

CONFERENCE OF PROFESSIONAL PHARMACISTS

ABSTRACT OF PROCEEDINGS

The meeting was called to order by Dean C. B. Jordan, of Purdue, who requested Charles V. Selby to act as secretary. Dean Jordan stated that a Professional Pharmacists group was nothing new, that it had been discussed and talked about for the past thirty years, attempts having been made to organize an Institute of Prescriptionists and the work done by the A. PH. A. committee on Professional Pharmacy. During recent years various groups throughout the United States have become organized with the thought in mind, if possible, to form a National Organization of Professional Pharmacists. Since all are working along the same lines it is thought well that the efforts of all be correlated under the AMERICAN PHARMACEUTICAL ASSOCIATION. The meeting held in Atlanta, 1939, resulted in the appointment of a committee to study this problem with the thought of organizing at the Richmond meeting and that the Committee bring in a report which would be open to all who wish to abide by the rules and regulations drawn up for such an organization.

President DuMez expressed belief that if the Professional Pharmacists felt that there was need for such an organization, even with the many organizations we now have, such a group should be a part of or affiliate with the AMERICAN PHARMACEUTICAL ASSOCIATION as the logical place for a professional group to affiliate because the prestige and standing of the said Association would be beneficial. Dr. DuMez expressed his hope that if such a professional pharmacists group came into being it might become a part of the A. PH. A.

Dr. E. F. Kelly, secretary of the A. PH. A., said that the A. PH. A. was pleased to have groups who have mutual problems, meet with them, that we must recognize the changes that have been going on in the profession, and that the different groups naturally have specific needs. While the services offered to a particular group would not be of interest to other groups, such an organization should render definite services to its members and should be open to all who wish to make use of these services. Dr. Kelly expressed hope that if such a group was organized, it could become a part of the A. PH. A.

Doctor Jordan said unless there were objections, papers of authors who were absent would be presented by title only, and if sufficient time permitted they would be read at a later time; if not, they would be accepted for publication in the JOURNAL OF THE A. PH. A.

Presentation of Papers.

"Effect of Commercialism on Pharmacy," Milo A. Chehak. Read by title.

"The Menace of the Dispensing Doctor to Professional Pharmacy," Max N. Lemberger.

"Professional Pharmacists and Pharmacy," A. L. Malmo. Read by title.

If a distinction be made between professionally-minded and commercially-minded pharmacists, how would it affect:

(a) Public Health, Charles V. Selby.

(b) Those stores that can render a complete pharmaceutical service and those stores that cannot render a complete pharmaceutical service, Thomas Roach. Read by title.

"A suggested Program for the Further Advancement of Professional Pharmacy," Leonard J. Piccoli.

In the discussion of the paper presented by Mr. Lemberger, the question was raised, "What was the source of supply of materials dispensed by doctors and were they stated sources?" Mr. Lemberger replied "that in a majority of cases merchandise was not of a usual standard dispensed by the pharmacist and there would be more information regarding this thought to be found in this paper which will be published at a later date." Another question was: "What percentage of doctors in Wisconsin dispense their own medicine?" Mr. Lemberger replied "according to survey, 25%. More information will be made available later as a survey is now under way in Wisconsin."

In discussing his paper, Dr. Piccoli stated that in New York the Association for the Advancement of Professional Pharmacists had actually been organized and was functioning. However, they are deeply interested in the various groups throughout the United States, who are attempting to do the same things; are interested in working with the allied professions for problems of mutual interest, including the official medicines and the services that can be rendered to them by the pharmacists. The press had misconstrued many things which they had been attempting to do and this confused almost everyone. Such groups set as their objectives, educational work to assist their members in keeping up to date with newer methods of dispensing and the newer products of research. All groups were interested in one purpose—the elevation of pharmacy. A part of the program also should be to show the recent graduates that the picture of pharmacy is not as gloomy as might be painted by some. In fact it is rather encouraging at the present time and it was to be hoped that all groups could come together under a common banner, such as the A. PH. A., to carry out such a program on a nation wide basis, to build greater public appreciation for pharmacy and the services it renders.

Before calling for the Committee's report Doctor Jordan expressed the view that the Committee was a cross section of the United States, representing American Pharmacy. Men from all classes of retail practice were on the committee. While he was not a member of the committee, he had worked with them and knew that the report they were about to render

was the result of hard work and all of the thoughts of the various groups throughout the United States. Personal grievances had been set aside and everything was attacked strictly from the standpoint of its being good for Pharmacy.

Members of the committee were: J. K. Attwood, of Jacksonville, Fla.; L. D. Bracken, of Seattle, Wash.; Denny Brann, of Des Moines, Ia.; Herbert H. Gerding, of Fort Wayne, Ind.; Ambrose Hunsberger of Philadelphia, Pa.; F. D. Lascoff of New York, N. Y.; Max N. Lemberger of Milwaukee, Wis., who acted as chairman; P. G. Stodghill, of Denver, Colo.; and Charles V. Selby, of Clarksburg, West Va.

The report of the committee was presented by chairman Lemberger, who read the complete Constitution and By-laws of the proposed American College of Apothecaries to be affiliated with the A. Ph. A. After reading this Constitution and By-laws chairman Lemberger moved its adoption with the statement that this was the consumation of facts that had been submitted and gathered from every known source. It is surely an unbiased and unselfish report and believed to be in the interest of public health and pharmacy. While this is not perfect at all, it is a yard stick and gives us something from which we can make a start. Motion was seconded by Denny Brann.

Following the committee's report a great deal of discussion was brought out in regard to many particulars in this constitution. When the final call for the question was put, it was with the understanding that if it was passed, the committee would give consideration to the various changes as recommended at this particular meeting and to present the final draft to the A. Ph. A. Council at the earliest

possible meeting for their consideration and possible affiliation with the A. Ph. A. The motion was passed by a unanimous vote.

The necessary organization work having been completed, to provide for officers to make the new organization function after affiliation with the A. Ph. A., Dean Jordan was selected to serve as temporary chairman and Mr. Selby as temporary secretary.

The following men were nominated for the various offices and the secretary instructed to cast a unanimous ballot declaring all duly elected for terms of office as set forth in the constitution and By-laws of the proposed American College of Apothecaries: *President*, A. L. Malmo, of Duluth, Minn., (Mr. Malmo assumed the chair at this point); *President-Elect*, Max N. Lemberger, of Milwaukee, Wis.; *Vice-President*, F. D. Lascoff of New York, N. Y. *Region 1*, John R. Sawyer, Boston, Mass. *Region 2*, James Hill, Niagara Falls, N. Y.; *Region 3*, J. K. Attwood, Jacksonville, Fla.; *Region 4*, Herbert Gerding, Fort Wayne, Ind.; *Region 5*, Denny Brann, Des Moines, Ia.; *Region 6*, To be filled by Board appointment; *Region 7*, L. D. Bracken, Seattle, Wash.; *Region 8*, Paul Stodghill, Denver, Colo.

Following the election of officers President Malmo stated that the committee would hold a meeting at once to consider all proposed changes and to submit final draft to the Council, A. Ph. A., at the earliest opportunity.

As an expression of appreciation to Dean Jordan for his untiring efforts, President Malmo requested that a rising vote of thanks be extended him.

There being no further business the meeting adjourned.

THE PLANT SCIENCE SEMINAR

ABSTRACTS OF THE PROCEEDINGS

The 18th annual meeting was held at Richmond, Va., Saturday, May 11, 1940. Due to the decennial Pharmacopœial Convention and the Convention of the A. PH. A. being scheduled for May, it was necessary to condense the usual Seminar Program.

Saturday morning was devoted to a botanical excursion to Maymont Park, one of the loveliest spots in Richmond, under the direction of Dr. J. A. Reese. Rare shrubs and flowering plants from many parts of the world have been brought to Maymont and these, together with hundreds of native plants, offered much of botanical interest to the members of the Seminar. Many of the shrubs were in the flowering stage and presented indescribable beauty—a rare opportunity for the Kodachrome fans in the Seminar membership.

On Saturday evening sessions were held in Simon Baruch Auditorium located in the restored Egyptian Building, oldest building on the campus of the Medical College of Virginia. Prof. J. H. Hoch, chairman of the Seminar, opened the meeting with a welcome and brief account of the history and aims of the Plant Science Seminar.

Announcement of appointments on committees and as delegates was made.

Dr. Marin S. Dunn was then introduced and spoke informally on "The Flora of the South Sea Islands, Australia and New Zealand." During the summer of 1939 Dr. Dunn visited Hawaii, Samoa, Fiji, New Zealand and Australia, inspecting botanical gardens and studying flora of these localities. He made over 200 Kodachrome slides and used them to illustrate his account to the Seminar. Many questions were asked as the slides were projected. Description of many plants was given and several interesting experiences related.

Communications were read from Prof. A. W. Matthews and Prof. L. B. Barrett.

Dr. H. W. Youngken reported on the progress of Standardized Plant Names and announced the second edition to be ready about September. He described Standardized Plant Names and told how the Seminar and the A. PH. A. had influenced the inclusion of medicinal plant names in this work. He also reported progress during the year in the plant census and predicted early publication of this work.

Chairman Hoch announced a gift of \$50 from Dr. E. L. Newcomb to begin the Seminar's 35-millimeter Transparency Project. Under this plan individual members located in various parts of the country are to take Kodachromes of their native drug and medicinal plants. These transparencies are then to be donated to the Seminar Collection, and the same will be loaned to the Department of Botany and Pharmacognosy of any college of pharmacy upon request. The \$50 gift of Dr. Newcomb is to be used to defray the cost of containers, or

albums, for the slides and the cost of keeping the collection, mailing, express and insurance. Messrs. Fischer, Youngken, Stoll, Goodrich, Dunn, Carpenter and Wirth have designated their willingness to contribute to the collection. It is hoped that many others will follow and that all colleges will make use of this new service.

Resolutions.—1. *Resolved*, that the Plant Science Seminar extend its hearty thanks to Dr. J. A. Reese for the very excellent arrangements provided for the trip to Maymont Park and the meetings in Baruch Auditorium.

2. *Resolved*, that the Plant Science Seminar express its profound appreciation to Dean Rudd and to the Medical College of Virginia for the excellent facilities and the many courtesies extended this organization during its meetings at Richmond, Va.

Officers: *Chairman*, J. E. Seybert, Indianapolis, Ind.; *Vice-Chairman*, A. J. Schwarz, Memphis, Tenn.; *Secretary-Treasurer*, E. H. Wirth, Chicago, Ill.; *Members of the Executive Council*, E. B. Fischer, Minneapolis, Minn.; J. H. Hoch, Charleston, S. Car.

During the A. PH. A. convention the new Record Album of the Seminar was displayed in the lobby of the Jefferson Hotel. This handsome book was prepared by the Secretary during the past year and contains all the official photographs of the past seventeen meetings of the Seminar as well as hundreds of snapshots made at these meetings. In addition are programs, reports, minutes, newspaper clippings and many other items pertinent to the history of the Plant Science Seminar.

Registered at the 18th Seminar were: I. A. Becker, Chicago, Ill.; Carolyn A. Binder, Oak Park, Ill.; Dr. and Mrs. F. Scott Bukey, Lincoln, Nebr.; L. K. Darbaker, Pittsburgh, Pa.; Dr. and Mrs. M. S. Dunn, Philadelphia, Pa.; E. B. Fischer, Minneapolis, Minn.; Dr. and Mrs. E. N. Gathercoal, Chicago, Ill.; W. F. Gidley, Austin, Tex.; F. J. Goodrich, Seattle, Wash.; Dr. Katherine Graham, Chicago, Ill.; L. E. Harris, Norman, Okla.; H. G. O. Holck, Lincoln, Nebr.; J. H. Hoch, Charleston, S. Car.; D. B. R. Johnson, Norman, Okla.; F. B. Kirby, Chicago, Ill.; Mrs. Charles Kvicala, Baltimore, Md.; Hazel E. Landeen, St. Paul, Minn.; E. V. Lynn, Boston, Mass.; William Mansfield, Albany, N. Y.; R. F. McCrackan and Mary Lee McCrackan, Richmond, Va.; R. L. McMurray, Columbus, O.; Dr. and Mrs. E. L. Newcomb, Montclair, N. J.; J. A. Reese, Richmond, Va.; A. John Schwarz, Memphis, Tenn.; Mr. and Mrs. J. E. Seybert, Indianapolis, Ind.; Dr. and Mrs. F. J. Slama, Baltimore, Md.; Dr. and Mrs. F. D. Stoll, Louisville, Ky.; Dr. and Mrs. G. L. Webster, Chicago, Ill.; H. W. Youngken, Boston, Mass.; Dr. and Mrs. C. J. Zufall, LaFayette, Ind.

CONFERENCE OF STATE COMMITTEES ON U. S. P.—N. F. PROMOTION

ABSTRACT OF PROCEEDINGS

The Third Annual Meeting of the Conference was held at the Hotel Jefferson on Thursday, May 9th, at 1:30 P.M. with representatives from eighteen states in attendance. Marvin J. Andrews acted as Chairman and Charles V. Selby as Secretary.

The purpose of the conference was to exchange ideas on the methods used in the various states in promoting the use of the official products, as well as to discuss the problems encountered by the Inter-Professional Relations Committees.

PRESENTATION OF PAPERS.

"The Promotion of Professional Relations by a School of Pharmacy," W. D. Strother.

"Promotion in Mississippi," C. E. Wilson.

"Promotion of U. S. P. and N. F. Preparations from a Marketing Standpoint," J. W. Snowden.

Based on the length of the discussion the two most perplexing problems were, how to obtain the cooperation of the pharmacists and the best method to use in encouraging physicians to prescribe the official products whenever possible.

Relative to the first problem, many expressed the view that this work had been carried on by individuals or groups of individuals in the various states, and would have to be continued in this way for the present. With this handful of willing workers, who have received little support from retail pharmacists as a whole, the work has progressed and the results from surveys show that their work or effort has not been wasted. In each state where such work has been carried on, there has been an increase in the number of prescriptions containing all official drugs and preparations. The problem of obtaining cooperation from all the retail pharmacists is still unsolved and this group will appreciate any suggestions the readers of this article may offer to remove this obstacle.

There are many methods being used to encourage physicians to write more prescriptions using the official products whenever possible. The methods most frequently used are blotters, index cards containing prescriptions and other information, letters, pocket formularies, displays at medical and dental meetings, lectures, articles in state dental and medical journals, group meetings with the allied professions, talks at club meetings, contacting physicians and dentists when they visit the store, etc. Many questions were asked in reference to the way the material should be presented. As the object of the work is to encourage the members of the dental and medical profession to write more prescriptions and to use official products whenever possible, the entire discussion pertaining to the written material to be distributed to the allied professions may be summed up in a few words.

Place and keep the program on an educational basis. Write everything in the form of a prescrip-

tion, whenever possible, instead of introducing a new formula which will have to be carried in the retail store. The quantities of each ingredient contained in the prescription should be given in both the metric and apothecaries systems. Although the majority prescribe in the apothecary system there are a great many that use the metric system exclusively. The ingredients in the prescriptions should be written in one language throughout, either Latin, Abbreviated Latin or English, with the directions being given in English. The objection to the use of English for the name of the ingredients is that the patient can read the prescription and in many instances this leads to self medication. If a file and index tabs are used the tabs should be center cut to permit additions. It is a bad policy to compare prices of official products with non-official products as the prices cannot be controlled in all stores.

The group expressed a desire to continue the meeting next year and if possible to arrange a place on the program where more time can be given to the meeting.

Although the scheduled meeting was short, the interest did not conclude with the meeting. Many small groups representing three or more states gathered in the hotel rooms and continued the discussion.

Displays.—The first group represents the type of material used in the various states by Interprofessional Relations or U. S. P. and N. F. Promotion Committee. Displays were prepared by the following: Alabama, Connecticut, District of Columbia, Indiana, Kansas, Kentucky, Maryland, Minnesota, Mississippi, New Jersey, New York Pharmaceutical Association and the Buffalo Academy of Pharmacy, Ohio, Pennsylvania, South Carolina, Virginia and West Virginia.

The second group of educational displays was prepared by the American Social Hygiene Association, The U. S. P. Revision Committee, The American Pharmaceutical Association Laboratory, The A. Ph. A. Recipe Book, II. Committee, The National Dental Program and the American Association for Advancement of Professional Pharmacists.

The third group of displays was of special interest to the prescription pharmacists. The Becton, Dickinson & Co. illustrated the various steps required to prepare and test a clinical thermometer and a hypodermic syringe. The DeVilbiss Company displayed all the various types of atomizers, nebulizers, etc. A general line of labels and prescription containers was prepared by Drug Package Incorporated and the Pictorial Paper Package Corporation. The Owens-Illinois Glass Company displayed a line of prescription bottles, ointment jars, etc.

The displays were open to those attending the convention 24 hours each day throughout the week. They were unique as their purpose was to present new ideas and general educational information. There were no representatives at the various booths and many were seen taking notes during the early morning hours and late at night.

The Conference is endeavoring to get each and

every State Committee to exchange the publicity material distributed in their respective states. Those that are willing to cooperate in this exchange should send their name and address to Marvin J. Andrews, 32 S. Greene Street, Baltimore, Maryland. Their name will be placed on the exchange list and a copy of the list will be forwarded to each and every participant.

NATIONAL CONFERENCE ON PHARMACEUTICAL RESEARCH

ABSTRACT OF THE PROCEEDINGS

The 19th annual meeting held in the Jefferson Hotel, Richmond, Va., May 7, 1940.

FIRST SESSION, 2:00 P.M.

Meeting called to order by Chairman, W. J. Husa.

- 2:01 P.M. Opening Remarks by the Chairman.
- 2:04 P.M. Appointment of Nominating Committee.
- 2:05 P.M. Reports of Officers.

SYMPOSIUM ON CHEMICAL CONTROL

- 2:15 P.M. "Chemical Control and the Pharmacopoeia," George D. Beal.
- 2:45 P.M. "Chemical Control in a State Department," W. F. Reindollar.

3:15 P.M. "Chemical Control in Industry," John F. Ross.

3:45 P.M. "The Teaching of Chemical Control," Arthur Osol.

4:45 P.M. Roll Call of Delegates.

4:50 P.M. Election and Installation of Officers.

5:00 P.M. Adjournment.

6:00 P.M. Annual Dinner.

7:00 P.M. Address: "Changing Trends in Chemotherapeutic Agents," Dr. Walter Hartung, Professor of Pharmaceutical Chemistry, School of Pharmacy, University of Maryland.

Adjournment.

JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION
**THE CONFERENCE OF PHARMACEUTICAL
ASSOCIATION SECRETARIES**

ABSTRACT OF PROCEEDINGS

In Richmond, Va., May 5-11, 1940, the Conference of Pharmaceutical Association Secretaries held four business sessions, with thirty secretaries attending.

Dr. E. F. Kelly, Secretary, Maryland Pharmaceutical Association, spoke regarding the observance of the dangerous Drug Act and counseled strict observance of the State and Federal Food, Drug and Cosmetic Acts. Dr. Kelly strongly advised that all State Pharmaceutical Associations endeavor to have a pharmacist on the State Board of Health.

In the discussion following Dr. Kelly's remarks, mention was made of the sale in some sections, of excessive quantities of exempt narcotics and the warning was sounded that if the practice continues, the Federal authorities may decide to do away entirely with the list of exempt narcotics.

Albert C. Fritz, President, N. A. R. D., made an address in which he reviewed the progress that had been made in the N. A. R. D. crusade against variations in the present rates of electric companies for current use, business purposes and domestic. At the conclusion of President Fritz's remarks, a motion was made, and passed that the Conference of Pharmaceutical Association Secretaries approve the N. A. R. D. program for more uniform rates for electric current.

A motion was also passed complimenting and thanking Dr. E. F. Kelly for the very interesting and useful Practical Pharmacy Edition of the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

Rowland Jones gave the Secretaries present a short talk on the present status of the District of Columbia Fair Trade Bill and after hearing Mr. Jones' remarks, it was the consensus of opinion that it would be wise to mark time with the District of Columbia Fair Trade Bill for the present. Mr. Jones also reported the progress of HR-1, the Patman Chain Store Bill, and stated that although there were some objections to the Patman Bill, most National Legislators favor some sort of National Chain Store Legislation.

At the opening of the Second Session, President Miller introduced John O'Brien, Chairman, National Pharmacy Week Committee. Mr. O'Brien stated that National Pharmacy Week this year will be the week of October 20th-26th. He appealed to the Secretaries of all State Associations to cooperate with the National Committee to induce their members to make professional pharmacy window displays, to make addresses before schools, civic and fraternal organizations, arrange for broadcasting Pharmacy Week messages over radio stations in their localities and urge every pharmacist to use all

legal methods to publicize the professional side of our calling during National Pharmacy Week.

President Miller presented her report on the work that had been accomplished since the Atlanta Convention last year.

Secretary-Treasurer Hayman reported that there was \$414.00 on deposit in the Treasury of the Conference.

Secretary Chauncey Rickard explained the State Organization set-up in Pennsylvania. He said that the State was divided into eighteen districts with a captain in charge of each district.

Mrs. Miller reported that in Kansas they have a captain in each county. Speaking of dues, President Miller said that in Kansas experience had taught them that no State Secretary could hope to be successful if he must personally collect dues from members.

Jennings Murphy, Wisconsin State Secretary, made a report on the result of a questionnaire used in financing the various State Pharmaceutical Associations. The replies to the questionnaire showed that State Association dues ranged all the way from \$3.00 to \$36.50 per annum. The report also contained some interesting items about the advertising rates of State Association Journals which ranged from \$15.00 to \$100.00 per page. Secretary Murphy stated that advertising rates in the Wisconsin Pharmaceutical Association Journal were \$35.00 per page for the first one thousand circulation, \$20.00 additional for the next one thousand circulation.

Secretary Murphy stated that they now give no Fair Trade service to non-members in Wisconsin, having learned from experience that if non-members receive gratis the same service for which members pay dues, they will remain non-members.

