

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to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council."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

BALTIMORE.

The regular monthly meeting of the Baltimore Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at the Hotel Emerson on Tuesday, February 27, 1934.

President Cole opened the meeting and the usual business was deferred. The meeting was turned over to Mr. John A. Strevig, of Eli Lilly and Company, who presented a sound film entitled, "The Production and Clinical Application of Insulin."

The picture portrayed the various steps in the production of insulin on a huge scale, the numerous control procedures involved, and the final standardization of the product. The second portion of the film was devoted to the application of insulin in the treatment of the diabetic in the clinic. One of the most interesting exhibits presented was a young man who has received as many as ten thousand injections of insulin in the past ten years without infection from the injections. A truly remarkable record for a remarkable drug.

At the conclusion of the presentation a rising vote of thanks was extended to Mr. Strevig and the company which he represents. About seventy-five attended the meeting.

MARCH MEETING.

The Baltimore Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was host to the members of the Boards of Pharmacy and the Faculties of the Colleges of Pharmacy in District No. 2 at their March meeting.

The evening was devoted to a dinner given in honor of the visiting members of these associations. The dinner, held at the Emerson Hotel, was an unusually delightful affair. The speaker of the evening was Dr. Huntington Williams, Commissioner of Health of Baltimore City, who had for his topic, "Relation of Pharmacy to Public Health." Many notable personages in pharmacy and medicine were present. After the conclusion of Dr. Williams' address President Cole called upon many of the deans of the Colleges of Pharmacy and others for a few remarks which were rendered in a humorous manner with due attention to the more serious nature of the meeting.

Approximately fifty guests attended the dinner meeting and also a number of the local members of the Baltimore Branch, A. PH. A. The address by Dr. Huntington Williams follows:

RELATIONSHIPS BETWEEN PHARMACY AND PUBLIC HEALTH.*

BY HUNTINGTON WILLIAMS, M.D., DR.P.H.

Medicine and Pharmacy are sister sciences which have traveled hand in hand down the centuries from prehistoric times and ever since self-preservation has been instinctive in the human

* Address delivered before the Boards of Pharmacy and the Faculties of the Colleges of Pharmacy in District No. 2, Baltimore, Maryland, March 12, 1934.

race. Preventive medicine has an equally long heritage, but only recently has it emerged as a full-fledged specialty in the medical family, with new scientific bases and techniques of its own. The aims of medicine and pharmacy have always been the same; namely, the protection or restoration of health. Of late, however, there has been established a new focus of attention, the *keep-well* rather than the *get-well* point of view. And now in 1934 we find ourselves five years along in a new era, faced with new problems resulting from a world apparently out of gear—a topsyturvy world created, it seems, from the golden prizes which human greed and selfishness have ever held just out of reach. If ever there was a time when teachers were needed to set an example and stress the return to the old-fashioned ideals of unselfish service, it is now. With this thought in mind, I would direct your attention for a few moments to some of the mutual relationships between public health and pharmacy.

The goal which modern medicine is gradually setting for itself, which indeed the intelligent modern layman is demanding of it, is a *keep-well* service, which from the prenatal period to the grave seeks to prevent needless sickness and suffering and to postpone the arrival of the grim reaper just as long as possible. Whereas the old-style public health was largely a restrictive or *police* type of service, based on inadequate scientific knowledge; the modern health movement is almost entirely *educational* in its viewpoint. The health officer of to-day tries to teach his people the thousand important ways of keeping well.

It would seem that in pharmacy, too, the National Association of Boards of pharmacy has recognized the need for spreading the newer information and has established a Department of Education which issues a special Bulletin. When the health officer looks about him he sees at once that he is faced with a mammoth task—to achieve success it is imperative that the teaching of the essentials of keeping well must be integrated into all the educational processes going on about him. Their range is rather staggering. This evening I would emphasize one of the special educational fields in which adequate public health instruction is essential and in which a closer liaison may perhaps be built up between pharmacy and public health.

This special field is that of higher or professional education, the field which, for our purposes includes the medical schools, and the schools of nursing, dentistry and pharmacy. In this field the opportunities have never been greater nor the responsibilities more definite for placing in proper focus in the curriculum the attention which should be paid to instruction in public health and the modern aspects of preventive medicine.

