned over the chair to Treasurer Currens who introduced Chairman Robert L. Lund of the National Drug Store Survey. Mr. Lund said that it was important to bear in mind the fact that this Survey was a job in which every branch of the industry had taken part; the results would not be apparent in a short time, it might take five years or more, but eventually effects would

be seen. The Department of Commerce had already published the following three reports which could be obtained upon application—(1) "Drug Store Arrangement," (2) "Prescription Department Sales Analysis in Selected Drug Stores," and (3) "Causes of Failure among Drug Stores;" seventeen other reports would be published before the end of next year. Plenty of material was already available which was of direct practical use to the drug industry. The Druggists' Research Bureau was expected to continue the study of the material gathered by the Survey and to undertake the enlargement of its organization and, with the help of the Committee on Use of the National Drug Store Survey, would take the mass of statistical facts and interpret them into a readily usable form. It was planned to set up demonstration drug stores in different parts of the country to test out the findings of the Survey and these would be an object-lesson for retailers, distributors and manufacturers. It was claimed that every drug store was different and had its own peculiar problems, but the basic principles of merchandising were the same in all. Mr. Lund concluded by saying that the results obtained by the St. Louis Survey had come out of the drug industry as a whole, and he felt that the continued support of those who had taken part, and others in the industry, was assured.

A general discussion followed in which Messrs. Gesoalde, Dworkin, Lascoff, Kopald and Seley took part. Dr. Raubenheimer moved a rising vote of thanks to Mr. Alderson of the Department of Commerce and all the other speakers who had contributed to the interesting and profitable program of the evening. This was carried.

HERBERT C. KASSNER, *Secretary.*

PHILADELPHIA.

The May meeting of the Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at the Philadelphia College of Pharmacy and Science, May 10th. The minutes of the April meeting were read and approved, and G. R. Worley was proposed for membership in the Local Branch.

With a short introduction President Stornback introduced Dr. James C. Munch, Modern Danger Fighter, as the first speaker of the evening, who began the report of his recent investigations of thallium poisonings.

Dr. Munch first presented the clinicians, Drs.

Perlman and Pillsbury. They showed the audience some of their patients infected with the common ringworm of the scalp, and the effect of thallium ointment to cause loss of hair in treating this disease. Short talks were given by each of the clinicians on the proper use of thallium ointment, and several questions proposed to the audience were answered.

Dr. Munch then continued his report, giving the actual facts concerning the thallium poisonings that occurred recently in the West, and the details and successful results obtained in using the antidote which he developed.

President Stoneback then introduced Walter L. Morgan, of the Delaware Pharmaceutical Society, who delivered a short address, "Building Up a Prescription Business." A rising vote of thanks was accorded the speakers by the 125 interested listeners.

W. L. Cliffe informed the Branch of the untimely demise of our fellow-member, Dr. John R. Minehart, and proposed that a resolution be included in the minutes. The following resolution was prepared by the committee appointed:

Dr. John Roy Minehart, Dean of the Department of Pharmacy of Temple University, expired in the Hospital of the University on Tuesday, May 10, 1932, and the Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION directs that the following minute be placed on its record of the meeting held in the evening of that date.

The Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION records with profound sorrow the death of our esteemed friend, unselfish co-worker and beloved fellow-member, John Roy Minehart. We join with those in other walks of life in mourning the loss of one who was ever ready to serve his fellow citizens faithfully and well. A leader in the fields in which he was called upon to labor, he inspired his associates by his devotion to high ethical standards and as an exemplar of proper professional conduct. Those who worked with him uphold in affectionate memory the ideals he so nobly fought for. To his bereaved family we extend our profound sympathy and as an expression thereof, the secretary is instructed to convey them a copy of this minute.

(Signed) W. L. CLIFFE, AMBROSE HUNSBERGER, *Committee.*

The meeting adjourned at 10:30 o'clock, when the members and their invited guests, including representatives of the Delaware Pharmaceutical Society, the graduating classes of Temple University College of Pharmacy, and the Philadelphia College of Pharmacy and Science, enjoyed refreshments served under direction of the Entertainment Committee.

E. H. McLAUGHLIN, *Secretary.*

PITTSBURGH.

The Pittsburgh Branch and the Pittsburgh College of Pharmacy Student Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION held their Annual Joint Meeting at the College on Thursday evening, May 12th. President John H. Wurdack, of the parent organization, opened with a few introductory remarks and then turned the meeting over to Robert P. Moore, President of the Student Branch. Mr. Moore, from that point, took up the program and introduced Miss R. Corsello who read an interesting paper on "A Girl Looks at Pharmacy;" Mr. Geer followed with a talk on "Romance and Adventure in Pharmacy;" and Dr. C. Leonard O'Connell, speaking extemporaneously upon the invitation of Mr. Moore, presented a convincing argument for "Psychology in Pharmacy." The guests of honor for the evening were Dr. Julius A. Koch, Dean of the School, and Dr. James H. Beal, Chairman of the Board of Trustees of the U. S. P. Dr. Koch discussed "Present Coöperative Trends," and Dr. Beal spoke on "The Student's Place in Pharmacy." The program was arranged by the sophomore officers of the student organization. The meeting was well attended and was concluded with the serving of refreshments.

The Carnegie Corporation, New York City, has made an appropriation of \$10,000.00 toward the maintenance of the library of the Medical College of Virginia, which will this summer be housed in a handsome new building.

Adjoining the new library of the college the Richmond Academy of Medicine has built its home and library. This will contain the famous Joseph L. Miller collection of rare first editions, engravings, silhouettes, medical curios, etc. The headquarters of the Medical Society of Virginia will also be located in the Academy of Medicine building.