Joseph Shine, Secretary of Illinois, reported that for the 1940 Convention the Illinois Association was having a Drug Show on an appreciation basis. Manufacturers were induced to offer deals to Illinois druggists. The members were informed that the respective manufacturers had purchased exhibit space in the Drug Exposition and the druggists were induced to place orders in appreciation of the manufacturers rental of exhibit space. Rent of booths, \$100.00. Sold capacity—40 booths. Pennsylvania also reported they were sold out for the 1940 Drug Show. Nebraska reported fewer exhibitors each year. Alabama sells space to Fair Trade manufacturers only. New York expects to have a drug show in 1941.

The Third Session was called to order at 2:00 p.m. Wednesday, May 8th. Secretary Victor Keys, of Ohio, reviewed the Fair Trade situation, particularly as related to Ohio. He stated that all price

changes, new deals etc., were cleared through the office of the State Association. Secretary Keys said they employ thirty-three shoppers in the City of Cleveland each week. A list of violations is sent to all manufacturers whose prices have been violated. He further stated that all free gifts, trading stamps or other concessions, are taboo.

Nicholas Gesoalde, Executive Secretary, Fair Trade Committee of New York, stated they had 7600 pharmacists in New York; 10,000 variety stores selling cosmetics and toilet goods. They have twenty-five shoppers working out of the New York office. They believe in Retailer-Retailer suits. No suit is brought without fifteen to twenty shoppers to testify to violations. After three communications are sent to violators, the violation is thrown into the lap of the manufacturers. A charge of \$1.25 is made for loose leaf binders to members. When a manufacturer's suit is brought, they ask injunction on all articles on that manufacturer's list. The New York Pharmaceutical Association prepared the case but is not party to the suit.

Dr. E. L. Newcomb gave a short address in which he congratulated the Secretaries on the very temperate language used.

Secretary Irl Brite of Arkansas reported regarding registered pharmacists in his State. He stated that 637 stores pay \$10.00 per annum, registration fee, to the Board of Pharmacy, that 587 members of the Arkansas Pharmaceutical Association pay \$5.00 per annum, dues: also, that the State is divided into fifteen districts.

The nominating Committee presented the following report: *President*, Joseph Shine; *First Vice-President*, Jennings Murphy; *Second Vice-President*, Chauncey Rickard; *Secretary-Treasurer*, Clara B. Miller. The report was accepted and the above officers elected by acclamation.

The Final Session was called to order by President Miller at 9:30 A.M.

Secretary Morrison of Florida reported on chain store legislation in his State and presented copies of an ordinance for the City of Miami, sponsored by the Southeastern Florida Pharmaceutical Association, imposing a yearly mercantile tax on chains of five or more stores of from \$400.00 to \$600.00.

Mr. Bell, of Lehn & Fink, was present in response to a phone inquiry regarding retailers not being notified of recent 49c special Hinds. He apologized for the seeming neglect and said that in future all retailers will receive ample notification regarding price changes on Lehn & Fink merchandise.

Resolution.—The following was presented:

"WHEREAS: The Conference of Pharmaceutical Association Secretaries is concerned with present low margins available to the average retailer under fair trade minimum prices and,

"WHEREAS: The present widespread wholesaler practice of eliminating certain discounts formerly enjoyed by the average retailer has greatly lowered

the gross margin of such retailers, which in many cases are far too low when compared to the National drug store average overhead, and

"WHEREAS: The elimination of these discounts has insured to the wholesaler his full margin of profit, therefore,

"Be it resolved that the Conference of Pharmaceutical Association Secretaries, for sound economic reasons demand that wholesale list prices as established by manufacturers be reduced to a degree that will result in an absorption of the cost of retail distribution of the average retailer without increasing present fair trade minimum prices to the consumer, and further, therefore,

"Be it resolved, that the Secretaries of State Pharmaceutical Associations in their respective states make this demand a major objective."

A motion was made, seconded and carried that it be adopted.

Secretary Slocum of Iowa spoke on the Uniform Narcotic Law and stated that medical doctors had been prosecuted and convicted in Iowa for the violation of the Federal Narcotic Act. A discussion followed. Secretary Moulton of New Hampshire said he had opposed restrictions on pharmacists only in a Uniform Narcotic Law.

Charles Clayton, Secretary of Colorado, said Colorado had a State Narcotic Act but that it is not enforced. He also reported that they had an Unfair Practice Act in Colorado stating that goods must be sold 20% above cost.

Mr. Gesoalde stated that New York had a Uniform Narcotic Act the same as the Federal Narcotic Law in operation since 1935, inspections only on complaints.

Robert Lehman, New York State Secretary, reported that the New York State Drug & Cosmetic Act gives the Board of Pharmacy unlimited power. The Board of Pharmacy can also determine what are dangerous drugs.

Address.—George A. Moulton made an address on the subject, "Pharmacy and the State."

Prescott R. Loveland, New Jersey Secretary, was asked to report the experience of his State with a pharmacist on the State Board of Health. Secretary Loveland said that in 1939 the law was amended, increasing the members on the State Board of Health from eleven to twelve, one of which must be a pharmacist. The Bill was signed by the Governor. The New Jersey Pharmaceutical Association recommended Dr. Robert P. Fischelis for the position. Governor Moore appointed him and the appointment was immediately confirmed by the Senate. Continuing, Secretary Loveland stated that Health Laws in every state very materially affect pharmacy. In some states, The Board of Health is the enforcing body of the Food, Drug & Cosmetic Act. Unless you have a pharmacist member on the State Health Board, a man who knows the problems of pharmacy, the enforcement of the act and regulations is bound to be more or less academic (sometimes political) as

a layman simply does not have the viewpoint of a pharmacist.

In New Jersey, and so far as I know in other states there are no prosecutions of pharmacists in health matters except by approval of the State Board of Health and the medical members of the Board refer in these matters to the pharmacist on the Board.

Also, in social security, help to the indigent, W.P.A. health projects by the Federal Government, the Government insists on having the approval of the State Board of Health.

In conclusion, I would say, get a pharmacist on the State Board of Health. If necessary, change the

law as we did in New Jersey. Get a real go-getter, a man who has the time, talent and a liking for the job. Go a step farther, get a pharmacist on every county, city and township Health Board.

Thelma Morris Coburn made a brief address on the drug store cleanup campaign under the supervision of the Physicians Relations Committee of the Birmingham Retail Druggists Association and displayed some copies of inspection grading questionnaires used in the campaign.

A motion was made, seconded, put to a vote and carried that the Secretaries Conference approve the campaign for a pharmacy postage stamp.

CONFERENCE OF PHARMACEUTICAL LAW ENFORCEMENT OFFICIALS

ABSTRACT OF PROCEEDINGS

The First Session of the 12th Annual Meeting was convened by Chairman R. P. Fischelis, at 8:30 P.M., May 6th, 1940 with 125 present.

CHAIRMAN'S ADDRESS.—Chairman Fischelis proceeded to read the following prepared address:

“The Conference of Pharmaceutical Law Enforcement Officials was organized twelve years ago through the efforts of Dr. Robert L. Swain, who saw the need for discussion and planning among pharmacists charged with the duties of pharmacy law enforcement in the various states. There is no doubt that these annual meetings, under the guidance of Dr. Swain and others who have been associated with him in maintaining this Conference, have served to focus attention on the problems of pharmacy law enforcement. They have also served to emphasize the weaknesses in the basic structure of many of our state pharmacy acts. One by one the problems of pharmacy law enforcement have been taken up at the annual meetings of this Conference. Views have been exchanged, counsel has been taken and consistent efforts have been made to guide the thinking of law enforcement officials along lines calculated to improve enforcement procedures and provide more effective service to the public in the field of supervision of the production and distribution of drugs, medicines and poisons. The meetings of this Conference have also stimulated the interest of pharmacists and law makers in the job of correcting deficiencies in state pharmacy laws and laying the foundation for the modernization of pharmacy acts which is now being achieved by a gradual process of evolution under the guidance of the Committee on Modernization of Pharmacy Laws of the AMERICAN PHARMACEUTICAL ASSOCIATION, also headed by Dr. Swain.

Having inaugurated the basic or foundational activity leading to the adoption of better pharmacy laws and better pharmacy law enforcement, it seems advisable for this Conference to now turn its attention to the removal of specific obstacles which lie in the path of more rigid and complete accomplishment of its objectives.

Those who in years past have despaired of the possibility of impressing upon legislators a new viewpoint in the matter of regulation of the production and distribution of drugs, medicines and poisons may take courage from the accomplishments in the field of Federal drug legislation which culminated in the passage of the new Food, Drug and Cosmetic Act in 1938. Many of the regulatory procedures which had been pronounced impossible of achievement at conventions of pharmacists, drug manufacturers and others in the past are to-day a matter

of law, reënforced by regulations that are being complied with voluntarily by industries whose representatives at one time or another violently opposed any type of restriction of what they considered their constitutional rights. New legislation in the field of food, drug and cosmetic regulations has been triumphant largely because certain groups engaged in these industries stooped too low to conquer markets and showed a total lack of consideration for the interests of the consuming public. Public opinion once aroused in favor of a reversal of the old adage ‘Let the buyer beware’ to the modern slogan ‘Let the seller beware’ accomplished wonders in providing more adequate regulation.

Following the establishment of the new regulatory procedures it must be said to the credit of the industries involved that the vast majority are showing an honest disposition to cooperate in working out the details of full compliance with the spirit of the new laws. It would seem logical that while these details are being worked out we should also raise several basic questions involved in pharmacy law enforcement.

The Food, Drug and Cosmetic Acts of the Federal and State governments are concerned largely with the conditions under which regulated products reach the consumer. They do not concern themselves with the type of retail outlet through which foods, drugs and cosmetics reach the public. Our State Pharmacy acts are definitely concerned with this problem.

Associations of pharmacists led by the AMERICAN PHARMACEUTICAL ASSOCIATION and the National Association of Retail Druggists, have declared themselves time and again in favor of limitation of the distribution of drugs, medicines and poisons of all kinds to registered pharmacists operating registered pharmacies. In doing so these organizations of pharmacists have laid themselves open to the criticism that they are interested chiefly in the commercial welfare of the professional personnel which they represent. The answers given to this criticism have been somewhat weak at times and therefore members of state legislatures, as well as organized groups of citizens in various walks of life, have not been convinced, in many cases, that the arguments for restriction of the sale of drugs, medicines and poisons to registered pharmacists are sound. As a matter of fact, there are substantial groups within the drug industry who profess to believe that the restriction of the sale of all drugs, medicines and poisons to registered pharmacists and registered pharmacies is not always in the public interest. No doubt these particular groups have their commercial welfare in mind, but even so, there appears

to be still a sufficient number who seem to be honestly convinced that no particular harm can come from the sale of packaged medicines by general merchants, to warrant a careful and well studied effort to change that point of view.

Pharmacy law enforcement officials are in a better position than any other group of individuals to determine whether or not the demand for restriction of sales of drugs, medicines and poisons to registered pharmacists and registered pharmacies exclusively is in the public interest. They are also in the best position to supply the basic facts on which legislators and groups of public spirited citizens make an intelligent decision in the face of the controversy on the subject.

Let us consider some facts, which the pharmacy law enforcement official can support with evidence, that should have a very profound bearing on the subject.

The registered pharmacist who is granted a license to practice to-day is a person who has acquired a general as well as a professional education on a full college level. Under the pharmacy laws he has been legally qualified, through a state examination, as an expert in the production and distribution of drugs, medicines and poisons. Evidently the forty-eight states believe that there is a need for such qualified individuals or they would not have arranged to exclude all but the persons passing the qualifying examination from exercising the functions of pharmacists. The question among intelligent laymen and legislators is not one of doubt as to the need of the services of the registered pharmacists. Where there is any question at all it is on the extent to which these services should be employed. It is generally conceded that the compounding of prescriptions of physicians, dentists and veterinarians should be the exclusive function of a registered pharmacist; that the sale of narcotic, hypnotic and dangerous drugs and medicines as well as poisons used outside of the arts, industries, agriculture and manufacturing should be supervised and carried on exclusively by registered pharmacists. The controversy arises where there is a difference of opinion as to the dangers involved in the distribution of what are considered commonly used and commonly known remedies or compounds for various non-medical and technical purposes.

When our State pharmacy acts were first enacted shortly after the war between the states, so-called patent and proprietary medicines were exempted from all provisions of these acts. Undoubtedly this exemption was dictated by commercial interests, but these same interests have since consented or have been compelled to consent to the enactment of the very stringent Federal and State laws requiring disclosure of active ingredients, as well as adequate and honest labeling, packaging and advertising. These same interests argue that the very regulations which they are now forced to comply with make their products so safe as to eliminate the necessity of professional supervision of their sale. That this

argument is fallacious will become evident as this discussion develops.

Under Federal and State narcotic laws the registered pharmacist is entrusted with and becomes responsible to the government for the distribution of preparations containing narcotic drugs. Under certain other state laws he is entrusted with and becomes responsible to the government for the distribution of hypnotic drugs and other drugs generally classified as dangerous to health when used without proper medical supervision. Under the Food, Drug and Cosmetic Acts this licensed pharmacist is the only person engaged in retail business who is competent to determine which of the many drugs that are offered for sale without prescriptions or without direct medical advice are really safe for use by the public. He stands as a buffer between the producer and the consumer, but if he exercises his function properly he is the skilled representative of the consumers in his community, as far as drugs and medicines are concerned. The State licenses him as such and the public respects him as such.

Obviously the layman who has not made a study of the action of drugs is incompetent to be entrusted with their sale or distribution. The pharmacist himself may not always be competent to pass upon the safety of all drugs offered for sale by others, but he is the only person with a legal status of any kind in this field and with a professional responsibility growing out of that legal status who can properly be entrusted with this very important job. At any rate, he knows enough to know when he does not know enough about the subject to pass an opinion and give advice. The point is that under the law he is required to make himself familiar with the articles he is selling, and he shares the responsibility of the producer with respect to safety of the articles dispensed. In fact he is the only individual who is definitely known and who can be punished, as a matter of law, for failure to observe not only ordinary care in the distribution of drugs but also adequate professional care in this field.

In the states where regulation of the practice of pharmacy is adequately provided for, the registered pharmacist carries on his activity in a registered pharmacy. He cannot acquire a permit for a pharmacy without meeting definite requirements as to facilities, personnel and materials. His permit to conduct a pharmacy can be revoked for cause. In the sale of poisons he is required to make and keep certain records; to make certain inquiries so as to satisfy himself that the poison is to be used legitimately and that the purchaser is familiar with the use to which it is to be applied. In other words, there is a fairly complete body of law and regulation to which the registered pharmacist is subject so that his every action in connection with the distribution of drugs, medicines and poisons is subject to regulation involving his personal and business welfare, as well as the welfare of his clientele. He is completely responsible to the State and subject to action for failure to discharge his responsibility. No other

group engaged in retail business is subject to such stringent and complete control and regulation by the State.

A general merchant selling a medicine or a poison assumes no responsibility whatever. In the few states where licenses are issued to merchants for the sale of drugs, medicines or poisons, such licenses are not based on any personal or professional qualifications. The individual receiving the license does not even have to know how to read or write the English language and there is no guarantee behind any product which he may sell except the guarantee of the producer, who may be a 'fly-by-night' operator assuming no legal or professional responsibility whatsoever. The total and complete absence of any real hold by the State on the general merchant with respect to the sale of drugs, medicines and poisons, where such sale is now permitted, is certainly an anomaly in this enlightened age. When a pharmacist sells a rat or roach paste containing arsenic, for example, that product usually comes into the classification of 'poisons whose sale must be recorded and an elaborate system of record keeping is involved. The pharmacist is compelled to ask questions of the buyer involving knowledge of how to use the product and the age of the purchaser and the hour and time and place and date of sale must be recorded. The general merchant selling the same product and even more potent products for other uses asks no questions but simply makes the sale, regardless of the consequences and he is not compelled in most instances to reveal his identity so that any trace of his connection with the distribution of such poison may be completely lost. This kind of discriminatory regulation in favor of the incompetent and contrary to the welfare of society simply does not make sense in 1940.

I submit that if and when the public and the members of our State legislatures are properly informed of the character of the drugs, medicines and poisons now offered to the public for general use and of the need for protecting people who are unable to protect themselves, they will agree that proper use must be made of pharmacists who are licensed specifically to act as interpreters in this particular field of medical care. Skilled interpretation is required in this field, not only because of conflicting therapeutic claims and the publication of warning and cautionary notices on labels but also because of the unfortunate tendency on the part of the medical profession to substitute for the time honored written prescription, verbal instructions to the patients as to the drugs to be purchased.

A logical development of the legislative principles embodied in the Federal, Food, Drug and Cosmetic Act requires insistence upon professional control of the distribution of drugs from original producer to ultimate consumer. If we find that under such a system of professional control it becomes necessary to distribute occasional packages of harmless preparations on the borderline between foods, drugs and cosmetics under professional supervision, that is no

more reason for relaxing this professional control than there would be for permitting an unlicensed pilot to fly a passenger plane between New York and Chicago just because he has operated a plane on a short distance flight.

As a group of law enforcement officers, it should be our next job to endeavor to convince all parties at interest in legislation affecting the sale of drugs and medicines that it is distinctly in the interest of all concerned to provide this additional safeguard in the distribution of drugs and medicines to the public. While we have a right and possibly also a duty to give consideration to the interests of producers and distributors of drugs in this matter, our chief duty lies with the ultimate consumer who is unable to protect himself and who must look to us for that protection. We must be ready to answer the biased criticism of those who will attribute our activity to the selfish interest expected of persons engaged in the profession which they are selected to regulate. I believe that the greatest weapon is proper publicity and that the best media for securing such publicity are public hearings.

We might well use the procedure which has been followed by the U. S. Department of Agriculture in the hearings which have been conducted for the formulation of food standards and regulations for the enforcement of various sections of the Food, Drug and Cosmetic Act. At these hearings all who have any contribution to make in the field either pro or con, are given full opportunity to be heard in person or to submit in writing the information which they believe will be most helpful at the proper decisions. When these hearings are properly conducted and when the right effort is made to produce evidence on which an impartial judgment can be formed, it is surprising to note how much light is shed upon motives and the machinations of those engaged in the industries concerned.

I have the feeling that if every angle of this complex situation of the marketing of drug products were brought out fully and completely at public hearings in the various states, we would have a public reaction that would be extremely helpful to our cause and would in the long run, be of lasting benefit to the industries which now look with some skepticism upon the restriction of sales outlets for their products. There can be no doubt that in addition to the protection offered to the public through the limitation of sales of drugs to registered pharmacists operating in licensed pharmacies there would also come to those branches of the drug industry which now distribute their products indiscriminately a certain added prestige which they could well afford to strive for.

The only other matter to which I would like to direct the attention of this Conference at this meeting is the need for more adequate and complete standards for many of the drugs and medicines whose distribution we are called upon to regulate under state pharmacy laws. In the course of another week the U. S. Pharmacopœial Convention will meet for

the purpose of revising drug standards and adding to and deleting from the official materia medica. It is obvious that the U. S. Pharmacopœia and the National Formulary can be of the greatest help in pharmacy law enforcement procedures. The absence of certain types of information from the official monographs is a serious handicap to pharmacy law enforcement.

If we could have in the Pharmacopœia certain information which would assist in the labeling of poisonous drugs, habit forming drugs and dangerous drugs, it would become perfectly obvious to legislative bodies that such drugs and medicines containing them should be subject to greater restriction than the more harmless type of drugs. Information as to packaging and storage based upon necessary research into the character and keeping qualities of certain drugs, and time limits as to the probable effectiveness of certain drugs and preparations of drugs under specified packaging and preservation requirements would be of the greatest assistance in pharmacy law enforcement. The listing of as many synonyms as are in common use for official drugs is another avenue of helpfulness which the Revision Committee should study. The entire question of nomenclature is of greatest significance in the field of drug regulation. There should be in the Revision Committee organization a sub-committee on the legal phases of pharmacopœial language, descriptions, nomenclature, tests, dosage, preservations and other factors.

In closing, may I express my thanks to Secretary Ford and our Chairman-Emeritus, Dr. Swain, and the participants in the program of the two sessions of the Conference at this meeting. I am particularly grateful to Mr. Campbell, Chief of the Food and Drug Administration and to Dr. J. J. Durrett, Acting Chief, for Dr. Durrett's presence here this evening and his willingness to initiate our symposium on 'Techniques of Drug Law Enforcement.' I am

also grateful to the members of the Conference for having given me the opportunity to act as Chairman during the past eight months and for the privilege of presiding over the deliberations at this meeting."

The address was referred to the Resolutions Committee.

Chairman Fischelis then introduced the guest speaker for the evening, Dr. Durrett, Assistant Chief Food and Drug Administrator of the U. S. Department of Agriculture, who gave an excellent extemporaneous talk on the new Food, Drug and Cosmetic Act as it applies to the pharmaceutical and medical professions.

The Chairman asked Dr. Swain to open the discussion. Dr. Swain did not agree with the speaker on some questions. A general discussion followed and Dr. Durrett answered many questions asked by those present. In addition to Dr. Swain, the talk was discussed by Messrs.: Mather, Dretzka, Winne, Hugo Schaefer, Fritz, Goodness, Newcomb and Fischelis.

The Conference adjourned at 11:50 P.M.

SECOND SESSION

The Second Session was called to order by Chairman Fischelis at 5:00 P.M., on May 7th after which he appointed the following committees:

Committee on Nomination: Fred Schaefer, Chairman; Percy J. Callahan, R. W. Morrison.

Committee on Resolutions: Hugo Schaefer, Chairman; S. H. Dretzka, C. B. Goldthwaite.