To-day the graduates in all these special groups are expected to practice their professions along preventive lines. To do this each group must know much of the principles of the modern public health movement, which is so wide in its scope as to embrace the preventive aspects of all the special fields. The curricula of these professional schools are rapidly expanding to include the *keep-well* viewpoint. The tremendous need for this in schools of pharmacy is clearly expressed in the following statement taken from the introduction to a volume known to most of you here to-night, "The Basic Material for a Pharmaceutical Curriculum:"

"Conspicuous among the duties of the pharmacist is the group which deals with public health. These activities constitute his major function in connection with social and community life. Filling prescriptions correctly is, of course, important to the public, as is also the display and sale of reliable products; but in the service to public health the pharmacist serves the community in a unique way. Naturally, there are many sources from which the public may secure accurate health information—the public schools, the newspapers, and the publications of federal, state and private agencies. These all contribute their part to the solution of health problems; but the information they provide is general, and must be made specific in order to meet the personal needs of the one who is confronted with specific troubles of his own. To give this personal assistance the doctor is at hand. But many people are afraid of physicians and hospitals. Moreover, the physician keeps office hours which are relatively inconvenient for people who are busy with their own affairs. In addition to this, charges for consultation and treatment, even though modest, often keep the public from seeking the advice of a physician.

"The pharmacists are therefore more strategically situated than any other group of individuals to give personal advice upon matters of public health on which they are informed. The information is given free of charge and can be secured within easy walking distance of the home. The materials necessary for controlling the health problem are in stock and can be obtained promptly. Queries about health facts are casually asked by interested customers. Odds and

ends of information not easily accessible in the health literature can be gained in such conversations with a pharmacist. A well-informed pharmacist is the best single individual to disseminate information about public health."

Certainly if this be true a tremendous responsibility rests upon those persons who are charged with the training and licensure of future pharmacists and the post-graduate instruction, such as there may be, of those now in the field. You who are the ones to shoulder such a burden in this portion of the country should find the health officers and their colleagues in the medical profession more than willing to ally themselves with you in a common purpose.

What are some of the practical ways in which the graduate in pharmacy may best fit himself into the public health machinery of his own community? First of all, I feel that the man in charge of a corner drug store would want to select from his acquaintance some particular physician in whom he has great confidence and to whom he would feel free to turn for suggestions and guidance in the many problems of his daily work that may have a direct bearing on the practice of medicine, both curative and preventive. Then, I believe the pharmacist would wish to establish a personal relationship between himself and some representative of the local health department or board of health in his community so that by informal telephone communication he would, at any time, be able to secure the point of view of the official health authorities on a multitude of problems closely connected with his own work.

What are some of these special public health problems which day after day confront the man behind the counter? Among the very first should probably be mentioned the matter of the venereal diseases, which probably is the biggest and most difficult of all public health problems. Here again the volume on basic curriculum material in pharmacy includes the following wise statement:

"The venereal diseases annually exact an enormous toll of health, happiness and efficiency. The very great frequency with which pharmacists are consulted with respect to the treatment of these diseases places them in a special class from the standpoint of a student of pharmacy. Probably there is no public health problem in the solution of which the coöperation of the pharmacist is so desirable as the education of the public with regard to the dangers of these diseases and the importance of observing the laws and ordinances promulgated for their control."

The prevalence of the venereal diseases in our community was recently studied in a careful manner by the United States Public Health Service, with the resultant estimate of approximately 10,000 fresh cases of venereal diseases in this city each year and an approximate total of 10,000 cases constantly under treatment in this city. Health officials are still baffled in many communities by what amounts to a conspiracy of silence in connection with this problem and by a great public apathy in regard to it. Gradually, but by very slow educational methods, we are striving to reach a more open-minded public approach to this great question. In the meantime we know of the tremendous temptations which beset the pharmacist for "over the counter" diagnosis and treatment by the promiscuous sale of remedies of doubtful value. The man behind the counter, of course, should do his best in determining whether his client can afford a family physician and in obvious cases where this is economically impossible, the pharmacist should know of the nearest health department venereal disease clinic or hospital dispensary and refer his customer to it.