REPORT OF THE SECRETARY AND TREASURER.—During the past eight months the Secretary has had little to do except to answer correspondence and pay a few bills. Chairman Fred Schaefer of the Finance Committee has reported to me the following since the last meeting:

RECEIPTS

April 27, 1940.....	Oregon.....	\$ 5.00
April 27, 1940.....	Kansas.....	5.00
April 27, 1940.....	Connecticut.....	10.00
April 27, 1940.....	North Dakota.....	10.00
April 27, 1940.....	Florida.....	10.00
April 27, 1940.....	New Jersey.....	10.00
April 27, 1940.....	Ohio.....	10.00
April 30, 1940.....	Dist. of Columbia.....	10.00
April 30, 1940.....	Wisconsin.....	10.00
May 2, 1940.....	Pennsylvania.....	10.00
May 2, 1940.....	Minnesota.....	10.00
May 2, 1940.....	Virginia.....	10.00
May 2, 1940.....	North Carolina.....	10.00
May 2, 1940.....	New Hampshire.....	10.00
May 6, 1940.....	Maryland.....	10.00
May 6, 1940.....	Maine.....	10.00
May 6, 1940.....	Vermont.....	10.00
May 6, 1940.....	Arkansas.....	10.00
May 6, 1940.....	New York.....	11.00
May 6, 1940.....	Idaho.....	10.00
Total receipts.....		\$191.00

Balance cash on hand Aug. 21, 1939.....	558.22
Total cash.....	\$749.22

EXPENDITURES

December 21, 1939, The Federal Printing Co.—Letter Heads.....	6.96
January 15, 1940, American Pharmaceutical Assn.—Reprints.....	22.98
April 10, 1940, American Pharmaceutical Assn.—Reprints.....	14.44
April 10, 1940, The Federal Printing Co.—Letter Heads.....	5.67
April 15, 1940, Charles P. Corey—Envelopes.....	5.25
April 30, 1940, Mrs. Hugo Schaefer—Typing and Postage.....	14.00
April 30, 1940, Dr. R. P. Fischelis—Postage for reprints and proceedings...	8.00
April 30, 1940, K. W. Moore Agency—Mimeograph letters.....	3.96
Total expenditures.....	\$ 81.26
Total cash balance to date.....	\$667.96

The report was received.

Mr. P. H. Costello read a paper on "Granting and Withholding Pharmacy Permits," as follows:

"It is probably best to restate first the usual terms or enactments into law which apply to the granting, withholding and revoking of pharmacy permits, with which I am familiar and which will serve for the purpose of this discussion. These are:

'Upon evidence satisfactory to the Board of Pharmacy; (a) that the pharmacy for which a permit or renewal thereof is sought, will be conducted in full compliance with this Act, with existing laws, and with the rules and regulations as established hereunder by said Board; (b) that the equipment and facilities of such pharmacy are such that it can be operated and maintained in manner not to endanger the public health or safety; (c) that such pharmacy is equipped with proper pharmaceutical and sanitary appliances and kept in a clean, sanitary and orderly manner; (d) that the management of said pharmacy is under the personal charge of a registered pharmacist duly registered under the laws of the State; (e) that said pharmacy is operated in compliance with the rules and regulations legally prescribed with respect thereto by the Board of Pharmacy a permit, or renewal thereof, shall be issued to such persons, co-partnership, associations or corporations as the said Board of Pharmacy shall deem qualified to conduct such pharmacy.

The Board of Pharmacy may make such rules and regulations, not inconsistent with law, as may be necessary to carry out the purposes and enforce the provisions of this Act; and such Board of Pharmacy is hereby authorized and empowered, after due notice and opportunity given for hearing, to revoke any permit or renewal thereof, when examination or inspection of a pharmacy shall disclose to such Board that such pharmacy is not being operated or conducted according to such legal rules and regulations and the laws with respect thereto.

Rules and regulations made by the Board of Pharmacy under the provisions of this Act, shall be adopted and become of force and effect, only upon the affirmation vote of a majority of the full membership of such Board.

'If an application for permit or for renewal of permit shall be refused, or a permit or renewal of permit, shall be revoked, the Board shall notify the applicant or permittee by registered mail of such refusal or revocation, with its reasons thereof. And any such applicant or permittee aggrieved by such refusal or revocation, may appeal from the decision or order of such Board to the proper Court at any time within thirty days after the receipt of such decision or order so appealed from, provided, however, that the applicant shall give bond in the penal sum of Two Hundred and Fifty (\$250.00) Dollars, to be approved by the Clerk of such Court, conditioned that appellant will pay all costs if the order or decision of the Board be affirmed. With the perfecting of such appeal, and the filing of such bond, the decision or order of the Board shall be stayed pending the determination of such appeal.

'No pharmacy shall be licensed under the provisions of this Act unless it be equipped with proper pharmaceutical instruments and utensils, so that prescriptions can be accurately and properly filled and United States Pharmacopœia and National Formulary preparations properly compounded, or unless it shall have on file at all times the latest decennial revision of the United States Pharmacopœia and the latest edition of the National Formulary, and supplements thereto; which books must be in evidence at all times to the Board of Pharmacy and its properly authorized agents. The Board shall prescribe the minimum of technical equipment which a pharmacy shall at all times possess. No permit shall be issued or renewed for the operation of a pharmacy unless the same shall be operated in a manner and according to the rules and regulations prescribed by law and by the Board of Pharmacy with respect thereto.

'Any violation of the provisions of this Act or any violation of the rules or regulations legally adopted by the North Dakota Board of Pharmacy, hereunder, shall constitute a misdemeanor and upon conviction thereof, the violator shall be subject to a fine of not less than Twenty-Five (\$25.00) Dollars for each offense, and each and every day such violation shall continue shall constitute a separate and distinct offense and be punished as such; and upon

any conviction of a permittee hereunder, the permit or renewal thereof of such violator, shall be null and void."

It is obvious from the above that no pharmacy may be opened to the public without first securing a permit, nor may one continue after the expiration of its permit without first securing a renewal permit. To do so subjects the owner to the fine imposed. To obtain a permit or a renewal permit the applicant makes application upon forms prescribed by the Board of Pharmacy giving what information the Board deems necessary and designates on the application, which is sworn to, of course.

Applications may be considered under three heads, according to their source and purpose.

1. From an applicant who does not hold a permit and for a new pharmacy.
2. From an applicant who already has one permit and seeks a second for another location.
3. From an applicant for a renewal permit.

Our experience has led me to the conclusion it is most difficult to deny a permit to a new applicant who has not previously had a permit for the reason that it is more difficult to secure the proper information and evidence. The application usually states that all terms will be complied with and an inspection usually reveals that the statements made in the application are true. The only other line of investigation to pursue is a personal one about the character, reputation and morals of the applicant. It is perfectly legitimate to delay action on this type of application for such a reasonable time as it takes to thoroughly investigate the applicant and anyone who contemplates opening a pharmacy should make application sufficiently in advance to permit the Board the time to do so or expect such delay. Usually the Board approves or denies the application for a new permit in executive session upon the basis of the application and the investigation made and even if the action taken is unfavorable to the applicant he does not have a hearing before the Board. His only remedy is the right to appeal from the decision of the Board to the Court designated and the Board shall assume that such an appeal will be taken in every instance where an application is denied and be certain the evidence upon which denial was based is such that it will warrant being upheld by the Court. It should be unnecessary to add that it should be in the form of sworn statements from reliable persons qualified to, and who will testify and submit to cross examination in Court. It is necessary, of course, for the Board to notify the applicant by registered mail giving a statement of reasons for denial with their decision. My own opinion is that it is far better to tread on safe ground, to give the applicant the advantage of any doubt and, if at any later date it develops that he is not a proper person to receive a permit and that he has not complied with the laws and regulations pertaining thereto, to deny a renewal or revoke.

An application for a new permit from a source that already holds one or more permits and an ap-

plication for renewal are similar for consideration, except that renewals are usually due at a uniform specified time, but the basis of conduct under the existing permit furnishes the basis for either affirming or denying the new or renewal application. In one instance with which I am quite familiar an application for a new permit was received from a co-partnership which already held a permit to conduct a pharmacy in a nearby city. This pharmacy was under observation and investigation about charges which included substitution on prescriptions, sales of phenobarbital by unregistered persons during the absence of the pharmacist, improper labeling of same, and two fair trade injunctions had been granted against the pharmacy previously. It took several days to secure proper evidence and proper affidavits to confirm the charges, with the result that the application for the second permit was denied. The new pharmacy, stocked, under an expensive lease, ready to open its doors to the public, was denied the right to do so, yet its owners were conducting a pharmacy in a nearby city. It was necessary to hold a hearing to deny the new permit but all the evidence pertained to the other pharmacy and if the partners were not entitled to another permit, it seems logical that some action relative to the existing permit should be taken. It was necessary to set a hearing, giving the partners due notice and an opportunity to show cause why the existing permit should not be revoked. To further complicate matters the renewal date for all existing permits had arrived and the renewal permit was denied. Incidentally that clarified the matter because the permit to be revoked had expired and the applicants need only to appeal the decision of the Board denying a new and a renewal permit. Upon advice of counsel they sought a purchaser and made a sale of both properties which were finally permitted to operate under new ownership. One of the co-partners was a registered pharmacist in charge of the original pharmacy. The new ownership was a corporation in which neither of the original partners had any interest but the application indicated that the pharmacist who was previously in charge of the original pharmacy had been employed to continue in that capacity. The board held that inasmuch as it was improper to grant him a permit to conduct a pharmacy for himself, it was also improper to grant a permit, the terms of which would still permit him to conduct the pharmacy. The corporation did not question the Board's attitude and supplanted him with another pharmacist. This raises a question which is not necessarily a part of this decision nor can I answer it, namely, can the board deny a pharmacist that right without revoking his registration?

The right to revoke a permit when properly exercised and publicized is sufficient weapon to police the permit law and serves to eliminate those practices which are inconsistent with and detrimental to the practice of pharmacy as a public health profession. The basis for revocation pro-

ceedings is usually the result of negligence and unwillingness on the part of the permittee, whereby he deliberately fails to comply with the law or adhere to the regulations which have been designated as applicable under the law. The procedure is somewhat more deliberate, it being necessary and important to follow legal procedure in such cases so as to avoid criticism by the court for acting arbitrarily without due consideration for the right of the accused.

The usual procedure is to place before the Board the charges and all the supporting evidence for consideration. If a hearing is ordered it is necessary to comply with the law relative to the interval of time before such a hearing may be held. It is necessary to present all the evidence and the notification to the accused, must state the time and place of the hearing and all of the charges in order that the accused may have an opportunity to introduce evidence to disprove the charges. In the event that the testimony at such a hearing justifies revocation of the permit and an appeal is taken it is very probable that the court will sustain the board if it acted within the law and upon good evidence. One of the problems which this type of activity on the part of the board of pharmacy presents is the question of finance to function properly, it being expensive procedure to hold the special board meetings necessary, pay for special investigation and counsel fees. In many states the regular board income without special appropriation is insufficient.

In view of this fact and the further fact that a revocation most always results in the sale of the physical assets of the pharmacy to someone who can obtain a permit and continue to operate it, at a sacrifice of time and money to the owner as well as the board, the attorney for a permittee who had been cited to appear before the board recently to show why his permit should not be revoked, did not attempt to refute the testimony in support of the charges, nor did he admit them, but he did contend that the board was exercising its duty in the interest of public welfare and should be supported, that he was prepared to offer positive assurance that his client would conduct the pharmacy in strict compliance with the law, that no purpose would be gained by causing a change in ownership and that his client was willing to pay the entire costs of our proceedings amounting to \$700 to show his good faith and support of our program of law enforcement. This was an entirely new procedure to us and one which seemed reasonable and to answer the purpose. The Assistant Attorney General who represented the board and the County Prosecutor who was present at the hearing were sympathetic to the proposal but declared that, as a matter of policy, the Attorney General would have to pass upon it. The Attorney General was of the opinion that it was justifiable for the board to accept from the permittee any part of the costs which were incurred

because of his own actions so long as it was merely a hearing before the board and not a criminal prosecution. He stated further that the board must not use coercion and must be careful not to tax the costs of the proceedings on the basis of the permittee paying same or standing prosecution.

I am firmly of the opinion that such settlement serves equally as effective or better than revocation would and is helpful to law enforcement if carefully handled. While our experience with the permit law has convinced us that it is the best method of regulation, we will undoubtedly be confronted with new experiences in the future as we have in the past in enforcing it, but any established procedure serves as a precedent making it easier for others when the procedure is known. It seems strange to me that in each of the five cases of refusal or revocation of permits the counsel for the permittee has, in each instance, refused to resort to the right of appeal and permitted the action of the board to stand without review by the court."

The paper was discussed by Messrs. Busch Moudrey, Fischelis, Dretzka and Kantner.

Mr. George Moulton gave quite a lengthy review on the subject "Regulating the Sale of Vitamins," and it was discussed by Chairman Fischelis and Mr. Fritz.

Dr. Hugo Schaefer gave a talk on "The Need for Uniformity and Consistency in Legal Definitions."

REPORT OF RESOLUTIONS COMMITTEE.

—Dean H. H. Schaefer read the following resolutions which were adopted:

"I. WHEREAS, it is the policy of the Federal Food and Drug Administration and a requirement of a number of State Food and Drug Laws that the mention of disease names on labeling of drug products shall be avoided, and

WHEREAS, the mention of disease names on such labeling tends to encourage self-diagnosis either directly or by inference,

THEREFOR, BE IT RESOLVED, that the Conference of Pharmaceutical Law Enforcement Officials hereby request the Food and Drug Administration to also cause the elimination of disease names from warning notices required on the labeling of drugs under the Food, Drug and Cosmetic Act.

II. *Resolved*, that state and national pharmaceutical associations be urged to renew their efforts to obtain legislation designed to limit the production and distribution of drugs and medicines to registered outlets by registered pharmacists.

III. *Resolved*, that the U. S. P. Convention be requested to arrange for the inclusion of information in the monographs of subsequent revisions of the Pharmacopoeia which will assist in the labeling of drugs.

IV. *Resolved*, that the U. S. P. Convention be requested to arrange for the inclusion of information

in the monographs of subsequent revisions of the Pharmacopœia on the proper packaging and preservation and storage of all drugs requiring special provisions of this character; such information to include time limits as to the probable effectiveness of certain drugs and preparations under specified packaging and preservation requirements.

V. *Resolved*, that the U. S. P. Convention be requested to arrange for the inclusion of as many synonyms as are in common use under the monograph of each drug or preparation admitted to the U. S. P.

VI. *Resolved*, that the U. S. P. Convention be requested to provide for the inclusion of a subcommittee on legal phases of pharmacopœial monographs to study and decide upon nomenclature and simplification of nomenclature for tests, descriptions, dosage and other factors, from the standpoint of Drug Law Enforcement.

The resolutions were referred to the Section on Education and Legislation, to the House of Delegates, and to the N. F. Committee, with a request they be adopted.

Resolutions Nos. III, IV, V and VI were referred to the U. S. P. Revision Committee.

Resolution No. I was referred to the Federal Food and Drug Administration.

NOMINATING COMMITTEE.—Mr. Fred Schaefer submitted the following: *Chairman Emeritus*, Dr. R. L. Swain; *Chairman*, Dr. R. P. Fischelis; *Secretary-Treasurer*, Mr. M. N. Ford; *Delegate*, Mr. Fred Schaefer.

The report was received and adopted.

Chairman Fischelis expressed the thanks of the Conference for the support and interest shown by those attending the meetings.

The Conference then adjourned.

THE EIGHTY-NINTH ANNUAL MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION DETROIT, MICH., AUGUST 17-23, 1941

THE GENERAL SESSIONS

ABSTRACT OF THE PROCEEDINGS

The General Sessions were held in the Hotel Statler, Detroit, Mich., on Tuesday evening, Thursday forenoon and Saturday forenoon, August 19, 21 and 23, 1941.

FIRST GENERAL SESSION

The First Session convened at 9:00 P.M., President Charles H. Evans presiding, and the former presidents of the ASSOCIATION, in attendance, were invited to occupy seats on the platform.

The audience stood while Dr. Rufus A. Lyman delivered the invocation.

Messages of welcome were delivered by President McFarland of the Michigan Pharmaceutical Association, by President Fast of the Detroit Retail Druggists Association, and by Dr. Jennings, President of the Board of Trustees of the Wayne County Medical Association. President Evans extended the thanks of the ASSOCIATION to each of these gentlemen for their cordial messages and for the cooperation their organizations had given in the arrangements for this meeting.

Messages of greeting were then read from Secretary Dargavel of the National Association of Retail Druggists and from Editor W. K. Fitch of the *Pharmaceutical Journal of Great Britain*.

Dr. Hugo H. Schaefer, Chairman, reported that the First Session of the House of Delegates would be held on Wednesday forenoon and invited members and friends of the ASSOCIATION to attend whether they were delegates or not. He also mentioned that the Session would start promptly and that Dr. Charles F. Kettering would speak at 11:00 A.M.

PRESIDENT'S ADDRESS.—In the absence of the Vice-Presidents, President-Elect Christensen kindly presided during the reading of President Evans' address which was listened to with close attention. At its conclusion, the audience stood and applauded, and the address* was referred to the Committee on Resolutions:

"The AMERICAN PHARMACEUTICAL ASSOCIATION was fortunate in selecting 'Detroit the Dynamic,' the miracle city of Michigan, as the meeting place for our 89th Convention. When I say Miracle City, I mean just that. Fifty years ago Detroit was just a town, little known outside the state of Michigan. To-day it is our fourth largest city, and known throughout the entire world. Wherever the automobile has gone, Detroit is familiar to the people. 'F.O.B. Detroit' to the average American citizen means a new car, and many of these cars re-

turn annually bringing visitors to a state rich in historical interest and natural resources, an ideal vacationland. The eyes of the world are on Detroit to-day, for on her magnificent achievement, to a large extent, hinges the destiny of the American people and of the democratic nations of the world. Detroit sets the industrial pace. When Detroit says: 'We can produce a definite number of tanks, trucks, planes or parts in 1941,' America knows that number or more will come off the assembly lines in record time.

To me, Detroit is to-day more than a great industrial city. It is a most necessary and dependable unit in the defense of America and the preservation of our democratic way of life.

As president of the AMERICAN PHARMACEUTICAL ASSOCIATION, I wish to thank the local committee and everyone who has had a part in planning this 'different convention.' I feel sure that it will prove in every respect one of the most impressive conventions in our nearly 100 years' existence. We are deeply grateful for your hospitality and for the opportunity this visit affords us to witness at first hand these marvels of the age in which we live.

Again I repeat we were fortunate in selecting this miracle city as our convention city. Detroit is making history; so are we American pharmacists, gathered together here in convention in 1941. Where else in this war-ridden, chaotic world can professional men gather for a week to exchange ideas and work out in peace their problems and make plans for the future progress of their profession? It can happen nowhere else but here in the western hemisphere, right here in these United States.

Responsibility of Pharmacists

The drug store is an American institution, a democratic institution known to no other part of the world. Contrast conditions in similar places of business in the totalitarian nations and their conquered subjects. Can you imagine citizens gathering around radios in these stores, listening to news broadcasts and discussing world events with friends? England and her colonies are engaged in war. We in free America are fortunate above all men. A nation is only as honest, as dependable and as great as its citizens. A democratic nation means a free people; freedom means responsibility. Herein

* Presented at the 89th Annual Convention A. Ph. A., Detroit, Michigan, August 19, 1941.

lies our responsibility. It is our duty as loyal citizens and honorable pharmacists to protect and preserve this freedom at all costs. Our forefathers fought to establish this freedom on a narrow strip of land stretching from the wilderness to the sea. To-day, if this freedom is to be preserved our outposts must be extended to the seven seas and to those nations whose people believe in the principle of 'life, liberty and the pursuit of happiness, and the freedom to worship an All Wise Creator according to the dictates of one's own conscience.'

Pharmacy, with our Government, accepts this responsibility. We shall perform our patriotic duty in all matters and shall redouble our efforts in safeguarding the health and welfare of our civilian and military population with adequate pharmaceutical service. We shall furnish from our pharmaceutical storehouses and manufacturing plants the necessary drugs, medicines and medicinal supplies to meet the emergency in our national defense program.

We must be willing to sacrifice. We must forego many of the luxuries we have always enjoyed. Some branches of the profession must shoulder the heaviest load. Some sections of our country will experience a shortage of skilled pharmacists. Many of our young men have already answered the call to duty. Some of our schools of pharmacy will experience curtailed enrollment; hardships will be encountered in all branches of the profession. Yet pharmacy will meet the demands whatever they may be, as she has in the past—come war, pestilence or flood. We will maintain our high standards of pharmaceutical education and pharmaceutical practice. The combined resources of our profession are at our Government's disposal. Pharmacy has never failed. Our nation shall be victorious and in the victory we seek no reward save that humble service to our fellow man to which our profession is dedicated, and peace and security in a land where worship of God and human freedom go hand in hand.

Pharmacy a Growing Profession

While we have witnessed astonishing progress in industry and commerce, pharmacy has not been idle. The twenty-seven years intervening since our last meeting in Detroit have witnessed greater advancement in pharmacy and science than in the past several hundred years. Pharmacy is a growing profession and throughout its every branch it has kept pace with progress. So rapidly has been the growth of pharmacy in these years that the discoveries of yesterday are all but forgotten in the improvements of to-day.

This ASSOCIATION, however, as an organized body, has not kept pace with the progress pharmacy is making, although the ASSOCIATION has made progress in personnel and equipment in recent years. The A. PH. A. is still sorely undermanned at the Headquarters building, without adequate contact with state associations and their membership, and

with most of the important work carried on by committees whose reports, whether approved or disapproved, too often, are relegated annually to the files of forgotten records.

As an association, we have been basking in the sunshine of a glorious past too much; a past of the 'horse and buggy era.' To-day we are met here in the city that outmoded the horse and buggy. May we catch this inspiration and gear our ASSOCIATION activities to the progress pharmacy is making from the corner drug store throughout every branch of the profession.

From a study of the By-Laws it appears that the office of president of the A. PH. A. was intended primarily as a position of honor. The chief function is to preside at the general sessions at the annual convention and to deliver a presidential address. As my term draws to a close I might overlook the many discouraging obstacles that come to one who serves as president and probably be content to use as my theme 'The Pharmacists' Place in Our Public Health Program.' But I am not satisfied with this for I feel a moral obligation to my profession and am interested in its advancement to the extent that I feel compelled to present the weaknesses just as I found them and point out the needs of the ASSOCIATION as I see them.