In the matter of tuberculosis we are faced with somewhat the same problem. The patent medicine and the cough mixture are easy to dispense, but the pharmacist who takes his responsibility seriously will worry considerably as to whether the cough or cold has been of long duration and again should know of some tuberculosis clinic or dispensary in case his client is apparently an indigent. It was not many months ago that I stopped at a corner drug store one evening and witnessed a young assistant in charge, scarcely more than twenty years old, who took from the shelves what was apparently a patent preparation for a customer who said he had a pretty bad cough. Just which of a large variety of commercial products was to be selected was determined by the remark of the young fellow behind the counter that he knew this particular brand was said to be useful in "lubricating the bronchial tubes." This settled all questions in the mind of the purchaser who went away satisfied, although I left with a feeling that the bronchial tubes were not just like a set of piston rings, in need of lubrication.

The pharmacist comes close to the public health program in the matter of the handling and distribution of many biologic products, such as sera, antitoxins and vaccines. For ten years it was my official duty to make periodic inspections of public health laboratory supply stations,

established in drug stores, and I was constantly amazed at the indifference with which some very perishable biologic products were stored in an ice-box, it would seem merely for the sake of appearances and quite regularly without the use of ice. It certainly must be true that many young children are vaccinated time and time again without success, because the vaccine virus has not been kept on ice either at the pharmacy or in the physician's office.

Of course the public will ask at the drug store for all types of information on personal hygiene, including the prevention of such diseases as diphtheria and typhoid fever. I see no reason why an up-to-date pharmacy should not have a rack accessible to all its customers, which might be filled with a carefully selected set of leaflets and pamphlets issued by the recognized health authorities and prepared for free public distribution as high grade educational material on these and many other problems of personal and community health. Again the customer will ask for the latest information in regard to nutritional problems, which brings up the whole matter of an apparent present-day tendency to overadvertise the vitamins. In this field I have a strong feeling that the whole vitamin business has been so thoroughly and unjustifiably commercialized with the misleading advertising which is so rampant in our day, that modern scientific developments are often asked to bear premature and excessive burdens. This same feeling would apply in like manner to a host of other problems which face the pharmacist in his daily work and which we trust may, in some manner, be improved by the enactment of a new federal food and drug bill.

The pharmacist is called upon at any hour to render first aid and of course must always have a knowledge of toxicology which often has an important bearing on preventive medicine and public health. So, too, he must have a knowledge of the essentials of maternal and child hygiene as well as a general understanding of the practical problems of community sanitation, including the purity of public water supplies and of milk and food supplies.

It would be a needless task for me to attempt to bring before you any complete review of the endless inter-relationships between the work of pharmacy and public health. You will agree, I feel sure, that to instill into the pharmacist a desire for a thorough knowledge of the modern public health campaign is really about all that is necessary. If he does not lose this desire, he will continue to keep up-to-date and be a most valuable member in the great army of public health workers in his community. There can be no doubt that in this matter all of us have a great and common task which is largely educational in nature. Concerning it, I, for one, am filled with optimism for the future.

The lessons of the last five years have been hard, but necessary ones. The period since 1929 has been one of a great awakening—and came at the end of a decade when all classes were worshipping the golden calf. The house of cards has pretty well fallen and with the depression may come a return of common sense, and a desire to understand and coöperate for the public good. Evidences of such a tendency may already be seen in the proposed changes in the national food and drug bill, which will be supported by the sister sciences of pharmacy and public health. As Dr. Robert Swain has pointed out—legislation in pharmacy as in other fields should be based on sound public interest and not on selfish motives. It is not too much to hope for a clearer focus on spiritual values in our every-day work where much will depend on the honor and integrity of the individual. We may be well-content to follow the way of life of perhaps the greatest modern physician, William Osler. He did his day's work as best he knew how and was willing to leave to destiny the outcome of his labors.

CHICAGO.

The monthly meeting of the Chicago Branch was held on March 20, 1934, at the University of Illinois, College of Medicine.

A "Symposium on Hospital Pharmacies" was presented by the following active members of the Branch: Wm. Gray of the Presbyterian Hospital, I. A. Becker of the Michael Reese Hospital, S. W. Morrison of the University of Illinois Research Hospital.

The discussions brought out the many differences between the hospital pharmacies and the retail drug stores. The number of prescriptions filled calls for the purchasing of drugs in large quantities. A comparison of the relative value of a drug as compared to another similar acting drug of less cost must be made as the hospital expense for drugs can be materially lowered where such large amounts are used.

Definite systems in the filling of the prescriptions are used to promote efficiency, accuracy and time saving.

Mr. Becker mentioned that powders and capsules are not prescribed at the Michael Reese Hospital as much time can be saved by dispensing the same medicaments in liquid form. Large quantities of the fast-moving medicaments are prepared in the form of 100%, 50% and 25% solutions.

Mr. Gray mentioned the interesting point that at the Presbyterian Hospital a committee exists, the pharmacist being an important member of this committee, that meets and discusses the new preparations placed on the market as to merit and price. In all cases official and non-secret medicaments are used where possible.

Mr. Morrison, in the course of his discussion presented a comparison of the prices of manufactured products to those made by the hospital pharmacists. The resulting figures should be an incentive to all pharmacists to manufacture more of his official preparations.

Exceptions were cited where it is practically impossible for a pharmacist to manufacture some preparations, and would be cheaper also, to purchase from the large manufacturing concerns.

After a five-minute recess the meeting was again called to order and Mr. Morrison presented a series of incompatibilities that he had encountered at the hospital. Methods of overcoming these were shown and discussed.

LAWRENCE TEMPLETON, *Secretary*.

DETROIT.

The February meeting of the Detroit Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at Webster Hall, February 22nd. A special Washington Birthday dinner preceded the meeting and a large gathering turned out to hear Director Parr, which was augmented by the attendance of the members of the Board of Pharmacy.

Owing to the absence of President Felix Johnson, the meeting was called to order by Treasurer Fred Ingram. He introduced the University of Michigan alumni, including Clarence Weaver, Leonard A. Seltzer, Glenn Staines, N. M. Henry and Prof. C. C. Glover, and Norman A. Weess of Everett and V. C. Piaskowski, new members of the Board of Pharmacy.

The Colleges of Pharmacy were represented by Dean R. T. Lakey of Wayne University, Prof. R. L. Dorion of Detroit Institute of Technology, and Dr. Howard B. Lewis of the University of Michigan. Dr. Lewis confirmed his previous invitation to hold the May meeting of the Detroit Branch, in conjunction with the Pharmaceutical Conference of the College of Pharmacy of the University of Michigan on May 17, 1934.

S. R. Klegon represented the clerks. Mr. Ingram then introduced the speaker of the evening, another University of Michigan Alumnus, Director of Drugs and Drug Stores, E. J. Parr.

The director presented a very interesting picture of the many problems confronting pharmacy in Michigan. He said the retail druggist must have protection against outside interests that are making strong inroads on the legitimate drug business. He referred to the vendors particularly and the patent medicine stores. During the last thirty days 125 vendors were licensed by the State and 15 convictions obtained for vending without a license.

The Michigan Clinical Thermometer Law was referred to by Director Parr as needing amendment. He claimed Connecticut, Massachusetts and New York alone had satisfactory thermometer legislation.

Mr. Parr predicted the grading of drug stores in the near future into three classes—the professional, semi-professional and merchandising stores. He said standards must be set up for qualification and inspection to include equipment, scales, weights and pharmaceuticals carried in stock. The Board of Pharmacy can only do what the laws allow, therefore, the answer is with the pharmacist; the Board is empowered to make rulings but not laws.

The listeners were astounded to learn that about one thousand manufacturers of medicinal preparations by non-pharmacists were established in kitchens, barns, etc., in Michigan over which the Board has practically no control. A \$20 license is required for every dog remedy; veterinary medicines are controlled by the State but no such control is exercised over medicines for humans. He pointed out that the drug laws in Michigan were very indefinite and offer very little protection to the druggist and even less to the public health. Improvement of the pharmacy laws which are unjust to the future generation was urged. The Board of Pharmacy desires to have qualified pharmacists; within the last month three drug store licenses were revoked for not operating according to the law. The Board at all times must consider the public health.

The pharmacists were informed that on July 1, 1934, new numbers were to be issued to drug stores in order to give an accurate check on the number of stores operating in Michigan. At present 5500 licenses have been issued with less than one-half of that number active.

A general discussion followed, led by Dean R. T. Lakey.

On motion of Prof. C. C. Glover, a rising vote of thanks was given to Director Parr for his enlightening and interesting talk, which brought a most profitable and pleasant evening to a close.

BERNARD A. BIALK, *Secretary*.