Since one of the duties of the President then is to deliver a presidential address on a subject of his own choice, I shall comply by giving a résumé of my administration during the long ASSOCIATION year of 16 months since the Richmond meeting. As a result of contacts made at state association meetings, student branches, colleges of pharmacy and individually and collectively with pharmacists and laymen, I wish to present some constructive criticisms as advanced to me in the hope that they may prove helpful in bringing the services of the AMERICAN PHARMACEUTICAL ASSOCIATION to a level which will more nearly satisfy the needs of pharmacy.

The AMERICAN PHARMACEUTICAL ASSOCIATION, the mother of all pharmaceutical bodies, is the only all-inclusive pharmaceutical organization in America. Here every pharmacist, whether retailer, wholesaler, manufacturer, teacher, law enforcement official, research worker, and so on, can pool his efforts and his resources in one organization dedicated to the best interests and welfare of all component parts of a profession that renders a very important health service to mankind. Each group is directly dependent upon the other. No group can properly function without the other.

The factors which contribute to the successful practice of pharmacy fall into two classes: (1) those things which individual pharmacists must do for themselves, and (2) those things which they cannot do alone but which they can do in association with other pharmacists. The opportunity to achieve success through one's own abilities is a priceless heritage of the democratic system, but the pharmacist needs to join with other pharmacists through such association's as ours to achieve many

objectives which are unobtainable through individual action. I believe that the outstanding pharmacists of the country realize this. To me, it is no coincidence that in this country there are roughly 32,000 drug stores doing \$10,000 or more in sales a year, about 32,000 drug stores rated at \$1000 or better and approximately 32,000 pharmacists who are members of their state pharmaceutical associations.

Retail Pharmacy

The most important branch of pharmacy, the backbone of the profession, the group which is responsible for 80% of its membership, is the branch this ASSOCIATION has neglected most. However, if this ASSOCIATION could enlist the active support and membership of 80% of the retail pharmacists of America there is no limit to the accomplishments that this ASSOCIATION might achieve. The pharmacists of our country have always rendered an important service not only in our health program but in every matter pertaining to the general welfare and betterment of the people in every community.

To-day more than at any other time in our history the retail pharmacists of our country are looked upon as community leaders, their stores are the meeting place of all people. With convenient locations, open for long hours and rendering services in keeping with the demands of the public in every neighborhood, they have adjusted their professional activities and services in the interest of the health and welfare of the citizens of their respective communities.

All pharmacies are not alike. People differ. Sections have their peculiarities. Yet pharmacy in almost every instance has adapted its program to the existing conditions of the particular section in which it serves. We have some stores that we are not proud of; they have not kept pace and in other ways do not measure up to the ideals of the profession. We have some schools of pharmacy whose vision has been somewhat blurred and their service impaired in these changing times. We have some manufacturers whose products are inferior, and we have men in all branches who are a liability rather than an asset to pharmacy. I must remind you that this is true in every profession. I have seen these conditions to which I refer and I can truthfully make the statement that in no profession will you find more humble, self-sacrificing, patriotic and law-abiding citizens than in the pharmacists of America.

If time permitted I could dwell at length upon some of the experiences that have come under my observation to emphasize the pharmacists' value in community life. In the rural sections especially as one of the educated men in the community he must assume a place of leadership in the social, political and religious life of his community. His advice is sought daily, he is the one man in the community to whom old and young alike go for information

and advice, which they know will be freely given and without hope of reward. In his pharmacy the youth of America see exemplified service and self-sacrifice and those other homely virtues which tend to mold character. In his pharmacy public sentiment is crystallized.

From the ranks of retail pharmacy come those who make and enforce pharmacy laws and who regulate the practice of pharmacy. No outside influence was necessary to bring about this regulation of practice and licensure. These laws were the result of a voluntary movement on their part to protect the health of the public. The Boards of Pharmacy are composed of retail pharmacists who through character, education and experience are qualified to examine the applicants for license to practice pharmacy. It was the retailers as Board members who organized the National Association of Boards of Pharmacy. This organization for the past 25 years has done more to improve conditions in pharmacy and to advance pharmacy than any other pharmaceutical organization in America. This Association is responsible for our high standards in pharmaceutical education. The colleges did not pioneer this work as the average layman might suppose. True enough the American Association of Colleges of Pharmacy and the AMERICAN PHARMACEUTICAL ASSOCIATION joined hands with the National Association of Boards of Pharmacy and helped bring this work to a successful conclusion, yet the N. A. B. P., at a time when preceptor education and quiz courses were at their height, inaugurated this program of four-year college training for examination to practice pharmacy. They realized that with history making discoveries in synthetic chemistry, medicine and pharmacy and with our modern knowledge of the biological and pharmaceutical sciences increasing so rapidly, the preceptor type of pharmaceutical education was inadequate for the development of efficient pharmacists.

Retail pharmacy inaugurated this program of higher educational standards to place pharmacy on a level with other public health professions.

Education

Now with a shortage of pharmacists, efforts have been made in some states to lower these standards. This shortage cannot be attributed solely to our high standards of pharmaceutical education. It is the result of a combination of causes, the draft, pharmacists entering other fields of endeavor, a failure on the part of our schools to properly plan for the future and from conditions arising from a new social and economic condition such as we have never faced before. Far-sighted leaders know full well that a shortened pharmaceutical education will cause pharmacy to suffer five, ten and even twenty years hence. The whole-hearted coöperation of pharmacists, state associations, colleges of pharmacy and Board members will be required to maintain our present level of pharmaceutical educa-

tion. These groups are responsible for the progress made and on their shoulders rests the responsibility of holding these gains. With coöperation from the associations, the schools and from individual pharmacists contacting the best of our high-school graduates and interesting them in a pharmaceutical career, we can safely predict that pharmaceutical education and practice will strike a balance whereby a healthy condition will exist during the next few years at least. Beyond that we can feel that with the high-type students now entering the field, pharmacy in all its branches will be greatly strengthened and that progress in this respect throughout the present decade will be even more outstanding and far-reaching than it was in the period through which we have just witnessed such wonderful progress.

Again I say it is pharmacy's responsibility to maintain our present high standards. Retail pharmacy accepts the responsibility and in the interest of public health and welfare we shall maintain our present standards of graduation from a college accredited by the American Council of Pharmaceutical Education.

As I stated at the Richmond meeting and at every meeting of state associations which I have attended, the future of pharmacy, as I view it, rests squarely upon the shoulders of the retail pharmacists of America. They represent the root, stem and plant—the very life blood of pharmacy. Whatever the problem may be, whenever and wherever pharmacy is concerned, retail pharmacy will always be the deciding factor.

When the AMERICAN PHARMACEUTICAL ASSOCIATION awakens to this realization and inaugurates certain necessary services provided for in its Constitution in the interest of the retailer, then this ASSOCIATION will fulfil its obligation to the profession and its future growth in membership and finances will be assured. The AMERICAN PHARMACEUTICAL ASSOCIATION, like the amoeba, has been growing too rapidly by subdivision without proper thought for coördination of effort and basic structural development. It has given birth to and nurtured several related organizations which by the application of sound business principles have now grown in power and usefulness largely overshadowing the effectiveness of the mother organization. Common sense and business judgment demand that the services of this ASSOCIATION be advanced in keeping with the needs of the profession.

Our Responsibility to Students

To-day we have the highest type of young manhood and womanhood entering pharmacy in our history. In some states we are just beginning to see the results of our high standards of pharmaceutical education. Why do I say that the young pharmacists of to-day are above the average? It is because it took courage, and plenty of it, to enter a college of pharmacy with conditions in the profes-

sion as they were several years ago when a little experience and a cram course were the only requirements for state board examinations. The boys and girls who entered college at that time possessed courage and determination and, above all, the desire to be of service to their fellow man. During the year, I have visited many student branches and colleges of pharmacy and have talked to and corresponded with hundreds of students and I want to say to you to-day that these graduates realize the problems that lie ahead. They know perhaps better than you or I just how to meet them and they have confidence in their ability to do the job. They need only two things—experience and our encouragement. Given a chance they will make of pharmacy a real public health profession. I beg of you to give them free rein to put into practice their ideas; they are new, modern and in keeping with the fast pace pharmacy is traveling. Let this ASSOCIATION have the vision to give them opportunity—opportunity for service in ASSOCIATION work. The A. PH. A. needs new blood, youth, new ideas, new methods.

Student Branches

I wish to commend Dean Ernest Little, Chairman of the Committee on Local and Student Branches, for the splendid work he has accomplished especially among the student group. His work has been outstanding and yet with the help of a contact man from the AMERICAN INSTITUTE OF PHARMACY he could have laid the foundation for the future growth of the A. PH. A. in every one of our 68 Colleges of Pharmacy. Next in importance to our retail pharmacist comes our debt to our student branches. A school which does not support a growing student branch is not fulfilling its obligation to pharmacy.

Colleges of Pharmacy

There has been a feeling on the part of some of our pharmaceutical educators that retail pharmacy was not keeping pace with pharmaceutical education. An effort has been made in some states to bring postgraduate and refresher courses to retailers out of college for several years. This is certainly an effort in the right direction. With new preparations and improved methods announced almost daily to the medical and pharmaceutical professions it takes constant study and application to keep abreast the times. I urge that this effort be redoubled.

Just as there is a need for refresher courses for our retail men of the old school there is likewise a need for our instructors in pharmacy to study present drug store conditions and receive practical experience in our modern methods of pharmaceutical practice and merchandising in order to send forth well-balanced graduates. It isn't enough in these fast changing times to put all the emphasis on the theoretical and cultural subjects and turn out students who are deficient in practical pharmacy.

There was a time when pharmacists wanted to train men fresh from college in their own particular methods, but to-day there is no time for this; the need to-day is for well-rounded students.

While pharmacy in its other branches was undergoing many changes our schools failed to plan for an even flow of students to take care of the demand. This might be attributed in some measure to a failure on the part of our educators to keep in close touch with our pharmacists and their needs and adjust their program to the new order. Just as in merchandising a pharmacist no longer waits for customers to come in, so should our pharmaceutical educators go out after students, and rub shoulders and make contacts with those leaders in active practice whose fingers are always on the pulse of pharmacy.

Medical practice is beginning to center not around treatment and cures but around proper medical care and prevention. I contend that pharmacy will keep pace in this program and will continue to adjust its methods to the ever-changing conditions of our modern world.

Education of our people in public health methods is responsible in a large measure for the rapid progress pharmacy has made for the past few years. The newer and more potent preparations and the emphasis placed upon proper medical care from infancy to old age have gone hand in hand with a growing profession, a profession ever alert to meet existing conditions of pharmaceutical practice. This has brought about a new outlook on pharmacy by the people in every community—a movement that will elevate pharmacy in the minds of the people of America. The acceptance of our service by the people in our respective communities is based upon the character of our professional practice. The strides made by retail pharmacy have been gratifying, yet with proper support from the A. PH. A. and a coöperative effort on the part of an organized profession they could have been phenomenal.

Coördination of Pharmacy Activities

If the A. PH. A., the mother of all pharmaceutical bodies, could bring together at the AMERICAN INSTITUTE OF PHARMACY the President, Secretary and Chairman of the Executive Committee of every national pharmaceutical organization in the country, an effort could be made to weld all interests of pharmacy into one coördinated group. This would bring about a closer relationship, and certain projects which are of interest to all could be dealt with. All records pertaining to pharmacy should be established here in the central office at the nation's capital. Information, statistics, laws, tabulation of facts, and a general publicity bureau should be set up. A trained executive in this field could take care of these services and the various associations could easily underwrite the expense at a figure less than each group is now paying for

a partial service of this nature. This would bring about a centralization of pharmacy activities and prevent an overlapping such as now exists in some organizations, thereby eliminating the cause of friction and petty jealousies. All matters of general publicity for pharmacy such as sponsorship of exhibits for fairs, associations, museums, and others could be handled from this office. Various other activities could be instituted without duplication of effort, valuable statistical and general pharmacy information not available now through any association could be furnished the various governmental agencies and to associations. It would be a wonderful help to state associations and state board secretaries especially in states where no clerical or statistical help is provided. The greatest benefit to result from such a set-up would be to the retail pharmacist, and this benefit would be reflected through every other affiliated organization as each association will benefit in just measure to the benefit to retail pharmacy.

Secretary's Office

The request for statistics regarding pharmacy for use by the government in plans for national defense have naturally been directed to the AMERICAN INSTITUTE OF PHARMACY. Again we have witnessed the need for a complete compilation of facts at a central office. Yet with records scattered over the 48 states and in many instances being of a very inadequate nature, the time of the Secretary might have been directed to this one matter alone. Pharmacy must have a complete and thorough set-up of all facts and figures pertaining to the profession in its every branch. I think we have in Dr. Kelly a secretary without an equal. I believe one of his principal virtues is his ability to win confidence in his various contacts with government officials and the recognition he has thus gained for pharmacy is alone worth several times his salary. In my visits to Washington this year I have seen first hand the vast amount of work this man turns out. For several years Dr. Kelly has carried on the work of three or four men. This ASSOCIATION should realize that at best a man is only human and for his good and the future interest of the A. PH. A. we should give Dr. Kelly an assistant to relieve him of some of his routine duties. At the same time the A. PH. A. would be getting the benefit of these contacts established over a long period of years by a man whose equal this ASSOCIATION will not see again. These contacts are worth thousands of dollars to Pharmacy and we should see to it immediately that they are not lost to us. I urge that you take action on this matter at this meeting. We must not delay.

Practical Journal

For a long time there has been a need for a publication which would prove helpful to pharmacists

in every-day routine matters affecting practical problems in the average pharmacy. This ASSOCIATION now has in the present JOURNAL OF THE A. PH. A., Practical Pharmacy Edition the type of publication which the leaders who realize the need for such a Journal had in mind when they advocated its issuance. An unsatisfactory publication during the first few months of its existence due to the unbusinesslike methods which have characterized some of the other activities of this ASSOCIATION, The New Practical Journal under the Editorship of Mr. Robert W. Rodman, former managing editor of *Druggists Circular*, bids fair to become the most welcome periodical in the library of the busy practicing pharmacist. The editorial page is especially strong. Mr. Rodman knows thoroughly the needs of the retailer and every inch of space is crammed with helps which can be found in no other publication. It is a new Journal from cover to cover and from comments to me as I have visited the different sections of the country I feel sure the Journal now meets the demands of the retail pharmacist for a practical journal of an informative type. The new Journal should serve as your guide to legislative developments, interpretations of governmental actions, association activities and to enable you to keep up to date with professional matters. The Journal is filling a real need in this field as a practical professional publication reaching about 32,000 pharmacists. I believe it merits and will receive the support of our manufacturers.

I shall not attempt to comment on the activities of all the various committees. The committee chairmen and Dr. Kelly will cover these activities in detail in their reports. I feel, however, that I should make some reference to the important work carried on by some of these committees in view of their outstanding accomplishments during a very busy and unusual year. All of the gains made by the committees cannot be attributed to the activities of the year since much of the progress is the result of a culmination of efforts over a period of years. Some of the work was a duplication of the newly constituted Committee on Long Range Program of Policy with the work of the various committees already set up. The Committee on Long Range Program of Policy under the chairmanship of Dean Wortley F. Rudd is to be commended for its farsightedness, thoroughness and earnestness in which the committee as a whole with the various sub-committees met the many perplexing problems facing pharmacy and this ASSOCIATION.

Of particular interest to pharmacy is the work of Dean Robert C. Wilson of the University of Georgia School of Pharmacy at Athens, who as a member of the Committee on Long Range Program of Policy headed a sub-committee on Inter-professional Relations. As I view it, after a thorough organization of the various affiliated bodies of pharmacy into one cohesive unit to direct the destiny of the profession the next move on the part of the A. PH. A. should be directed toward the

understanding of mutual interest on the part of medicine and pharmacy. In quite a few of our state associations, progress has been made in this respect. Some of the states have active, full-time contact men working in the interest of this program and particularly directing their efforts toward U. S. P. and N. F. promotion activities among physicians and pharmacists. Dean Wilson and his committee are to be commended for their splendid beginning of a most worth-while project and I suggest that this ASSOCIATION endorse this work and lend every effort to the various state associations in coördinating state activities of a similar nature. It is hoped that this splendid beginning will lead to a continuous program of coöperation between medicine and pharmacy. We must realize that, after all, the practice of pharmacy hinges on those preparations used by the physicians. The committee should continue the work and seek to enlist the support of the other health professions in matters of legislation and practice which will protect the health of our people. The leaders in medicine and pharmacy should realize the importance of this program especially at this time and join hands with the joint committee in a spirit of coöperation.

National Pharmacy Week

With the help of the radio and the press, National Pharmacy Week's growth has been phenomenal. The value of this observance to all branches of the profession can hardly be estimated. The activities have outgrown our present limited committee set-up. While the committee under the chairmanship of Mr. John E. O'Brien of Omaha, Nebraska, has rendered a splendid service, it is an imposition on the part of this ASSOCIATION to burden them with the vast amount of details involved in the increasing growth of the "Week" each successive year. With the editor of the New Practical Journal now located in the AMERICAN INSTITUTE OF PHARMACY in Washington, I suggest that the details of this important work be handled from the Headquarters building. Proper contacts and releases for radio and newspapers and helps for retailers for talks before service clubs and organizations could be handled more effectively under this arrangement. This is a rapidly growing activity and should receive the active coöperation of all pharmacists in carrying out the true objectives which inspired its inauguration 17 years ago. When we make every week pharmacy week in the pharmacies of America, then National Pharmacy Week will take on added significance, and we shall dignify pharmacy accordingly in the eyes of the public.

U. S. P. and N. F.

Under the capable direction of Dr. Justin L. Powers, the current revision of the National Formulary is in its final stages and the 7th Edition of this

book of standards will be issued within a few months.

When the National Formulary was established by the AMERICAN PHARMACEUTICAL ASSOCIATION in 1888 it was merely a book of unofficial formulas; as a matter of fact it was named "The National Formulary of Unofficial Preparations." As such, it naturally was secondary to the United States Pharmacopœia and each edition, including the 6th, carried a statement in its preface to the effect that should the U. S. P. approve for admission and establish standards for items already included in the National Formulary, the Pharmacopœia standards shall supersede those of the National Formulary.

The wisdom of this policy in the days when the U. S. P. was the only recognized book of standards is easily appreciated, but to-day such a policy is not only unnecessary but, from many points of view, undesirable.

The National Formulary to-day enjoys equal recognition with the U. S. P. under the Federal Food, Drug and Cosmetic Act and the standards contained in one book are just as official as those in the other. It is no longer necessary to transfer an item from the National Formulary to the United States Pharmacopœia in order to make it official and thus the old policy of supersedence now serves no useful purpose.

From the practicing pharmacist's viewpoint it creates undesirable confusion to have monographs of drugs shifted from one book to the other and back again.

The National Formulary has a Committee of ten capable men, experts in their field, and each has a competent sub-committee. It has excellent laboratory facilities and a capable full-time staff of technicians provided by the AMERICAN PHARMACEUTICAL ASSOCIATION in its headquarters, the AMERICAN INSTITUTE OF PHARMACY, in Washington. Actually, its full-time Chairman of Revision, its full-time laboratory staff, its laboratory facilities, its location in Washington where collaborative work can be carried on with governmental laboratories, and its comparatively small committee which gives it great flexibility and permits it to take prompt action, give the National Formulary many advantages as a book of standards. Nothing should be permitted to interfere with the efficient performance of its duties to the profession and the public. However, if the N. F. is to engage in research projects and have the U. S. P. decide to take over the products involved when the research is half completed or if the N. F. is unable to proceed with its work because it doesn't know which products the U. S. P. may admit and which it may not, it cannot function efficiently.

As the first step in relieving this situation the National Formulary has wisely rejected its out-moded policy of granting supersedence to the U. S. P. From now on, the U. S. P. has no more right to take items from the N. F. than the N. F. has to take items from the U. S. P.

This new policy can produce but one of two results: (1) If the U. S. P. and N. F. do not work out a satisfactory basis of mutual understanding and agreement on which drugs shall be admitted to one and which to the other, there will be chaos and the present non-governmental standardization procedure will be discredited. (2) If the U. S. P. and N. F. do work out a mutually acceptable basis of coöperation, both committees will be able to function more efficiently and we shall be spared such needless controversies as we have had this past year.

Your ASSOCIATION is doing its best to secure this latter objective. A Committee on the Council appeared before the Board of Trustees of the U. S. P. last May and urged that prompt consideration be given to working out such a mutually acceptable basis of coöperation. These bodies, representing the U. S. P. and N. F., will meet early in 1942 to proceed in this direction.

The new plan of continuous revision should keep both compendia abreast the times and result in a more extensive use by practicing physicians and pharmacists. As I view it, with capable committees and sub-committees, a full-time Chairman of Revision, a staff of technicians and adequate laboratory facilities, the National Formulary is endeavoring to adjust its policies and services to present-day conditions while the U. S. P. still clings to tradition and precedent established one hundred years ago. With several members represented in an official capacity on both the U. S. P. and N. F., it seems the only answer for failure to bring about a unity of purpose which, after all, is the establishment of standards for drugs, is a spirit of jealousy and pettiness which has no place in constructive improvement especially when the health of our people is involved.

Status of Pharmacists in Government Service

The Committee on Status of Pharmacists in Governmental Services had an unusually busy year. In fact this committee with Secretary Kelly could have spent their entire time during the past few months in efforts to take care of pharmacy's interest in the provisions of the Selective Service and Training Act. I shall leave this important report to Dean Kendig and his committee. I would like to say, however, that due to the committee's untiring efforts, satisfactory progress has been made and it is believed that pharmacy's place of importance in Public Health programs has received greater recognition in the eyes of our governmental agencies than heretofore enjoyed.

Pharmacists, wherever they are considered as necessary men, have been deferred as have also *bona fide* students of pharmacy. Very few complaints have been registered about the deferment of pharmacists or students. The committee's efforts were directed primarily toward improving the pharmaceutical service being rendered in the govern-

mental services, and, secondarily, to a recognition of pharmacy as a profession in the various branches of government service.