UNIVERSITY OF FLORIDA STUDENT BRANCH.

The March meeting of the University of Florida Student Branch was called to order at 5:10 P.M., March 21st, by President Jones.

A discussion of the action to be taken by the Local Branch on a design for appropriate insignia was participated in by members Coniglio, McLean and Johnson. The matter was deferred until such time as all other Student branches had answered requests for opinions.

There being no further business, President Jones called for nominations for officers for the coming year. The following were nominated:

For *President*, Frank L. Coniglio

For *Vice-President*, Arthur Goldstein, Robert L. White

For *Secretary*, Richard S. Johnson

For *Treasurer*, Paul Fehder, Dale Roth.

On voting (by secret ballot) Messrs. White and Fehder were elected to the offices of *Vice-President* and *Treasurer*, respectively. There being only one nomination for each of the other offices the secretary was instructed to cast a ballot for Messrs. Coniglio and Johnson for the offices of *President* and *Secretary*.

After appropriate remarks by retiring President Jones and President-Elect Coniglio the meeting was adjourned.

FRANK S. CONIGLIO, *Secretary*.

NEW YORK.

The March meeting of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held on March 12th, in the College of Pharmacy, Columbia University. About one hundred members and their guests attended.

President Ballard was in charge of the meeting. After the meeting was called to order, the report of the secretary was read and accepted.

Chairman Kassner, of the Professional Relations Committee then announced the Physicians and Pharmacists' Meeting to be held on March 29th in the Academy of Medicine under the auspices of the Academy of Pharmacy. Every one present was urged to attend.

Chairman Dauer of the Committee on the Progress of Pharmacy then reported on the following new remedies:

Mercupurin—an organic compound of a mercurial salt and theophylline. It is used in cardiac edema, cardiorenal edema and for cirrhosis of the liver. It is a powerful diuretic.

Pentnucleotide—a mixture of the sodium salts of pentose nucleotides. It is used in cases of agranulocytic angina.

Novatropin—methylhomatropine bromide. Its paralytic action is comparable to that of atropine and it is eight to ten times as potent as homatropine. However, it is less than one-thirtieth as toxic as atropine.

President Ballard presented the guest speaker for the evening, Dr. Ernst Boas, who discussed "The Heart and Its Diseases."

Dr. Boas began by giving some very interesting statistics on heart diseases. He showed that the death rate from heart diseases was gradually mounting, but that in some age classes decreases were to be noted. However, improved methods for diagnosis made comparison of recent figures with old rather unreliable; for, not many years ago, heart disease diagnosis had not reached a point comparable with methods employed to-day.

Having briefly reviewed the mortality statistics Dr. Boas went on to discuss the causes of heart diseases. These he grouped into four classes.

1. Rheumatism
2. Syphilis
3. High blood pressure
4. Arterio sclerosis.

The latter two go hand in hand, making really but three causes. After emphasizing that methods for preventing heart diseases were unknown, Dr. Boas went on to discuss progress made in controlling the diseases which lead to heart afflictions. For younger persons, rheumatic fever, is a primary cause of heart disease. By reducing the prevalence of this disease some progress in conquering heart disease has been made.

The speaker went further to explain that a definite type or kind of heart disease develops from rheumatic fever, and that every fresh attack of the disease causes new heart damage.

About five to ten per cent of the adult cases of heart disease can be traced to syphilis. This disease can now be controlled and hence, heart disease from this cause can be controlled. However, heart damage usually has already taken place by the time a diagnosis is made. The heart damage is usually upon the valves of the aorta.

High blood pressure is important as a cause of heart disease. It generally runs in families, and is probably due to some disturbance in the flow of internal secretions. The heart must work harder under such circumstances and it gradually enlarges and weakens. This usually requires many years and heart failure finally results.

Arterio sclerosis is a sign of senility. It usually occurs in persons after forty. It may bring on apoplexy, or the kidneys may fail. Arterio sclerosis picks out the vital organs for its attack.

Dr. Boas then showed numerous slides which illustrated many points covered in his talk thus far. He also showed some extremely interesting graphs made with an electrocardiogram and explained fully what use the specialist made of this information to aid him in his diagnosis.