We have spared neither time nor effort in cooperating with the Army on a most friendly basis. We have had many disappointments particularly in the matter of Commissions for pharmacists and I hope we have followed the sound course. There will be no completely satisfactory solution to the problem, in my opinion, until the day comes that the Army is fully convinced of the place pharmacy can and should fill and we have a separate pharmacy corps in the service. Men in military life are entitled to the same health protection they receive in civilian life. In view of recent rulings regarding pharmacists from Army headquarters I urge that this ASSOCIATION enlist the support of an organized pharmacy in demanding a separate pharmacy corps NOW. This is the opportune time. We should not delay.

Federal Food, Drug and Cosmetic Act

The new Federal Food, Drug and Cosmetic Act is about as complicated in its application to the average pharmacist to-day as it was 16 months ago when a representative of the Federal Food and Drug Administration attempted to answer questions propounded to him regarding the Act. I find pharmacists everywhere seeking information on this act. In some sections citations have been made and a spirit of unrest prevails among pharmacists who are eager to comply with the provisions of the Act. In the light of existing conditions and in view of the splendid record of obedience to law under the Harrison Narcotic Act and other laws affecting pharmacists, I believe this ASSOCIATION should direct its efforts toward asking the federal government to clarify the measure in understandable terms and to cease citations until rules and regulations are handed down for guidance of pharmacists whose every desire is to comply with the provisions of the Act. Pharmacy wishes to cooperate. Pharmacy can be counted on whenever the health of our people is concerned.

Since we met in Richmond 16 months ago, many new, potent and dangerous drugs have been placed on the market. Advertising over the radio of "cure alls" and nostrums by quacks and the sale of such by peddlers and bootleg operators in road houses, filling stations and general stores has reached alarming proportions.

It is no longer safe for even ordinary household remedies to be sold in general stores as the inferior quality and the dangerous composition of some of these preparations and the lack of proper state and federal laws to regulate the use and sale of these preparations make it imperative that to safeguard adequately the health of our people all drugs should be sold by registered pharmacists in duly licensed stores. Every pharmacist realizes the serious menace to our people in the promiscuous sale and

the use of the barbiturates. Many of us recall the conditions that followed the first world war. Our present mode of living is responsible for the addiction to many of our so-called sedatives by men, women and even children. It was at one time a comparatively easy matter for them to satisfy their craving from many sources in many communities. In the face of the impending crisis, with an alert eye to the dangers ahead and looking into the future to the day when our men in military life again take their places in their respective communities, would it not be the wise course to follow for the ASSOCIATION to continue its efforts toward legislation which would place the sale of drugs and medicines in pharmacies where a qualified pharmacist is in charge at all times, as is provided for in the proposed uniform Pharmacy Act recently made available by the Committee on the Modernization of Pharmacy Laws of this ASSOCIATION. The future health and welfare demands that not only dangerous and habit-forming drugs and medicines, but that all drugs and medicines be distributed through safe and reliable channels.

In the past some selfish manufacturers have opposed this legislation. Certainly in the face of the present world conditions we have enough far-sighted manufacturers who would champion our cause in the interest of the health of our civilian as well as our military population.

It must be borne in mind, however, that the restriction of sales of drugs and medicines to pharmacists can be justified only on the basis of providing greater protection to the public. To-day, with the Food, Drug and Cosmetic Act requiring a statement of ingredients on the label of packaged medicines, the pharmacist is in position to give the public such protection and the pharmacist must be willing to assume greater responsibility in the sale of such products.

Committee on Personnel Problems

Dr. J. B. Burt, as chairman of the new Committee on Personnel Problems in Pharmacy, will report on this important activity. This work represents one of pharmacy's major problems. Dr. Burt and his committee have approached this matter in an intelligent and sensible manner. I shall not elaborate but I make this statement with all the emphasis at my command. Pharmacy is a profession and this is distinctly pharmacy's problem, not labor's. We must meet it squarely and at once. If we do not solve the problem some other body will do it for us. Pharmacy must chart and direct its own destiny. In this work the A. P. H. A. needs the cooperation of each branch of the industry, particularly the retail pharmacists, as this is a joint problem.

Professional Pharmacy

In my travels over the country I have been impressed by the decided trend toward the profes-

sional side of pharmacy. This trend has been very noticeable not only among the better class of chain stores and our larger stores, but the encouraging part to me has been to witness the return to the ethical side, the bed rock of pharmacy itself, by the rank and file of retail pharmacists in all parts of the country. Particularly in the smaller communities, the one man stores, I have seen modernization programs carried out, open and semi-open prescription departments installed, a general cleaning and painting up, with all departments centering around the prescription department, the heart of the drug store. This program has resulted not only in increased business for the pharmacist but also in increased prestige and respect, and confidence on the part of the other public health professions and the public, not hitherto enjoyed by the average pharmacy.

Pharmacy as a profession has taken on a new significance and with proper coöperation on the part of the A. PH. A. in state association matters and in increased services to the individual pharmacists to whom this ASSOCIATION is obligated, we shall see our profession attain new heights of usefulness in the health program of the state and nation.

Social Hygiene

The response of the pharmacists of America in the fight against venereal disease has been very gratifying. The AMERICAN PHARMACEUTICAL ASSOCIATION joined hands with the American Social Hygiene Association and a joint committee under the chairmanship of Dr. R. P. Fischelis was set up to direct this important work. This committee has done a splendid job not only in helping to stamp out syphilis and gonorrhea, but has brought about a closer relationship with medicine and pharmacy. The program as worked out by the committee was national in scope, and extended to state associations, boards of health and on down to the laymen in each community.

Pharmaceutical and medical journals and the press have given much publicity to the program. When the plans for National Defense were outlined an additional responsibility was placed on the committee as well as on every practitioner of medicine and pharmacy. With thousands of men in military service we must redouble our efforts to the end that those men be protected. Pharmacists as in other matters affecting the health and welfare of our citizens are a vital cog in this program to stamp out syphilis and gonorrhea. In fact, the success of the program hinges on the coöperation accorded it by the pharmacists in every community.

In this crisis the health of our civilian as well as our military population must be guarded and maintained at a high level. Every pharmacist should eliminate from his stock every item intended for self-medication in the treatment of syphilis and gonorrhea and do his duty to his country and to his profession in this most important work.

Hospital Pharmacy

The efforts of the Sub-Section on Hospital Pharmacy toward effective organization have been progressing in a satisfactory manner. With an estimated number of from 2500 to 3000 hospital pharmacists and with more recruits now entering the various camp hospitals of the Army and Navy the work of this section should be greatly intensified. We should bend our efforts toward keeping this branch of our profession closely affiliated in the activities of the ASSOCIATION.

Hugh Mercer Apothecary Shop Procter Monument

Two events of historic importance to the ASSOCIATION and to pharmacists in general were the Formal Assumption of Perpetual Care by the A. PH. A. of the Hugh Mercer Apothecary Shop at Fredericksburg, Virginia, April 30th, and the unveiling of the Procter Monument, May 3rd, at the AMERICAN INSTITUTE OF PHARMACY. A detailed report of both events will be made by the chairmen of the committees representing these worthy projects.

I wish to extend the thanks of the ASSOCIATION to Dr. Richard A. Deno and his associates in handling the many details incident to the taking over by the A. PH. A. of the Hugh Mercer Apothecary Shop and to Chairman James E. Hancock and his committee for the wonderful undertaking in the execution of the Procter Monument.

Membership Committee

I wish to commend the membership committees in each state for their splendid work in building up the largest membership in the history of the ASSOCIATION.

Especially do I wish to thank the retailers through whose loyalty this was made possible. It is an indication of the interest of this branch of the profession in association work and I trust we shall be able to hold this gain and continue to add to it.

The AMERICAN PHARMACEUTICAL ASSOCIATION has sponsored the Pharmacy Exhibit in the Medical Science section of the Museum of Science and Industry at Chicago. In this exhibit pharmacy is given equal recognition with the other health professions and with the museum being permanent the exhibit will be visited by thousands annually. I would suggest that a fund be created to support activities of this nature. The favorable comment pharmacy received at the Chicago and Dallas Fairs proves beyond a doubt that the time and effort were well spent. These exhibits were worth thousands of dollars to pharmacy and we should provide the means now for a continuation of these activities.

Recommendations

The following recommendations are offered for your consideration.

I. It is recommended that this ASSOCIATION through the Council employ at once an assistant secretary. His duties shall be to assist the secretary with his work at the INSTITUTE OF PHARMACY, to help in increasing membership and interest in the ASSOCIATION, to do contact work in person and by mail with state associations, colleges of pharmacy, student branches and with individual pharmacists; to perform those other duties which will be helpful in bringing additional services of this ASSOCIATION to all its branches.

II. It is recommended that this ASSOCIATION commend Chairman Powers and his co-workers for their far-sighted vision in shaping the policies of the National Formulary in keeping with present-day needs in pharmacy and urge that all efforts possible be made in a spirit of coöperation and mutual helpfulness between the U. S. P. and N. F., toward an early issuance of these compendia, thus making the five-year program of issuance effective.

III. It is recommended that the address of the president-elect outlining his program for the ensuing year be acted on at the closing session of the Council at each convention, and that those plans and objectives favorably endorsed be immediately put into operation without waiting another year or for an indefinite period for action.

IV. It is recommended that the president-elect be extended the privilege of attending all Council meetings held after his election and prior to his installation into office in order that he may be informed as to the working of the ASSOCIATION.

V. It is recommended that this ASSOCIATION endorse the work of the Committee on Interprofessional Relations and urge that it continue to direct its efforts toward a closer relationship with medicine in promoting this program of mutual understanding with the American Medical Association and through state medical and pharmaceutical associations.

VI. It is recommended that this ASSOCIATION continue to direct its efforts toward the passage of national and state legislation which would restrict the sale of drugs and medicines to duly licensed pharmacies.

VII. It is recommended that this ASSOCIATION invite representatives of all national pharmaceutical associations to meet at the AMERICAN INSTITUTE OF PHARMACY to participate in an effort to coördinate all pharmacy activities so as to prevent an overlapping of services and to further advance pharmacy as a profession.

VIII. It is recommended that this ASSOCIATION endorse the program of the Joint Committee of the American Social Hygiene Association and the A. PH. A. and urge all pharmacists to support the committee in its efforts to stamp out venereal disease.

IX. It is recommended that this ASSOCIATION continue its efforts toward the improvement of pharmaceutical service in the various divisions of the government and full recognition of pharmacy as a profession, and a separate pharmacy corps in the Army and Navy.

X. It is recommended that this ASSOCIATION coöperate with the Committee on Personnel Problems in an effort to bring about shorter hours and better working conditions in pharmacy.

XI. It is recommended that this ASSOCIATION endorse the work of the editor of the Practical Journal and continue to distribute this publication during the coming year to each dues paid member of every state association as a service of the A. PH. A.

XII. It is recommended that the editor of the Scientific Journal be named a full-time officer of the ASSOCIATION with headquarters in the AMERICAN INSTITUTE OF PHARMACY. The objectives of the Constitution to foster pharmaceutical literature and diffuse scientific knowledge can be more adequately served under this arrangement.

I appreciate the honor you accorded me in selecting me as your leader for 1940-1941 and for the many expressions of your confidence during the sixteen months I was privileged to serve as your president.

In this industrial center mass production is a byword. The assembly lines fairly hum with activity as hundreds, thousands, even millions of units roll out. Yet back of this mass of units there had to be born ideas in the minds of a few individuals. These men possessing keen insight and inventive genius nurtured these ideas until they were ready to be transformed into a thing of usefulness and to be given to mankind. Even after the mold had been cast, imperfections sometimes crept in and seconds, factory throw-outs and mill ends occurred. These were inevitable in furnishing the perfect article.

In pharmacy the mold that was used thousands of years ago is still in use. Many improvements in the die have been made from time to time, yet the underlying principles are the same. Improvements will continue to be made in pharmaceutical education, practice, manufacture, research and in every branch of the industry. In this progress we have our misfits, our seconds, our undesirables, yet withal a profession with countless thousands of honest and self-sacrificing pharmacists.

You and I and each member of the profession constitute the mold that determines the quality of the practitioners in every branch of pharmacy. The misfits and undesirables in our profession are the result of our negligence and carelessness as an association and as individuals. If we had lived in accord with the principles of the Code of Ethics of the ASSOCIATION the moral fiber and professional integrity of pharmacy would have lifted those misfits and undesirables to a place of usefulness in their respective communities.

Therefore, I call upon each of you as loyal pharmacists and loyal citizens to pledge with me anew our allegiance to our profession and to the principles of Democracy upon which our government was founded."

Introduction of the President-Elect.—President Evans then presented Dr. Christensen as President-

Elect who spoke briefly in appreciation of the honor and responsibility of the office.

ADDRESS OF DR. THEODORE G. KLUMP.
—Dr. Robert C. Wilson introduced Dr. Klump who read the following address.

“It is a pleasure to be present at this meeting of THE AMERICAN PHARMACEUTICAL ASSOCIATION and as a physician it is a privilege to extend the greetings of my profession to the representatives of your great profession. In the course of my work I have been brought into close contact with pharmacy. I have been privileged to work with and learn to know of some of your leaders. It is altogether clear to me that our professions have much in common and that each of us in our own way is striving toward the same ideals. We are soldiers in the war against disease and suffering, a war in which there is no peace. We are members of the same artillery unit. Your job is to prepare the shells, bring them up, attach the percussion caps and load the cannon. Ours is to sight the gun and pull the firing cord.

The Council on Pharmacy and Chemistry of the American Medical Association has a Secretary who is neither a pharmacist nor a chemist. In an effort to make amends for some of his shortcomings he thought it fitting that he learn something more about the profession of pharmacy. With this in mind he read a book that he ventures to say will be regarded as a classic among books that describe the history of a profession. I refer to ‘The History of Pharmacy’ by the late Professor Edward Kremers and Professor Urdang.

I am happy that I have had the privilege of reading that volume before coming here to-night for it gives me a better understanding and appreciation of the splendid traditions and ideals of pharmacy.

In the closing chapter of the book the authors state: ‘The members of the profession may derive pride and confidence from the deeds of their great colleagues. The young generation to come may take these deeds and these men as models, and as evidence of the existence of opportunities open to every one who attempts to fulfil his profession, and himself in it. The world at large and finally legislation and public opinion, should take cognizance of what pharmacy really means. It is up to them to recognize and protect pharmacy in order to make possible the maintenance and security of the professional spirit.’

It is clearly evident that the authors look upon pharmacy as something finer than a trade established for the mere purpose of selling drugs. You know and I know that our professions better represent ideals and traditions that we may embrace with pride. It is no idle boast to say that our civilization cannot endure without the professional spirit that prompts men to devote themselves to these callings. To say that we are serving the ideal of the cash register is vilification and slander. It is tantamount to saying that Edward Kremers collected the material for his book to get rich, or that Harvey Cushing undertook brain surgery for the

money in it. As human beings we have our shortcomings but I submit we must be judged not alone by our faults but also by the fine and worthy achievements of our profession. ‘Let him who is without sin cast the first stone.’

All through their book Kremers and Urdang refer to the close relationship that exists between medicine and pharmacy. ‘The early development of pharmacy in the colonies went hand in hand with medical practice,’ according to the authors. The earliest physicians quite generally dispensed their own drugs. On the other hand, physicians were largely responsible for fostering the development of pharmacy from a trade to the status of a profession. Many of the earlier professional pharmacists were also physicians. It was the physician, Dr. John Morgan, founder of the first American school of medicine, who first advocated the separation of medicine and pharmacy in 1766. He said: ‘We must regret that the very different employment of physician, surgeon and apothecary should be promiscuously followed by any one man: They certainly require different talents.’ It was the same Dr. Morgan who was the first teacher of pharmacy and pharmaceutical chemistry in the United States. During the Revolutionary War he wrote: ‘The apothecary to all intents is to be looked on in rank as well as pay in the light of a surgeon and respected accordingly.’

Unfortunately for our professions, few outstanding individuals nowadays are both qualified physicians and pharmacists. I think this is largely due to the fact that the two sciences have grown in complexity to the point where it is no longer easy for one individual to encompass both competently within the span of a single lifetime.

Several years ago I served as a physician on a small island off the coast of Maine. The nearest professional colleague on the mainland was one of those rare individuals: A physician who was likewise a pharmacist and operated a rather acceptable apothecary shop. He was one individual who might be envied by both professions: For him counter-prescribing by a pharmacist and dispensing by a physician was no problem. Without a number of distinguished scientists such as Samuel Jackson, M.D., the first professor of materia medica and pharmacy in the Philadelphia College of Pharmacy, to serve as a link between the professions it is all the more important that there should be provided means for communication and collaboration between the two.

It is altogether fitting that representatives of our professions should meet from time to time and discuss our mutual problems. To fail to do this is to fail to take the first step toward a better understanding and a meeting of minds. After all, we cannot appreciate one another’s problems until we find out from first hand information what they actually are.

Some time ago representatives of your association discussed with the Board of Trustees of the

American Medical Association the advantage that may be gained from such an exchange of ideas relative to the mutual problems of our professions. Pursuant to this the Board of Trustees recommended that the Council on Pharmacy and Chemistry sponsor a conference between representatives of the AMERICAN PHARMACEUTICAL ASSOCIATION and the American Medical Association on medical-pharmaceutical relationships for the purpose of fostering better coöperation between pharmacy and medicine. I am happy to announce that the Council on Pharmacy and Chemistry voted unanimously to adopt the recommendation of the Board of Trustees. I have the honor, therefore, to invite representatives of the profession of pharmacy to meet with us in such a joint conference.

We all recognize that there are problems and it is hoped from this exchange of ideas that there may arise a solution to some of them.

We shall be very happy to receive suggestions that will lead to a more worthwhile meeting to be held in the near future.

We are looking forward to this conference with enthusiasm and the hope that it will further cement the cordial relationships that have always existed between two professions altogether devoted to the good of mankind."

President Evans thanked Dr. Klump for his presence and for his splendid message, and assured him of the full coöperation of the A. PH. A. in the program which he presented.

MESSAGE FROM DR. GEORGE BAEHR.—Secretary Kelly said that the ASSOCIATION has had several contacts with the Medical Division of the Office of Civilian Defense. Dr. Baehr and his associates had been very helpful in developing such coöperation as pharmacy can render in the plans for civilian defense. Dr. Baehr had hoped to address the meeting but as that could not be arranged, due to the pressure of his work, he had kindly sent the following message which was read and received for publication.

"The Office of Civilian Defense has prepared plans and is organizing the nation for the protection of its citizens in the event of any emergency. Although the services necessary for civilian protection are the same in all parts of the country, organization to render these services will differ from place to place. A Bulletin of the Office of Civilian Defense, entitled *Local Organization for Civilian Protection* outlines the services that are needed and indicates a general pattern for the necessary organization, but it is the duty of each community to work out the details of this plan according to its own peculiarities.

A bulletin is in press describing the basic plan of the Medical Division of the Office of Civilian Defense for an Emergency Medical Service in communities, and this bulletin will be released within a week through state and local defense councils. The pharmacists, through their contacts with physicians, hospitals and the general public, are in

a strategic position to help bring into operation this most essential program.

The Emergency Medical Service will require trained first aid and nurses' aide volunteer assistants among its personnel. The U. S. Director of Civilian Defense has announced the plans of the American National Red Cross for the training within the next year of 100,000 Volunteer Nurses' Aides by the new intensive course prepared by the Red Cross and the Medical Division of the Office of Civilian Defense.

A new first aid course for civilian defense workers has been prepared by the American National Red Cross and the Medical Division of the Office of Civilian Defense. A brief review course in first aid has also been prepared which consists largely of practice in emergency procedures such as application of splints and bandages, the control of hemorrhage, transportation of wounded, care of burns, and prevention and treatment of shock. These courses are to be taught by qualified Red Cross instructors, and it is urged that all persons in the community participate who can possibly do so. Both of these programs of instruction need the full support of influential citizens, including the pharmacist. He should encourage new students to enroll by enrolling himself in the courses and reviewing and practicing his own first aid training, and he should proceed with advanced training and qualify as an instructor in order to spread this program.

This training is all-important to the morale of the nation. An informed population cannot be stampeded. The Office of Civilian Defense is glad for the privilege of communicating directly with this Convention and is asking the support of your organization and every individual in it for:

1. The work of each state and local defense council and especially of the Emergency Medical Service.
2. The first aid training program.
3. The maintenance of morale by the development of an informed population prepared for emergencies."

Local Secretary Bialk was presented and made several announcements.

The Session was adjourned at 10:40 P.M.

SECOND GENERAL SESSION

The Session was called to order at 10:00 A.M. on Thursday forenoon.

President Evans requested the audience to stand for a short period in memory of the members of the ASSOCIATION who have passed away since the last annual meeting.

The minutes of the First Session were read and adopted as read.

A message was read from former President W. D. Adams and Mrs. Adams expressing regret that they could not attend the meeting.

REPORT OF THE HOUSE OF DELEGATES.—Chairman Schaefer presented the report which was received. (See minutes of the House.) He emphasized the large attendance and the splendid interest shown by the delegates.

JOINT COMMITTEE OF THE A. PH. A. AND THE AMERICAN SOCIAL HYGIENE ASSOCIATION.—Chairman Fischelis presented the following report which was received.

"Many will remember that in 1939 there appeared some statistical data showing a rather widespread counter-prescribing of venereal disease remedies in the pharmacies of various cities. As a result this ASSOCIATION and others took action to acquaint those who had published these figures with the fact that perhaps the statistical data were assembled from places which were not representative of the pharmacies of the United States. Later, President DuMez appeared before the American Social Hygiene Association at its annual convention and gave the pharmacists' viewpoint on this whole question, offering the coöperation of pharmacy and pointing out that perhaps one of the reasons conditions were somewhat disturbing was because pharmacy had never been properly recognized in this general educational campaign for stamping out venereal disease. Later, Dr. Clarke attended our annual meeting in Richmond.

The outcome was a suggestion from the American Social Hygiene Association that a Joint Committee of the AMERICAN PHARMACEUTICAL ASSOCIATION and that Association be appointed to consider the various questions which might be of mutual interest. The members appointed by the AMERICAN PHARMACEUTICAL ASSOCIATION were Dr. Swain, Dr. Kelly and myself, and from the American Social Hygiene Association, Dr. Clarke, Dr. Raycroft and Mr. Milbank.

The Joint Committee at its first session felt that it should have in addition one practicing physician and one practicing pharmacist. So, Dr. Joseph Klauer, a practicing physician of Philadelphia, and Mr. Theodore Campbell, a pharmacist in Philadelphia were selected.

That committee has functioned and its activities have been reported in various pharmaceutical publications and in our own JOURNAL. I shall not burden you with a detailed report of all of these activities, but I wish to outline for you briefly the program and what the results of the program have been.

It will be recalled that Dr. Clarke, at Richmond, talked about the venereal disease program in general and pointed out where pharmacists could be of assistance. When the committee formulated its plans it decided that there were four avenues of activity that should be immediately undertaken.

First of all, there should be an effort to obtain the coöperation of state pharmaceutical associations; second, of boards of health and departments of health in the various states and municipalities

throughout the United States. Each of these groups was contacted. The state pharmaceutical associations were acquainted with the program through their secretaries and we have had a very fine response. I might just briefly say that out of the total of forty-eight state pharmaceutical associations we are now receiving active coöperation in the distribution of literature, in the arrangement of programs, of speakers, and so on, from the following states: Georgia, Alabama, Ohio, Kentucky, New Hampshire, Oregon, Maryland, Kansas, New York, New Jersey, California, Wisconsin, Illinois, Montana, West Virginia, Virginia, Pennsylvania and Idaho. The other states may be doing work in this field, but have not let us know just exactly what it is they are doing.

I want to compliment particularly the activity of New York State where Dr. Lemon was made chairman of the state committee and has inaugurated a very extensive program which has borne fruit and is being more or less used as a model for other states. We have supplied state pharmaceutical associations with definite information about the program of the New York State Committee which is having splendid coöperation from health departments.

Now obviously this Joint Committee is not in a financial position to supply literature and to maintain contacts by mail with forty-eight state pharmaceutical associations to the extent that those associations might desire, but we have placed state departments of health and local departments of health in touch with the state pharmaceutical associations and have established a contact in two ways. We have asked the state pharmaceutical association to contact its health department, and we have written to the health departments to contact the pharmaceutical associations.

Many health officers have expressed amazement at the amount and degree of coöperation that is available to them through retail pharmacies, once they begin to contact the local associations and get their coöperation. The distribution of literature, the distribution of displays for windows goes on at a tremendous rate throughout the country at the present time because both health departments and pharmacists are interested.

Among the exhibits here is an exhibit of our Joint Committee in which these avenues of coöperation are pointed out and on which literature is displayed giving an idea of what is available. I hope that those of you who have not yet looked that display over will do so.

I am also glad to say that Mr. Joseph Stennich, Assistant to Dr. Walter Clarke, the Executive Director of the American Social Hygiene Association, has been in attendance at this meeting, and has given an idea of the type of coöperation that is available through the committee.

Now in the matter of health department coöperation, you probably know that the Federal Government has made available to the state health

departments a considerable sum of money for aid in stamping out venereal disease and some of this money is being spent for publicity and literature and for sending speakers to various places where they can give an effective message. Materials are being supplied to pharmacies, and they are available from these health departments for the asking.

The social hygiene societies in the various states usually conduct annual conferences at which pharmacy has been represented in many cases.

I should like to read a communication from the United States Public Health Service received at this meeting a few days ago:

'The deepening crisis of war emphasizes the live and definite importance of mobilizing all of our resources, machines and men at the earliest possible moment. Experience during the past several months in the administration of medical aspects of the Selective Service System has thrown considerable light on one of the most serious obstacles to mobilization of the nation's man power. This obstacle is venereal disease. Examination of the first million men called for Selective Service has revealed 48,000 cases of syphilis and at least 15,000 cases of gonorrhoea. These men have been rejected as unfit for service. They are back now in their communities, problems for civilian authorities. They form a crucial portion of the total national defense venereal disease problem. The rehabilitation of these men and the selection of future selectees is peculiarly a responsibility of each and every local community. This responsibility extends to each individual in his capacity as a citizen of the community, and more especially it extends to the professions of medicine, of public health and of pharmacy.

It has been a source of gratification to the public health service to witness the work of the Joint Committee of your Association and of the American Social Hygiene Association in mobilizing the resources of American pharmacists behind the national venereal disease control program. The public health service feels strongly that the pharmacists of the nation can be of material aid by referring sufferers from venereal disease to sources of adequate medical service, by educational activities and by throwing the weight of their profession behind community and national control efforts. The far-sighted health administrator will recognize the vital function pharmacy can play in this public health endeavor.

You may rely on the continued coöperation and support of the United States Public Health Service.

Sincerely yours,
Warren F. Draper,
Acting Surgeon General.'

I feel that this communication coming from the Federal health authorities is a recognition of the importance that the pharmacist plays in this movement. We have certain responsibilities which we must meet and which we are meeting.

To give a better idea of some of the specific things that are being done and the type of study that is being given to this problem by your Joint Committee, I should like to point out that there have been distributed two leaflets recently, one to men who are about to go into the Army in which they are cautioned about the dangers of venereal disease and are told in the pamphlet that if supplies of any type, such as are recommended, are necessary, they should be obtained in a pharmacy. The second of these pamphlets is one that goes to workers in the defense industries with a similar message.

It is felt by Public Health workers and others that the drug store is the first source of information to which an individual who may feel that he has a venereal disease will go, and it is sometimes a bit awkward for a pharmacist to discuss the problem; in fact, one of our difficulties is the limitation to legal restrictions as to counter prescribing and giving advice and so on. It was felt that something ought to be prepared to make it easy for pharmacists to supply information without being suspected of having a commercial motive. That is the basis for the preparation of the little leaflet which is on your chair and is entitled, 'A Tip From Your Pharmacist.' The intent of that leaflet is to make it possible, without much conversation with the individual, to give all the essential facts which the Federal Government, which the American Social Hygiene Association, and which we ourselves as pharmacists knowing the danger of this whole matter, want the individual to have.

You will note that it properly conserves the prerogatives of the pharmacist, and yet points out in no uncertain terms just what the limitations of the pharmacists are in giving advice on the subject.

The committee has passed a set of regulations and rules for the conduct of its own business. It holds one annual meeting and such other meetings as may be necessary. Mr. Stennick appeared before the Conference of Pharmaceutical Association Secretaries and told them in detail just what coöperation may be expected.

Mr. President, at the conclusion of our first year's work, we can definitely report progress and that there is now available a source not only of information but also a source of help in specific problems which may occur in specific states or municipalities. Any pharmacist should feel free to write to the committee on any matter connected with this problem, and we will be very glad to try to give the desired information and assistance."

At the conclusion of the report, President Evans presented Mr. Stennick and thanked him for his coöperation.

COMMITTEE ON MAINTENANCE.—In the absence of Chairman Dunning, the Secretary read the following report which was received.

"The members of this Committee, H. A. B. Dunning, Chairman, E. F. Kelly, R. L. Swain, S. L. Hilton, R. P. Fischelis and George D. Beal

were appointed by President Charles H. Evans last year. No meetings have been held during the year.

Subscriptions to the Maintenance Fund now total \$317,200.29, of which \$100,000.00 represents a bequest to be paid later, leaving a difference of \$217,200.29. Of this amount \$192,942.79 has been paid. The cash balance in the Maryland Trust Co. amounted to \$12,236.68 on June 30, 1941.

The only obligation against the Institute is a mortgage of \$36,400.00 on Lot 7 which it was necessary to purchase in order to obtain other property required for the site. This indebtedness is fully covered by funds which will become available later. The mortgage which will expire May 1, 1942, is carried by the Maryland Trust Co. of Baltimore, Maryland at 3%. No changes of importance have occurred in the operating expenses of the INSTITUTE during the year and all operating costs are carried in the general budget of the ASSOCIATION. The building, equipment and grounds are maintained in good condition and repair.

The ASSOCIATION has been exempt from general taxation by order of the Commissioners of the District since May 10, 1935. For some time, the Commissioners have been carrying on a study of all tax exempt property located in the District and notified the ASSOCIATION that its real property would be restored to a taxable status as of April 11, 1941. A protest was entered and upon request, complete information about the ASSOCIATION, its purposes and activities was again furnished to the District officials and to date the ASSOCIATION has not been advised of further action. The Committee on the District of Columbia of the Senate has named a sub-committee to study the matter of tax exempt property in the District and similar information about the ASSOCIATION has been furnished to a member of the sub-committee.

The ASSOCIATION has been subject to taxes under the District Unemployment Compensation Act and under the Federal Social Security Act which taxes have amounted to 1.3% of the salaries paid by the ASSOCIATION, the remainder being paid by those receiving the salaries. Amendments to the District Unemployment Compensation Act and which were made retroactive to January 1, 1940, include a reduction in rate, from 3% to 2.7%, on all salaries paid up to \$3000 per year.

Contributions of interest and value continue to be made to the Reference Library and Historical Museum and these are mentioned from time to time in the JOURNAL. The A. Ph. A. Laboratory is developing into a more useful division of the ASSOCIATION each year and the Committee is greatly encouraged by the renewal of the subscriptions for its support.

The erection of the impressive statue of William Procter, Jr., in the rotunda of our building fills in an admirable manner, the space that was provided for this memorial to Procter when the building was designed, and the Committee which has had this memorial in charge is to be congratulated for its

fine services and on the successful completion of its assignment.

In the last report of this Committee, reference was made to the completion of the plans for the erection of the War Department building to eventually occupy four blocks in the rear of our building. In the meantime, the first unit of the War Department building has been completed and occupied, and it was expected that the other units would be proceeded with as rapidly as funds were made available. On account of the immediate requirement for space, it is now proposed to erect a large War Department building to be located across the river in Virginia and if this plan is approved, to turn over the unit already erected to the Navy Department when the latter is completed. Objections have been made to this change in plans but whatever the decision may be, there are no indications that our property will be affected. Temporary buildings are being erected on the block immediately to the rear of our building but the only effect so far as can be seen now, will be to increase the traffic problem in this area, and no doubt these buildings will be removed when the emergency is over. It is unfortunate that the plans for the complete development of this area, which have been referred to in previous reports, have been temporarily interrupted.

The number of visitors to our building continue to increase and we are particularly pleased to mention the visits paid by several groups of students of pharmacy during the year.

As previously mentioned, the importance and value of the activities carried on in the AMERICAN INSTITUTE OF PHARMACY should be emphasized to those who have funds or objects to dispose of and they should be encouraged to give them either directly or by request to the ASSOCIATION. A member of the ASSOCIATION who passed on during the year left a bequest of \$1000 in his will without any previous notice or advice. This is encouraging for the real hope for financial security is represented by philanthropic support."

CHAIRMAN OF THE COMMITTEE OF REVISION OF THE U. S. PHARMACOPŒIA.—Chairman E. Fullerton Cook read the following report:

"Through a period of years it has been customary for the Chairman of the Revision Committee of the Pharmacopœia to present a report at the annual meeting of the A. Ph. A. In this report the Chairman has endeavored to offer an unofficial and entirely personal review of the current work of revision and to give general information to the many members of the ASSOCIATION who are interested in and often cooperating in one or more phases of the revision program.

It is especially fitting that such a report be presented this year for it is probable that during no previous period was the work of revision carried forward at such an accelerated rate nor were so many persons interested in what was being done.

WHY A PHARMACOPŒIA?

Periodically it becomes necessary for long-established organizations or programs to justify their continuance. They are apt to become outmoded, obsolete, inflexible or entirely unnecessary because of modified conditions and it is desirable for the Pharmacopœia, with its long record, to answer the question, 'Why a Pharmacopœia?'

Because of the use which is being made to-day by enforcement officials of the standards for quality, purity and strength established by the Pharmacopœia, this service, in the minds of many, overshadows the basic professional reasons for a Pharmacopœia. The use of U. S. P. standards by government officials has an important influence on the Pharmacopœia and stimulates rapidly and thoroughness of revision work and indirectly increases sales and income and thus benefits the whole revision program.

However, the use of U. S. P. standards as the basis for the enforcement of purity of drugs through the tests and assays, which were found ready-made in a professional book when drug laws were first enacted, is only incidental to the basic purposes of the Pharmacopœia, for Government laboratories could doubtless provide adequate standards for medicines. The reason for a Pharmacopœia goes far back of this service. Had the Pharmacopœia not been accepted by the physicians and pharmacists of the United States as an expression of professional idealism, had it not been maintained for many years without its integrity or principles being questioned, it would never have won such unprecedented recognition from Congress in both 1906 and 1938.

It is well to review again the fundamental principles upon which the Pharmacopœia was founded and under which it has been maintained. In the First Edition in 1820 these principles are clearly and forcefully set forth. The Pharmacopœia is intended to provide, first, a collection of the best known and most widely used therapeutic agents available to the medical profession, second, preparations for the most efficient administration of these basic drugs, and third, uniform titles and strengths and an appropriate degree of purity for these medicinal substances.

The First U. S. P. Convention also planned for the periodic revision of the Pharmacopœia so that these objectives might always reflect the latest therapeutic and scientific knowledge. It was a recognition of these rock-bottom principles of the Pharmacopœia that compelled a complete change in its revision program within the last ten years and made necessary the adoption of the policy of Interim Revision Announcements, of Supplements, and of a five-year revision period. To continue adequately to serve the medical and pharmaceutical professions in the field for which it was established, and which it has continued for more than 100 years, it had to move with the rapidly developing health sciences, first with respect to the recognition of

newly important medicines, and second, in the correctness of its standards.

This recognition of the primary objective of the Pharmacopœia has stood unchallenged through every revision including the current, Eleventh Revision. Because of this restricting scope policy of the Pharmacopœia and because a selection of what are the most important medicines and preparations of any revision period must be made by a single group of physicians whose opinions may not always be accepted by other physicians, there will always be many medicines employed within the United States which are not recognized by the current Pharmacopœia. Some of these medicines are too new to have attained Pharmacopœial status through proven value, others may be on the way out, having proven inefficient or having been replaced by better remedies which have not yet been universally adopted. Still other medicines, though extensively used, do not fall within the pharmacopœial group because of their complex or compound character, or for other equally well-established reasons.

About 1882, a number of pharmacists, recognizing the merit of uniform titles, strengths, degrees of purity and uniformity of formulas, as already established by the Pharmacopœia for its selected list of medicines, published a similar local set of standards for the more important representatives of this unstandardized list of unofficial medicines. Later this group under the leadership of the then Chairman of the Pharmacopœial Committee of Revision, Dr. Charles Rice, published such a set of standards and subsequently offered their formulary to the AMERICAN PHARMACEUTICAL ASSOCIATION with the recommendation that this ASSOCIATION undertake to do nationally what they had done in the New York area. Dr. Charles Rice assumed the Chairmanship of the new A. P. H. A. Committee which prepared the First National Formulary and published it in 1888.

In announcing the appearance of this new book Dr. Rice's report said: 'Your Committee is convinced that it only expresses the unanimous sense, not alone of the members of the ASSOCIATION, but of all progressive and fair-minded pharmacists throughout the land, that there is and shall be only one standard as to quality and strength to be followed for all official preparations, *viz.*, the United States Pharmacopœia; and that therefore the National Formulary—which is, at most, intended only as a stepping-stone from and to that authority—is a standard only for those preparations which are not provided for by this official work; and further, that from the moment when the United States Pharmacopœia shall provide a formula, or a standard for any article or preparation now or hereafter contained in the National Formulary, the authority of the latter regarding this article or preparation ceases and is abolished.'

It should be noticed that in this statement the word 'official' is used as synonymous for U. S. P. items and it was so used at that time up to 1906 by both the medical and pharmaceutical professions.

This term to the professions meant 'medical acceptance.'

When in 1906 the Federal Food and Drugs Act was passed and the titles and standards of both the U. S. P. and the N. F. were given recognition by the Act, it gradually became customary for persons to speak of both of these books as being 'official under the Food and Drugs Act.' However, the use of the word 'official' in this connection gives it an entirely different meaning from its original significance. In this sense it means 'legal acceptance' and has no relation to the old meaning of 'medical acceptance.'

One of the basic scope principles under which the National Formulary was established and maintained for about 50 years, during 30 years of which it was 'official under the Food and Drugs Act,' has been the exclusion of any article which the U. S. P. Scope Sub-Committee accepted for a new edition of the Pharmacopœia. This principle was so thoroughly established by 1936 that not only did the present National Formulary (6th Edition) publish the N. F. scope policy as announced by the First Committee in 1888 and already quoted, but it passed a confirming regulation which was made a feature of the 'General Notices' of the N. F. VI, page 8. It reads as follows:

'In conformity with the policy of scope of the National Formulary, and in recognition of the priority of the United States Pharmacopœia as a standard within the United States, notice is hereby given that should the Committee of Revision of the United States Pharmacopœia, Eleventh Decennial Revision, approve for admission and establish standards, by supplements, for items already included in the National Formulary VI, the Pharmacopœial standards shall supersede those of the National Formulary when official notice by publication has been made of that action.'

It has seemed desirable to review these facts at this time because both the U. S. P. and N. F. today occupy a position which is unique in legislation and in professional service. Moreover, they occupy this position only because they were established and have been maintained on these sound principles, by those whose professional standing has given them the recognition of Congress, the medical profession, the pharmaceutical profession and the public. They have this recognition because they have earned it by their unswerving maintenance of professional objectives, their scientific contributions, their complete coöperation and agreement upon a policy which eliminated all disagreement and competition, and comprehensively covered the established field of medical practice. The basic policies of the U. S. P. and N. F. have stood the test of fifty years of coöperation; each book has been supreme in its specific field; they have shared in investigations where they had common problems, many of the same persons have served loyally and happily on both Revision Committees, during the

same period, and this should always prevail, to the advantage of both books.

These two books were established on a professional basis and this program was maintained for fifty years with perfect harmony. This must always continue if they are to hold the confidence of those they serve. The great responsibility to carry through this program rests upon all who now direct the policies of the U. S. P. and the N. F.

The maintenance of this strictly professional basis for these two books is essential for their separate continuance. The Pharmacopœia would immediately lose its standing with the medical profession if it were to modify its scope policy so as to recognize substances which were not approved by the competent medical authorities, selected by the Convention because of their qualifications for judging therapeutic and clinical values. If the Pharmacopœia was no longer selective in its scope policy it would automatically cover all substances and preparations used in medicine and there would be no place for two books.

Equally logical is the conclusion that the group of physicians chosen to serve the Pharmacopœia must be free from all restrictions in their selection of the therapeutic agents and preparations which they consider of the greatest importance in medical practice, or their decisions would carry no weight. The Pharmacopœia has no rights or authority in medicine or pharmacy, except that given it by voluntary acceptance by the professions and this is based solely upon confidence in the sincerity of the attempt to perform this service without fear or favor.

This is the background of the Pharmacopœia which gives it standing. This results upon the coöperation of all departments of the Federal Government which control or employ medical service, together with the chief national and state medical and pharmaceutical organizations and colleges. These groups unite to control and develop the entire Pharmacopœial program and to give it support. This makes its position unique and places great responsibility upon those who carry out its primary purpose, namely, the periodic selection of approved medicinal agents.

The basic scope policy of the Pharmacopœia is determined by the Convention itself, through the adoption of General Principles and by the acceptance of these principles by the medical and pharmaceutical professions for over one hundred years. The details of scope decisions are left to the Committee of Revision and, by general consent, chiefly to the medical members.

It has recently been suggested that the U. S. P. Board of Trustees formulate new Pharmacopœial scope policies. The Board of Trustees was established after eighty years of Committee of Revision activity to attend to the business affairs of the Convention, to invest the funds, to authorize expenditures, to make contracts, and, on the recommendation of the Committee of Revision, to fix and an-

nounce the date when a new Pharmacopœia should become official. That the Committee of Revision retains exclusively the responsibility for the professional and scientific phases of the Pharmacopœia, including the selection of items to become official, seems to be accepted by those who are familiar with its duties and policies. In view of these opinions and since the close coöperation of the U. S. P. and N. F. Committees is of great importance and has been most intimate for fifty years, and since these Revision Committees are entrusted by the parent organizations with the professional and scientific phases of these two books, it is suggested that the two divisions of these Committees which are responsible for scope policies, the only point in question, shall meet at an appropriate time and discuss the subject as an aid to complete understanding. After the new Pharmacopœia and the new National Formulary appear, the Committee will undoubtedly meet within a reasonable time and such a conference could be arranged. This will be in ample time to decide the program for the next editions.

Because some of these facts have not always been fully understood it may be desirable at this time to more fully define and clarify some minor features of the all-important scope policy of the Pharmacopœia.

As the U. S. P. and N. F. justify their existence and their acceptance by Congress solely because of their professional services in which the welfare of the sick is always the dominating factor, and personal advantage or profit only incidental, every controlling policy must be measured and accepted by this criterion.

A fundamental principle of the first Pharmacopœia was that 'There shall be but one recognized standard for each medicine.' The first National Formulary clearly accepted this as equally fundamental and has always maintained this policy. To insure the continuance of this essential feature it may be desirable to establish a formal agreement on this voluntary practice of more than fifty years, namely, that the major revisions of the U. S. P. and N. F., whether they occur each ten years or each five years, shall always run concurrently, with a final check on the scope of each to avoid duplication of standards.

It might also be desirable, to avoid confusion, to agree that neither book will admit any article included in the other book during the interim revision period, either by Supplement or by Interim Revision Announcement.

One proposal has recently been made to the Pharmacopœia by a special A. PH. A. Committee and is being studied. They suggest that if the Committee of the National Formulary, in an interim revision period, decides that some new drug, chemical, or preparation is suitable for including in a new revision of the National Formulary, that this item will then be referred to the Pharmacopœial Sub-Committee on Scope for their acceptance or rejection.

Of course, it would have to be understood that scope decisions only apply to current revisions and that the first duty of the medical group in the U. S. P. Committee in each major revision must be to select those items for the U. S. P. which measure up to the Pharmacopœial standard of medical importance in that particular year. Decisions on scope must be finally a matter of judgment based upon the knowledge and experience of each qualified person on the U. S. P. Committee of Revision.