In his concluding remarks the speaker made clear that there are heart diseases, specific afflictions of the heart, and that a single expression to describe all of these was misleading. He again pointed out the diseases which precede heart diseases and discussed their control as far as possible. In treating heart diseases many new remedies are being tried. Digitalis is, of course, a standard. But quinidine is being used in some types with marked success. Many mercurial organics are being used for their diuretic properties, and large doses of urea and ammonium chloride are also used for the purpose.

Finally, Dr. Boas repeated that we do not know how to prevent heart diseases but that this subject was receiving very considerable attention and much study was under way.

After answering several questions a rising vote of thanks was accorded Dr. Boas for his highly informative discussion.

RUDOLF O. HAUCK, *Secretary.*

NORTHERN NEW JERSEY BRANCH.

The March meeting of the Northern New Jersey Branch was convened at the Rutgers University College of Pharmacy on March 19th, by President Little.

Plans for the April meeting, at which time we will have the pleasure of entertaining the physicians of this neighborhood, were discussed. Professor Schicks in detailing the arrangements for the evening explained that the only ticket of admission required of the pharmacists who attend will be that they are accompanied by one or more medical friends.

The program is to be made up mostly of demonstrations illustrating the compounding of type prescriptions, the use of new apparatus in prescription work, and the manufacturing of galenic preparations. The Rutgers University College of Pharmacy is turning over its laboratory facilities and staff for this work.

In addition to the practical laboratory demonstrations, the Hudson County and Elizabeth Pharmaceutical Associations will have exhibits which display the work of the prescription room to excellent advantage. Parke, Davis and Company and Eli Lilly Company are also coöperating with displays of glandular products.

The Nominating Committee reported the names of the following candidates for officers of the Branch for the ensuing year: *Honorary President*, Philemon E. Hommell; *President*,

Ernest Little; *Vice-President*, G. C. Schicks; *Secretary*, L. W. Rising, and *Treasurer*, A. F. Marquier. The candidates were elected by unanimous ballot.

Professor O. P. M. Canis gave a short talk on the rapid return of Pharmacy to botanical *materia medica*. He felt that the trend was very definitely in that direction and in order to profit by it pharmacists should begin an intensive study of the U. S. P. and N. F. herbs. Drawing many illustrations from his forty-five years' experience as a retail pharmacist he vividly portrayed the potentialities of this swing in prescription writing.

To complete our evening of professional discussions Professor C. L. Cox presented a talk on emulsions. The theoretical considerations were nicely balanced with the practical manufacturing problems arising both in the making of emulsions, and the preventing of their formation at times when their presence would disrupt certain processes. By means of laboratory demonstrations made while he talked Professor Cox forcibly illustrated many oddities in emulsion making, and the use of different types of equipment.

L. W. RISING, *Secretary*.

NORTHERN OHIO.

A joint meeting of the Northern Ohio Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION and the Western Reserve University Student Branch, A. PH. A., was held in the Faculty Club of Western Reserve University, Cleveland, Ohio, April 13, 1934. The meeting was under the auspices of the Student Branch and was preceded by a dinner, the guest of honor being Secretary M. N. Ford, of the Ohio State Board of Pharmacy and secretary-treasurer of the Conference of Pharmaceutical Law Enforcement Officials.

After the dinner, the meeting adjourned to the class-room auditorium of the School of Pharmacy where the membership and others interested in Pharmacy listened to a very much worth-while and interesting talk on Mr. Ford's experiences, covering a period of more than twenty years, as secretary of the Ohio Board of Pharmacy and as an enforcement officer of Pharmacy laws.

Some Court decisions were reviewed and some episodes touched upon in order to demonstrate the fact that the path of a law enforcement official in fields of professional practice is not a rosy one. However, it was pointed out, there seems to be a gradual improvement all along the line in Ohio and other states of the nation due, largely, to the concerted efforts of the members of the Pharmaceutical Law Enforcement Conference.

Mr. Ford congratulated the Student Branch on its manifested interest in better pharmacy and assured the members that the future of professional pharmacy and its ethical practice will be influenced in no small degree by groups similar to those that composed this joint meeting.

Just previous to the dinner meeting the Council of the Northern Ohio Branch, A. PH. A., in addition to some routine business matters adopted the following resolution:

RESOLUTION ON THE DEATH OF HERBERT E. BENFIELD.

WHEREAS, Our highly respected and much beloved co-worker, Herbert E. Benfield, passed away on February 26, 1934, and,

WHEREAS, Mr. Benfield was one of the founders of this organization and held its ideals and purposes in the highest esteem, and,

WHEREAS, His exemplary service as president and committeeman, along with his regular attendance when not in office amply demonstrated his willingness to make more than lip contributions, and,

WHEREAS, His exceptional friendliness and genial fellowship, his kindness and toleration won the admiration and endearment of all his associates.

Resolved, that we express our deep sorrow at his death and extend to his widow and relatives our heartfelt sympathy in their hour of bereavement.

Resolved, that a copy of this resolution be sent to Mrs. Benfield, be entered in our minutes and be sent to the Editor of the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

N. T. CHAMBERLIN, *Secretary*.

PHILADELPHIA.

The March meeting of the Philadelphia Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held in the auditorium of the Philadelphia College of Pharmacy and Science, on Tuesday evening, March 20th.

The occasion was that of the annual dinner tendered by the members of the branch to its past-presidents in honor of their loyalty to the organization.

The following past-presidents attended, and each was called upon by President Eby for a word of greeting and a few appropriate remarks: W. A. Pearson, E. Fullerton Cook, Ambrose Hunsberger, W. W. McNeary, Brua C. Goodhart, Raymond Hendrickson, Adley B. Nichols, James C. Munch and William J. Stoneback. Although topics were not assigned these speakers, the general trend of their discussion concerned the necessity for advancing the pharmaceutical profession with an outlook toward its future. Favorable legislation to abolish unsatisfactory conditions, coöperation with other similar professions, the need for a social survey for pharmacy and for increased pharmaceutical research were among the suggestions offered by the various past-presidents.

An illustrated talk on "The Appreciation of Art" by Mr. V. McCormick was then enjoyably received by the group.

Near the close of the meeting the annual reports of the secretary and treasurer were read and approved, and the chairman of the Nominating Committee presented a list of officers for the coming year. The following were unanimously chosen:

President, Alfred Barol

First Vice-President, Theo. A. Campbell, Jr.

Second Vice-President, L. L. Miller

Secretary-Treasurer, Edmund H. MacLaughlin.

President Eby thanked the members assembled for their coöperation during his term of office and after installation of the new officers the meeting was adjourned.

EDMUND H. MACLAUGHLIN, *Secretary*.

NORTHWEST PHARMACEUTICAL
BUREAU ELECTS OFFICERS.

The following officers were elected: *President*, J. P. Jelinek, St. Paul; *Vice-Presidents*: J. J. Gillespie, Des Moines and John Heerema, Pella, Iowa; *Treasurer*, Robert M. Gibson, Des Moines, Iowa; *Secretary*, Rowland Jones, Gettysburg, South Dakota; *Advisory Secretary*, Frank M. McCabe, St. Paul. *Executive Committee*: N. Vere Sanders, Albert Lea, Minnesota; P. J. Jepson, Newton, Iowa; John Veenker, Northwood, Iowa, and W. F. Sudro, Fargo, North Dakota.

OKLAHOMA CITY EMPLOYS
PHARMACIST.

After quite a discussion of the Oklahoma City officials with the State Board of Pharmacy, Oklahoma City has decided to employ a registered pharmacist and Frank Weaver has been named as pharmacist. There was quite a contention over the matter, the city attorney having ruled that Oklahoma City was within its rights in dispensing drugs without a pharmacist.

FOUR NEW VETERANS' HOSPITALS TO
BE OPENED.

Four new veterans' hospitals with an aggregate capacity of 963 beds, built at a cost of \$3,002,014, are to be placed in commission as a result of liberalization of the veterans' relief regulations promulgated under the Economy Act of 1933. The institutions are in Batavia, N. Y., Cheyenne, Wyo., Des Moines, Iowa, and Fayetteville, Ark. Two other hospitals are under construction, a general hospital at San Francisco, and one for nervous and mental diseases at Roanoke, Va.

THE WEIGHTS AND MEASURES LAW
IN CHINA.

The Commercial Counsellor at Shanghai reports that no detailed regulations have yet been issued for the Weights and Measures Law. It is understood, however, that invoices should be made out in conformity with the metric system and, in order to avoid confusion, goods should also be marked according to that system. The units to be employed for this purpose are those of the international metric standard and not the Chinese adaptations thereof.