To establish a broad and scientific basis for decisions, the Sub-Committee on Scope has adopted a plan which was put into effect for new admissions to the U. S. P. XII. Each basic substance, among the many proposed, which received the vote of at least 5 members for further consideration, when first brought to the attention of the Sub-Committee, was referred by the Chairman of the Sub-Committee on Therapeutics to a referee. This referee reviewed the clinical uses and status of each item at a conference of the Committee. This was followed by a general discussion before the acceptance or rejection vote was taken.

The plan of first assigning all titles proposed for either admission or deletion to a referee and having his report presented and discussed before a vote is taken has been made the established policy for the Scope Sub-Committee. The Chairman of the Scope Sub-Committee has already announced that the work of this Sub-Committee is practically completed for the U. S. P. XII, but that it will continue with the consideration of additional therapeutically important substances and preparations as these receive acceptance by the medical profession. Such new articles will find a place in the Supplement to appear in about two years or in the U. S. P. XIII which is planned for about 1946. These advance decisions on scope will give increased time for the preparation of monographs and the checking of proposed standards.

U. S. P. Revision Program.—The Pharmacopœia has always maintained a policy for carrying on the work of revision which makes the volunteer worker the center of each activity. As the problems of revision have expanded in recent years and more and more specialized knowledge has become essential for the handling of both the selection of official test methods and the proving of these, it has still been possible to secure voluntary assistance from competent persons to direct the various studies.

Increasingly, however, it is becoming necessary to provide assistants for some of these workers. This necessity will doubtless increase in the future, and this accounts for some of the added cost of revision. To appreciate the extent to which such demands are coming to the Pharmacopœia it is only necessary to look over the list of admissions to the U. S. P. XII.

Chemical Substances.—In going over the complete U. S. P. XII list of admissions it will be found that about 63 per cent of all items admitted require consideration by the Chemical Sub-Committee and

even a larger per cent of the new admissions are of this character. This has placed a tremendous responsibility upon this division of the Pharmacopœia, for not only monographs are required, but also the extensive list of reagents, test solutions and special processes, which make up a large part of the section of the U. S. P. which follows the monographs.

Sterile Products—Methods for preparing and checking products requiring sterility were added to the Pharmacopœia in the Ninth Revision by direct instruction from the Convention. Besides the sterile solutions official for three decades, the Second U. S. P. XI Supplement added sterile surgical products and necessitated the addition of considerable general information and methods of testing. This section of the new Pharmacopœia will be further revised and will introduce more exacting requirements for 'Preparations for Injection' a class of products which are increasing in extent of use and importance.

Vitamin Products—The U. S. P. XII has added a number of additional products of this type and many of them require biological assays or other complicated tests. The voluntary assistance of the U. S. P. Vitamin Board in this division has been invaluable.

The Evaluation and Standardization of Digitalis and Other Products Requiring Biological Assays—Seemingly the assay of Digitalis ranks 'Number One' in importance among biological assays, it is also first in the amount of intensive and expensive experimentations. This has continued for twenty-five years and more and yet it is the assay about which the greatest confusion exists. For almost three years a number of experts in biological assay, representing the Government laboratories of the United States and Canada, university specialist, experts in industrial laboratories and those from our largest pharmaceutical manufacturers, have collaborated in testing assay methods. Dr. C. I. Bliss, an experienced and able authority in the application of statistical evaluations to biological methods has also given continuous aid to the Pharmacopœia and out of this has come a degree of perfection and uniformity of results from the frog assay never before attained.

Now other authorities claim that the human response to Digitalis does not parallel the indications of potency arrived at by the frog method and that other methods must be used, preferably the process in which cats are used as the test animal. In the light of this new evidence, the same group of experts, aided by authorities in clinical evaluation, have immediately undertaken a new collaborative study of this proposal and it is hoped that this question can be settled before the U. S. P. XII goes to press.

Similar U. S. P. collaborative assay studies are under way with groups of specialists in other fields. These include a review of the assay for Vitamins A and D, and for Thiamine Hydrochloride or B₁, and also for a number of other vitamins including Riboflavin, Nicotinic Acid, Nicotinamide, substances

with Vitamin K activity and also Yeast and Rice polishings with their various factors. In the hormone field the assays for Parathyroid, Posterior Pituitary, Estrone, Testosterone, Progesterone, Chorionic Gonadotrophin and Suprarenal Cortex are among the problems being studied, each with a separate collaborative group of experts. The preparation of Reference Standards for each of these is a part of the problem. Ergot itself is a major study with the need for not only stabilizing its preparation but providing a satisfactory assay for its several activities, and we are most fortunate in having this problem in the hands of those believed best qualified and long experienced in Ergot assays. The authorities of the Canadian Government are collaborating on many of these questions and will adopt identical assay methods, at least in most cases, and also use the same Reference Standards.

Emergency Conditions Due to the War—Scarcely a day passes without someone bringing to the attention of the Pharmacopœia a shortage of an essential U. S. P. substance or ingredient due to the war. In most instances the scarcity has been brought about by a lack of imports, although a few difficulties are traceable to labor conditions or war needs in this country.

The Pharmacopœia is endeavoring to meet these situations as they arise as indicated by the recent Interim Revision Announcements or Supplements dealing with 'Oleovitamin A and D' to replace Cod Liver Oil, authority to use an additional variety of Squill, the replacing of Oil of Lavender in Lini- ment of Soft Soap by Oil of Sassafras. It is also suggested that Oil of Lavender be dropped from the formula for Aromatic Spirit of Ammonia for the period of the war, that the use of Belladonna Root in place of Belladonna Leaf be permitted, that we relax the moisture requirement for imported Ergot if it meets all other physical and biological requirements and is carefully dried before entry.

The shortage in Digitalis seems to be well taken care of by domestic production. There is ample Stramonium growing wild in the United States, and this only awaits the collector and is being permitted by Federal Authorities to replace Belladonna in non-official preparations if properly indicated on the label. Belladonna Leaf is being cultivated on a large scale and should in time supply our needs. True Oil of Rose and Rose Water are difficult or impossible to obtain but this shortage can be accepted, if necessary, without serious medical deprivation. A number of other drug stocks are also becoming depleted and, as these conditions become acute, action will be taken, if relief can be brought about.

It has been urged that the drug shortage situation be met by establishing adequate tariffs to make up the difference in labor costs here and abroad in the collection and cultivation of crude drugs. This is a broad question and involves world economics and adjustments when peace returns.

It is a situation which cannot be settled now for we will have to share in the responsibility for those abroad who will then as never before need markets if they are to live and remain satisfied. Any hope of continued world peace is involved in these policies.

NEW PHARMACOPŒIAL NOMENCLATURE

More than two hundred new or changed titles are proposed for the U. S. P. XII. Each new title should be carefully studied by physicians and pharmacists to insure their suitability for prescription writing and their compliance with the well-established principles for *Pharmacopœial Nomenclature*. Now is the time to express opinions or rejections as the alterations of titles after the book is in page proof is exceedingly and very expensive.

The list of all suggested titles which differ from those in the former *Pharmacopœia* and the proposed titles and synonyms for new items will be found at the *Pharmacopœial Exhibit* at this Convention.

There are two new titles for which a change is suggested which are brought to your attention particularly. These are Tincture of Iodine and Mild Tincture of Iodine, to be changed, respectively, to 'Strong Solution of Iodine' and 'Mild Solution of Iodine.' If this change is accepted for the U. S. P. XII, where Lugol's Solution will also be official, there will be three Iodine Solutions:—'Compound Solution of Iodine,' 'Strong Solution of Iodine' and 'Mild Solution of Iodine.'

In addition to these three iodine solutions, the National Formulary recognizes 'Stronger Tincture of Iodine,' commonly known as 'Churchill's Tincture.' This Tincture contains 16.5% Iodine. If the National Formulary follows the new nomenclature for Iodine Tinctures, there will be a fourth solution of Iodine in the official lists, the only difference being the modifying work 'Stronger' instead of 'Strong,'—still further adding to the confusion.

The reasoning back of this proposed change is the belief that 'Tincture of Iodine' is not a true 'Tincture' in the generally accepted meaning of that class of *Pharmacopœial* products. However, by transferring it to the *Liquor or Solution Class*, it is still an orphan for it fails to comply with the present day definition of a 'Solution,' being highly alcoholic. Who is the Solomon to act as judge in this dilemma?

The Publication of the U. S. P. XII—At the time of the 1940 Convention it was understood that the Twelfth Revision of the *Pharmacopœia* would be published early in the decade, to make available the latest developments in the *Pharmacopœial* field.

To make this possible the items admitted by the new Scope Sub-Committee were submitted for revision as rapidly as decisions could be reached, and the Sub-Committees responsible for the new texts have pushed their work with a speed never before

attempted in a revision program. The Sub-Committee on Scope have recommended the admission of 185 items and the deletion of 86 so that the total number of articles proposed for inclusion is about 694 or almost 100 more than in the U. S. P. XI.

It is quite possible that a few of these new titles, which have been published recently, may not be found in the U. S. P. XII when printed, for there are still several factors which must be adjusted. A few titles may even now be rejected by the Sub-Committee on Scope in the light of later information—some other substances may develop patent or trademark complications and have to be dropped, and a few other substances or preparations which require extensive studies, especially those needing biological assays, may have to wait for the Supplement or some of them even for the U. S. P. XIII.

The policy of wide publicity for U. S. P. proposed monographs is being followed and in this revision, for the first time, the first proof or galleys are being distributed to special groups for comments and criticisms. Many Sub-Committee reports, in mimeographed form, are also being placed in the hands of special groups for preview, such as the volatile oil text before volatile oil experts, the chemicals before authorities in the field, etc. Page proofs will also be distributed, but not much time can be allowed for experimentation after their appearance if the publication schedule is to be maintained. The officials of the Food and Drug Administration and of the Public Health Service are also cooperating most helpfully.

When the revision has advanced to the point of near completion, public hearings are also planned and it is hoped that these will help to furnish the publicity which is such an important part of the program. It is impossible to publicize every change, and especially the decisions made at the last minute resulting from the study of the mass of comments on page proofs and public hearings, but the latest information will be distributed so far as practicable. It must also be recognized that the General Committee of Revision and in the final analysis the Executive Committee of Revision, which is made up of the Chairmen of the 15 Sub-Committees, must assume the responsibility for final decisions. An earnest effort is made to obtain the personal views and the opinion of experts. The independent scientific and professional authorities in university and other fields, the officials of the Government and the experts responsible for production of products, and the maintenance of their standards are brought into open conferences and their judgment obtained, but at the last it is the Revision Committee which must reach an independent decision, the responsibility is theirs alone. All of this leads up to the fact that a strenuous effort is being made by everyone connected with the U. S. P. revision program to complete the U. S. P. XII revision, print the book and release it before the close of 1941.

Medicines for Special Use in the Tropics—One of the resolutions in the *Pharmacopœial* Convention

urged a special consideration in the Pharmacopœia of the distinctive problems which tropical conditions introduce. This is of increased importance because of the extensive use of our United States Pharmacopœia in Central and South American countries and in the Philippines. However, the medical members of the Committee of Revision felt that this was a question which would best be left to the Supplement or the U. S. P. XIII, as it should be made a very comprehensive program and must invite the collaboration of many authorities in this and other countries. The help of the Auxiliary Commissions of Porto Rico, the Philippines, Cuba, and of the other countries which have adopted our Pharmacopœia is an important feature of this program. Dr. Bastedo, Chairman of the Sub-Committee on Scope, and Dr. Weiss, Chairman of the Sub-Committee on Therapeutics, will cooperate in developing this feature of the Pharmacopœia.

Losses by Death—The Pharmacopœial Revision Committee during the past year has suffered a serious loss through the death of the President of the Convention and Chairman of the Anti-Anemia Board, Dr. C. W. Edmunds, and by the death of the Chairman of the Sub-Committee on Proximate Assays, Professor C. B. Jordan. Both of these members of the Committee had given loyal and continued service to the Pharmacopœia for many years and occupied important key positions in their respective fields of work. The names of these two able scientists, one representing the medical profession, the other pharmacy, are written into Pharmacopœial history. They add lustre to that galaxy of great names already recorded, those who have stood for an ideal and who have made possible a notable contribution in the fight against disease."

At the conclusion of the report, Dr. Cook presented the following supplemental statement to the reporter:

"OPPORTUNITIES GRANTED REPRESENTATIVES OF THE NATIONAL FORMULARY REVISION COMMITTEE AND THE COUNCIL OF THE A. PH. A., TO DISCUSS SCOPE POLICIES WITH RESPONSIBLE U. S. P. REPRESENTATIVES

From the statements made by the members of the A. Ph. A. Council within the last few days, it is evident that a wrong impression has been given concerning the opportunity offered the N. F. Committee to fully present its case to the U. S. P. Committee.

Since 1936, when the present edition of the National Formulary appeared, and only since the A. Ph. A. established its laboratory and a full-time staff, has the proposal for a new policy with respect to the scope of National Formulary been agitated. This fact is evident since the last N. F. Revision Committee, and in 1935 the Council of the A. Ph. A. reaffirmed the N. F. scope principles which have existed for fifty years, and published this reaffirmation in the General Notices of the present National Formulary.

The attempt to develop a new scope policy for the N. F. is explained in part by the statement of one of the important officials responsible for the present revision, namely that, with the establishment of a full-time staff and a laboratory in the National Capitol for the N. F. Revision, with its enormously increased expense, it has become necessary to make the National Formulary much more important, and that without a new scope policy, this increased expense could not be justified.

After the present N. F. was published, the N. F. Committee, under its chairman, repeatedly discussed new scope policies for the N. F. This first took the form of proposing that the Pharmacopœia restrict itself to 'simple' or basic substances, and that all 'preparations' be transferred to the National Formulary. Knowing that this proposal had been actively promoted by the National Formulary Revision Committee, the Chairman of the Pharmacopœial Revision Committee invited the N. F. Chairman to present this plan in detail to the Pharmacopœial Convention of 1940 so that it might be considered by that Convention. This invitation was accepted, and Professor Gathercoal personally presented his plan at the Pre-Convention Conference on the evening before the Convention when most of the delegates were present. This opportunity was given the N. F. Committee so that its revolutionary proposal might have the consideration of the U. S. P. Convention of 1940. Although thus presented, this proposal was not subsequently brought up in the Convention, and therefore, because of its fundamental character, it could not be given further consideration by the U. S. P. Committee of Revision or Board of Trustees.

Because of these persistent efforts made by the National Formulary Revision Committee to alter its time-honored scope policy, the President of the Pharmacopœial Convention, at the Convention, recommended that committees of the U. S. P. and N. F. meet to discuss their mutual problems. In order that this recommendation might be carried out, the Chairman of the U. S. P. Revision Committee invited the Chairman of the National Formulary Committee to appoint five members of his committee to confer with five members of the Pharmacopœial Committee. These two committees met on the day prior to the meeting of the entire U. S. P. Committee last October and spent a number of hours in discussing the question of scope as it affected both books. It was clearly understood in the invitation that this conference was to be informal, and that it had no authority to reach any decisions nor to take any action.

From these and other preliminary discussions, the National Formulary representatives learned that their proposals were not looked upon sympathetically by the Medical Members of the U. S. P. Committee, and, in recognition of this fact, which they reported to the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION in December, the A. Ph. A. Council appointed a special committee, consisting

of the Chairman of the N. F. Revision Committee, the President of the A. PH. A., the Chairman of the A. PH. A. Publication Committee, and the Chairman and Vice-Chairman of the Council, to confer with the members of the U. S. P. Board of Trustees. It is evident that they hoped to obtain from this business organization of the U. S. P. Convention, a ruling which would take away the widely recognized rights of the medical members of the Revision Committee with respect to scope decisions. Any one familiar with the Pharmacopœial organization will know that the medical members of the Revision Committee, who have been selected by organized medicine in the United States, must jealously guard their right to decide the scope of the Pharmacopœia with respect to therapeutically important agents. Any attempt to take away this right from the physicians of the U. S. P. Committee by action of the business organization of the Convention would be most unfortunate and could have no possibility of success. It would simply invite the withdrawal of the medical support from the Pharmacopœia.

This fact was brought to the attention of the Board of Trustees, and they declined to call a special meeting of the Board to confer with the N. F. Committee prior to the meeting of the medical members as the A. PH. A. Council requested. The Board having recognized that this was a questionable subject for their discussion, were again urged to hold a meeting before the physicians could discuss the question, but once more declined to hold such a conference. Following this effort to get controlling Board action, the Scope Sub-Committee held its meeting with sixteen medical members and four pharmaceutical members present. At this meeting in January of 1941, the Chairman of the Scope Sub-Committee invited the two pharmaceutical members, who were also members of this special A. PH. A. Council Committee, to present the N. F. case. They presented the resolutions which had been prepared by the A. PH. A. Council for submission to the Board of Trustees, and these were discussed freely by the pharmaceutical and medical members. Many hours of the limited time of this U. S. P. meeting were given to this subject, and no restriction was placed upon the debate. Finally, after this free discussion, a motion was put, and this was approved by every member who voted, and with no opposing votes, reaffirming the rights of the Pharmacopœia to admit any substance of therapeutical merit, or any preparation of these, which, in the opinion of the Committee of Revision, were worthy of Pharmacopœial acceptance, the only limitation being placed upon legal interference due to patent or trademark complications.

It can thus be seen that the National Formulary Committee and the Sub-Committee of the A. PH. A. Council have been given the fullest opportunity to present their proposals to the Pharmacopœial body specifically delegated with authority with respect to scope.

The Pharmacopœial Committee of Revision, as represented by its Scope Sub-Committee, has thus reaffirmed its continuance of the U. S. P. scope policy which has existed without dispute for about one hundred and twenty years. Following this decision of the medical members, the Board of Trustees, as a matter of courtesy, invited the special committee of the A. PH. A. Council to appear before the Board at their regular annual meeting last May. This A. PH. A. Committee was courteously received; their resolutions were read, and they agreed to recommend that the National Formulary Committee accept the U. S. P. XII decisions on scope. They requested, however, that general principles on scope be further discussed at a later meeting of the U. S. P. Board of Trustees to follow the publication of the new U. S. P. and N. F.

This is the present status of the discussion with respect to U. S. P. and N. F. scope policies. At this time, however, the question is being raised as to whether the Board of Trustees of the Pharmacopœia should give any further consideration to this question inasmuch as it is evident that the business organization of the Convention would not be authorized to interfere with the judgment on therapeutic questions of the physicians of the Revision Committee who have been selected by the medical authorities of the United States to perform this particular function.

PROPOSAL THAT N. F. STANDARDS BE RECOGNIZED BY THE U. S. P.

One of the proposals of the National Formulary Revision Committee was that preparations in the National Formulary which are accepted by the U. S. P. Revision Committee be retained in the N. F. and be indicated by a note in the U. S. P. as in the N. F.

This proposal was thoroughly discussed by the U. S. P. Scope Sub-Committee at its conference in January, and it did not meet with favor. Medical members of the U. S. P. Revision Committee expressed their opinion that they alone are held responsible for the standards for medicines which they approve, and they cannot delegate this authority to any other body. It is conceivable that, should this be accepted as a principle, a separate authority might establish standards and titles which did not meet with the approval of the U. S. P. Revision Committee, and, while this is a remote possibility, the principle was not accepted and the U. S. P. members felt that they had no right to delegate this responsibility to any other group. They consequently declined to accept this proposal.

PROPOSAL TO REQUIRE FOR U. S. P. ADMISSIONS, THE APPROVAL OF THE N. F. COMMITTEE

It was also asked by the N. F. Committee and by the A. PH. A. Council Committee, that when the physicians of the Pharmacopœia had decided to admit a preparation solely upon its therapeutic importance or the U. S. P. pharmacists required some

item on the ground of pharmaceutic necessity and this substance was found to be in the National Formulary, the Scope Committee of the U. S. P. shall be required to obtain permission from the National Formulary Committee to include the product in the Pharmacopœia. The representatives of the N. F. Committee said that they would no doubt grant such permission, but the members of the U. S. P. Committee asked the question 'what would happen if some new committee, with less understanding of the present fine relationship between the two Committees, declined to release the product?' In other words, suppose the N. F. Committee of Revision refused to release an N. F. title for Pharmacopœial admission, then there could be but one answer, there would then be two standards, the very evil which the Pharmacopœia and the N. F. had striven to avoid throughout their entire existence.

Once more I urge that good judgment, good business sense, but most of all the true spirit of professional idealism shall continue to prevail, as it always has in the administration of these two books, and our proud record of service to the sick and to the professions of medicine and pharmacy shall always continue."

On motion duly seconded and carried, the report was received.

CHAIRMAN OF THE COMMITTEE ON NATIONAL FORMULARY.—Chairman Justin L. Powers read the following report, which upon motion duly seconded and carried, was received.

"The last report rendered by the Chairman of the Committee on National Formulary, to the AMERICAN PHARMACEUTICAL ASSOCIATION, was in May 1940. That report was devoted, in part, to a review of the period between June 1936 and May 1940, as it related to the National Formulary revision program. New policies which had been adopted in connection with the National Formulary were announced. Especial emphasis was placed upon plans for a continuous revision program, and the publication of revised editions of the National Formulary at five instead of ten-year intervals, with the issuance of supplements in the interim. It was announced that the manuscript for N. F. VII was practically completed, and that it was hoped that it might be published so as to become official early in 1941. That announcement was based upon the concept that a continuous revision program meant that at the end of each five-year period all corrections, interim revisions, and supplements would be incorporated into the National Formulary, and that it would be published. We were ready to proceed upon the basis of that concept, and the announcement of plans for early publication was made in good faith. However, as so often happens in transitions from a procedure which has been followed for many years, to a new one, the plans which had been formulated did not materialize. During the course of this report some of the reasons why they did not materialize may become evident.

Concerning revision of N. F. VI, and the publication of N. F. VII, it can be reported that two-thirds of the manuscript for N. F. VII is now in the galley proof stage, and the remaining manuscript will reach that stage within the next month. It is expected that it will be published late in October or early in November, and that it will become official not later than July 1, 1942. A large number of changes have been made in the manuscript for N. F. VII since the 1940 report. Extensive changes in editorial style have been adopted, fifty monographs have been deleted from this manuscript and 90 have been admitted. Of the 50 deletions, more than 40 have been made because of their adoption for admission to U. S. P. XII. Of the new monographs, 74 are from among those which appeared in U. S. P. XI, but which were not admitted to U. S. P. XII. The number of National Formulary monographs admitted to the United States Pharmacopœia is unprecedented in the history of the two compendia. In fact, the number exceeds the total number of National Formulary monographs adopted for admission to the U. S. P. during the entire period of the existence of the N. F. The question of admissions and deletions under the ten-year revision program was not a serious one. However, under the present plan of continuous revision which calls for the publication of supplements and the issuance of more frequently revised editions of both the U. S. P. and the N. F., considerable confusion and even a lack of agreement are certain to result unless some discretion is used by both revision authorities.

Until recently there has been no serious lack of agreement between the revision authorities of the U. S. Pharmacopœia and the National Formulary on the question of transferring N. F. monographs to the U. S. P., although there has never been a clear definition of the scope of the respective books. This is doubtless due to the fact that such transfers have been few in number, and have not materially affected the National Formulary.

The purpose of the first National Formulary, which was published in 1888 was to provide dosage forms which were not included in the United States Pharmacopœia. At that time the book was considered to be secondary and supplementary to the United States Pharmacopœia. This is shown by the statement which was included in the final report of the Committee of Revision. That statement is as follows:

'Your Committee is convinced that it only expresses the unanimous sense, not alone of the members of the ASSOCIATION, but of all progressive and fair-minded pharmacists throughout the land, that there is and shall be only one standard as to quality and strength to be followed for all official preparations, *viz.*, the United States Pharmacopœia; and that therefore the National Formulary—which is, at most, intended only as a stepping-stone from and to that authority—is a standard only for those preparations which are not provided for by this official work; and further, that from the moment when the

United States Pharmacopœia shall provide a formula, or a standard for any article or preparation now or hereafter contained in the National Formulary, the authority of the latter regarding this article or preparation ceases and is abolished.'

It is obvious that when this report was made the development of the National Formulary to its present status could not be anticipated. The adoption of regulatory legislation which would give the Pharmacopœia and National Formulary equal status as legal standards, and at the same time place a greater responsibility upon them, could not be foreseen.

The meaning of the word 'official' in 1888 when the N. F. was first published differs from its meaning at the present time. In fact, the word 'official' had not begun to be used in a pharmaceutical sense until between 1885 and 1890, and then it was employed to mean 'sanctioned by an authoritative Pharmacopœia.' With the passage of the Federal Food and Drugs Law in 1906 the word 'official' acquired a new meaning, and by the terms of the law National Formulary became legally the equal of the U. S. P. Although this report of the first Committee on National Formulary has been reproduced in the historical section of the last three revisions of the National Formulary, it has not been reaffirmed or adopted as a principle by any Committee on National Formulary at any time since 1888.

With the passage of the Food and Drugs Law in 1906, and the recognition of the standards of the Pharmacopœia and the National Formulary, the two books continued to function in essentially the same way as they had prior to 1906. The AMERICAN PHARMACEUTICAL ASSOCIATION has always done everything possible to maintain and support the U. S. P. as one of the outstanding publications of its kind in the world, and hopes to continue to do so. This intention on the part of the AMERICAN PHARMACEUTICAL ASSOCIATION is evidence by the following supersedence statement which was adopted and included in the 6th edition of the National Formulary.

'In conformity with the policy on scope of the National Formulary, and in recognition of the priority of the United States Pharmacopœia as a standard within the United States, notice is hereby given that should the Committee of Revision of the United States Pharmacopœia, Eleventh Decennial Revision, approve for admission and establish standards, by supplements, for items already included in the National Formulary VI, the Pharmacopœial standards shall supersede those of the National Formulary when official notice by publication has been made of that action.'

This supersedence statement was adopted to avoid the possibility of question in case duplicate or slightly different standards for the same product should be published in the two compendia. It certainly was not intended to be a statement of principle for all time to come. It is specifically re-

stricted to N. F. VI and U. S. P. XI. Because it has been misinterpreted, it will be deleted from N. F. VII.

From a modest beginning in 1888, the publication and revision of the National Formulary has become one of the most important activities of the AMERICAN PHARMACEUTICAL ASSOCIATION. It has become accepted by both the medical and pharmaceutical professions. It has the extent of use by physicians that determines the admission of a monograph into the N. F.

By the terms of the Federal Food, Drug and Cosmetic Act of 1938, the Congress of the United States decreed that any drug, the name of which appears in the United States Pharmacopœia, the Homeopathic Pharmacopœia of the United States, or in the National Formulary must comply with the standards for strength, quality, purity and identity established by these compendia. Whether a drug meets these requirements or not is determined largely by the tests or methods of assay set forth in the compendium in which it is listed. The law confers a privilege upon the revision authorities of the official compendia, but the privilege carries with it greater and more exacting responsibilities than existed previously. The AMERICAN PHARMACEUTICAL ASSOCIATION accepted these new responsibilities by (1) establishing the National Formulary upon a continuous revision basis with a full-time chairman functioning with a competent revision committee; (2) providing a well-equipped laboratory and a competent staff to originate, revise and perfect formulas, and to establish and improve standards for these formulas and their ingredients which provide adequate protection for the public health; and (3) providing for the complete revision of the N. F. at five-year intervals and for the issuance of interim revisions and supplements.

Like the National Formulary, the Pharmacopœia has adopted a program of continuous revision which provides for the issuance of revised editions at five instead of ten-year intervals. It should be obvious that the new revision program of both the U. S. P. and N. F. calls for a new concept of coöperation and mutual helpfulness between the revision authorities of both books. Those responsible for the revision program of the National Formulary are deeply interested in the future development of the United States Pharmacopœia. Five members of the Committee on National Formulary are closely associated with Pharmacopœial revision work. However great the interest in the Pharmacopœia of those responsible for the revision program of the National Formulary, it is but natural that they should wish at the same time to maintain and improve the high standards which have led to the acceptance of the National Formulary, first by the pharmaceutical and medical professions, and finally by the Congress of the United States. It is believed that neither book should be developed in a manner which would be detrimental to the other.

The factor of timing of the two publications at

more frequent intervals raises new problems in connection with admissions to, and deletions from, both books. It is apparent that the revision authorities of the National Formulary cannot maintain and improve standards if it is impossible to approve monographs for admission with some assurance that they will be included in the National Formulary. Moreover, it is difficult to coördinate a laboratory program with the development of new monographs, when no certainty exists that the National Formulary will be permitted to make use of the results obtained from such a program. So long as the U. S. P. continues to adopt National Formulary monographs at any time, and without first discussing such adoptions with the revision authorities of the National Formulary, just so long will a progressive program be impossible.

It is very difficult, if not impossible, to define in words the exact scope of the U. S. P. and N. F. in such a way as to avoid the possibility of both compendia sometimes considering the same drugs for admission. However, it is generally accepted that both books are necessary, and that until recently the general policies and established customs of the two publications, have enabled the two compendia to work in reasonable accord, and to render an increasingly valuable service to the professions directly concerned, and to the public. Of course, this ASSOCIATION can continue its *laissez faire* attitude toward what many believe to be Pharmacopœial encroachment upon its prerogatives, but if this is done the N. F. will be come decadent, the laboratory program will lose much of its present value to the National Formulary, and the continuous revision program will become less important. It is inconceivable that the revision authorities of the United States Pharmacopœia would intentionally promote the development of such a situation. In order to avoid such possibilities it seems quite necessary to develop a closer working agreement, and a more effective organization to solve the problems which are bound to arise in projects of such scope and importance as those of the U. S. P. and N. F.

To this end a meeting has been held between the Board of Trustees and a special committee appointed by the Council of the A. PH. A. at which the policies and problems involved were presented and discussed frankly and at some length. Suggestions as to future procedures were submitted, and it was agreed that early next year another meeting would be held with the object of working out a mutually acceptable program covering future revisions.

Despite certain handicaps the activity of the Committee on National Formulary has continued during the past year, and considerable progress has been made. Standards for a large number of drugs have been improved, and several new monographs have been developed. However, the most striking feature of the Seventh Edition of the National Formulary which will distinguish it from the present Edition is the greatly expanded and improved Chapter on Materials and Preparations for Diagnos-

tic Use. This section was practically completed under the direction of Professor Gathercoal before his retirement as Chairman in May, 1940. The extensive revision of this chapter of the N. F. has necessitated the inclusion of many new monographs for ingredients entering into the new formulas for diagnostic preparations.

In the revision of N. F. V and VI the advice and coöperation of several special committees were found to be invaluable. The policy of making full use of special committees will be continued in National Formulary revision work. During the past year the Committee on Dental Preparations, appointed by the American Dental Association, has been completely re-organized. This special committee is composed of five dentists with Dr. George Schicks as chairman. Recently the president of the American Association of Veterinary Medicine has appointed a new committee to coöperate with the National Formulary Committee in an advisory capacity. At the request of the president of the American Association of Chiropodists, a special collaborative committee has been organized. This committee consists of five podiatrists, all of whom are also pharmacists. No changes have been made in the personnel of other special advisory committees. It is hoped that through these special committees a National Formulary program can be perfected, which will promote a greater degree of coöperation between pharmacy and other professions which could and should make more extensive use of pharmaceutical service.

The Seventh Edition of the National Formulary is rapidly nearing completion, and will soon become available to the pharmaceutical public. In offering it, the Committee on National Formulary recognizes that it will fall far short of perfection. However, it is hoped that it will show a marked advance over previous editions. It is believed that there is, and will continue to be a distinct place in the profession of pharmacy for the National Formulary, and that the program inaugurated five years ago by the A. PH. A. will become increasingly important."

In view of the fact that Chairman Cook's supplemental statement was not read in full to the meeting, the Council of the ASSOCIATION later authorized Chairman Powers to prepare a supplemental statement which is as follows:

"The 'Supplementary Statement' to the U. S. P. Report printed above was not a part of the U. S. P. report read by Chairman E. Fullerton Cook at the Detroit meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION. It was handed to the convention stenographer by its author after the original report had been read by him. Its contents did not become generally known until the supplementary report was published in the September 1, 1941, issue of Drug Topics. Obviously no opportunity was afforded to discuss the 'Supplementary Statement' at the Detroit meeting, after the original report had been read, and therefore it is necessary to correct

certain misstatements of fact and implications which the 'Supplementary Statement' contains. It is the apparent purpose of the 'Supplementary Statement':

(a) To create the impression that the AMERICAN PHARMACEUTICAL ASSOCIATION, which sponsors the National Formulary, is interested in creating a new policy for the National Formulary which is in conflict with previously established relations between the United States Pharmacopœia and National formulary, and that this interest springs from business or selfish motives.

(b) To create the impression that a new National Formulary policy had been submitted to the U. S. P. Convention by Professor Gathercoal, former Chairman of the N. F. Revision Committee, and had been refused consideration by that Convention.

(c) That the sole arbiter of U. S. P. revision policy is the Sub-Committee on Scope, composed largely of physicians, and that the U. S. P. Board of trustees is a mere 'business organization' created to make publication contracts and attend to financial matters.

(d) That the AMERICAN PHARMACEUTICAL ASSOCIATION intended to require the United States Pharmacopœia to obtain permission before adopting any national Formulary drug for inclusion in the United States Pharmacopœia, and that such permission might be refused.

The record of the development of the National Formulary shows clearly that the AMERICAN PHARMACEUTICAL ASSOCIATION has fully realized the importance of the National Formulary as a book of legal standards under Federal and State Food and Drug Laws, and has further accepted its responsibility by providing laboratory facilities for the use of the National Formulary, and a full-time staff of chemists under a full-time Laboratory Director and Chairman of the National Formulary Committee.

The Council of the AMERICAN PHARMACEUTICAL ASSOCIATION took cognizance of the apparent effort to attribute false motives to those responsible for producing the National Formulary, by stating the position of the ASSOCIATION in the form of resolutions adopted by the Council on December 13, 1940. These resolutions follow:

'WHEREAS, the United States Pharmacopœia and the National Formulary are recognized as official compendia under the Federal and State Food, Drug, and Cosmetic Acts and

'WHEREAS, such recognition gives to these compendia equal standing under the laws regulating commerce in drugs and

'WHEREAS, the National Formulary has been established on a continuous revision basis with a full-time Chairman of the Revision Committee and Director of the Laboratory and staff functioning with a competent Revision Committee consisting of ten members with appropriate and adequate sub-committees, as a revision authority under the auspices of the American Pharmaceutical Association, and

'WHEREAS, provisions have been made, through the employment of an adequate and competent Laboratory staff, to originate, revise and perfect formulas and standards acceptable to the law enforcement authorities of the United States and of the several states and

'WHEREAS, the authority of the organizations publishing the official compendia recognized under Federal and State Laws extends to the preparation of revisions, supplements and interim revisions, thus introducing the factors of timing of the publication of standards and the selection, admission and deletion of drugs for which legal standards are or may become available and

'WHEREAS, the problems arising from the duties and responsibilities thus imposed upon the organizations responsible for the preparation and publication of the United States Pharmacopœia and the National Formulary call for mutual helpfulness and coöperation and

'WHEREAS, it is the desire of the AMERICAN PHARMACEUTICAL ASSOCIATION to support and maintain the position of the United States Pharmacopœia as one of the outstanding publications of its kind in the world while striving simultaneously to maintain the high standard which has led to acceptance of the National Formulary as the legal equal of the United States Pharmacopœia under Federal and State drug laws.

'Be it resolved, that the Revision Authorities of the respective compendia be requested to make transfer of drugs from the United States Pharmacopœia to the National Formulary or from the National Formulary to the United States Pharmacopœia subject to mutual agreement between the respective revision committees responsible for the publication of these books, and

'Be it further resolved, that when the Committee on National Formulary considers an unofficial drug suitable for inclusion in an official compendium, the name of such drug shall first be submitted to the Committee on Revision of the United States Pharmacopœia for consideration by that Committee for a reasonable period of time to ascertain if the U. S. P. Revision Committee desires to consider such drug for admission to the United States Pharmacopœia.'

It was decided to request the U. S. P. Board of Trustees to meet a Committee of the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION to discuss the problems at issue and to submit to the U. S. P. Board of Trustees the foregoing resolutions as a basis for the continuance of amicable relations. Such a meeting was refused by the U. S. P. Board of Trustees until some time after the U. S. P. Committee on Scope had met and announced its policy with respect to admissions of National Formulary drugs to the United States Pharmacopœia.

The AMERICAN PHARMACEUTICAL ASSOCIATION has felt and still feels that the U. S. P. Board of Trustees is not a mere business or accounting com-

mittee. It functions for the U. S. P. Convention between decennial meetings just as the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION functions for that Association between annual conventions. Hence the suggestion that these two bodies consider any controversial issue arising in the interim between conventions not only logical but proper.

The AMERICAN PHARMACEUTICAL ASSOCIATION has taken every necessary step to provide the very best formulas and standards for the National Formulary drugs, and it has access to the same governmental assistance which is open to the U. S. P. Therefore, there is no good reason for transferring official drugs from one official compendium to another, and it is quite as much in order to question whether 'business reasons' have entered into the wholesale transfer of National Formulary monographs to the United States Pharmacopœia as it is to suggest that the AMERICAN PHARMACEUTICAL ASSOCIATION policy of expanding the usefulness of the National Formulary is for the purpose of justifying the organization of an exclusive National Formulary laboratory and full-time staff and revision personnel.

The Chairman of the U. S. P. Revision Committee has referred to former N. F. Chairman Gathercoal's proposals for U. S. P. and N. F. Scope policy to a pre-U. S. P. Convention Conference, and failure of the United States Pharmacopœial Convention to approve such proposals because they did not reach the Convention. Obviously, if there had been any desire on the part of the U. S. P. Revision Committee Chairman to permit the democratic process to function in this instance, he would have arranged to have this proposal come before the Convention. The fact that this was not permitted or arranged speaks for itself.

At no time has the AMERICAN PHARMACEUTICAL ASSOCIATION suggested that N. F. *permission* be sought to acquire National Formulary monographs or that such *permission*, if sought, might be refused. What the AMERICAN PHARMACEUTICAL ASSOCIATION has suggested and what every fair-minded individual can readily discern from the record is that transfers of monographs between the two books should be made by mutual consent. This is merely to suggest the exercise of common courtesy and fair play, and it is all that the AMERICAN PHARMACEUTICAL ASSOCIATION has requested."

The Secretary read a message from former President Gathercoal expressing regret that he and Mrs. Gathercoal were compelled to miss the meeting, the first in twenty years. President Evans said that the address scheduled for this Session was delivered by Dr. Kettering on Wednesday forenoon before the House of Delegates.

The Second Session was adjourned at 11:45 A.M.

THIRD GENERAL SESSION

The Session was convened at 10:15 A.M. on Saturday forenoon by President Evans.

The minutes of the Second Session were read and received as read.

HOUSE OF DELEGATES.—Chairman Schaefer presented the final report (see minutes of the House of Delegates) and the report was received. (See Resolutions, page 411a.)

PRESENTATION OF THE KILMER PRIZE.—Chairman Youngken presented the Gold Key to Mr. Richard O. Vycital, a graduate of the College of Pharmacy, University of Illinois, for his paper on "A Study of Endocarpic Adulterants of Species," and congratulated him on the award. Mr. Vycital expressed his appreciation of the honor and of the encouragement given him by Dean Serles and Professor Wirth.

PRESENTATION OF THE EBERT PRIZE.—In the absence of the chairman of the Scientific Section, Dr. B. V. Christensen, a member of the Committee, presented the Silver Medal to Dr. William J. Husa, which was awarded for a series of papers covering research on drug extraction and expressed his personal pleasure in the honor done Dr. Husa. Dr. Husa said he deeply appreciated the award which will be an inspiration to do still more in the future.

President Evans extended the congratulations and best wishes of the ASSOCIATION to Mr. Vycital and Dr. Husa.

REPORT OF THE WOMEN'S AUXILIARY.—Mrs. Robert P. Fischelis, President of the Auxiliary, read the following report.

"Following the custom we began several years ago, I am submitting on behalf of the Women's Auxiliary of the AMERICAN PHARMACEUTICAL ASSOCIATION a brief report of our activities during the past year.

The reports of the President and of the Secretary-Treasurer of our Auxiliary were made at our annual meeting on Wednesday, August 20th, at the Statler Hotel. This meeting followed a breakfast at which the members of the Auxiliary and other ladies attending the meetings of the A. PH. A. and the Michigan State Pharmaceutical Association were the guests of Frederick Stearns & Company. The breakfast was attended by 365 ladies, most of whom remained throughout the meeting of the Auxiliary.

As you know, the principal activity of the Auxiliary has been the raising of a loan fund for women pharmacy students. I am pleased to be able to report to you that this fund has now passed the \$2000 mark, the amount now on hand being \$2021.

We have also had a gratifying increase in membership. For the progress that has been made we are grateful to many of our own members and friends of the Auxiliary. We wish to express our thanks especially to President Evans and Secretary Kelly for the encouragement they have given us.

As the retiring President of the Auxiliary I should like to introduce to the members of the AMERICAN PHARMACEUTICAL ASSOCIATION our officers for the coming year. Our *Honorary President* is Mrs.

Lyman Kebler, of Washington, D. C.; *First Vice-President*, Mrs. Laura Whelpley of St. Louis; *Second Vice-President*, Mrs. Robert C. Wilson of Georgia; *Secretary-Treasurer*, Mrs. Hugo H. Schaefer, of New York; *Parliamentarian*, Mrs. A. G. DuMez, of Baltimore.

The *District Vice-Presidents* are: Mrs. Robert Lehman of New York; Mrs. Emery T. Motley of South Carolina; Mrs. Charles H. Rogers, of Minnesota; Mrs. J. B. Burt, of Nebraska and Mrs. A. Zieffe, of Oregon.

The *Chairman of our Membership Committee*, Mrs. F. S. Stoll, of Louisville, Ky.

The *Chairman of the Loan Fund Board*, Mrs. Arthur Uhl of Madison, Wis.

Finally, Mr. President, I take great pleasure in presenting to you Mrs. B. V. Christensen, of Columbus, Ohio, our newly elected *President*."

Several of the ladies mentioned were present and stood as their names were called.

President Evans complimented the Auxiliary on the splendid work it has accomplished and expressed the hope that Mrs. Christensen would have a very successful administration.

He also congratulated Dr. and Mrs. Christensen on having two presidents in one family.

INSTALLATION OF OFFICERS.—President Evans requested the following members to escort the officers-elect to the platform: Dr. Little, *President* Christensen; Mr. Don Evans, *First Vice-President* Attwood; Dr. R. C. Wilson, *Second Vice-President* Rowe; Mr. Cermak, the members of the *Council*; Messrs. Costello, Swain and Bibbins and Dr. Schaefer, *Chairman* Gregg and *Vice-Chairman* O'Connell of the House of Delegates.

These gentlemen with *Treasurer* Schaefer and *Secretary* Kelly were installed by President Evans with a message of congratulation and good wishes to each of them.

Mr. Evans then presented the President's Badge and the gavel to President Christensen with the assurance of his fullest cooperation.

On motion of Dr. Schaefer duly seconded and carried, Mr. Evans was tendered a rising vote of thanks for his splendid services.

PRESIDENT'S INAUGURAL ADDRESS.—Vice-President Attwood took the chair while President Christensen read the following address:

"A NATIONAL PROGRAM FOR PHARMACY."—The AMERICAN PHARMACEUTICAL ASSOCIATION is now entering its ninetieth year of activity. In reviewing the aims and objectives as set forth in the Constitution one cannot fail to be impressed with the logic, wisdom and foresight of the founders of this organization. While pharmacy in its practical aspects has been considerably modified during the life of this association, yet the aims and

objectives as set forth by the founders apply to modern conditions as appropriately and forcefully as if they were formulated on the basis of the needs and trends of to-day. While practices have changed, fundamental principles are still the same as they were a century ago and these same fundamental principles will undoubtedly endure for many years to come. It is on the basis of this concept that we should plan and build.

Who Speaks for Pharmacy?—Who speaks for pharmacy is a question which has been constantly before this profession for many years. It has recurred again and again and from various angles and viewpoints ranging from responsibilities in performance of obligations and duties to privileges which should rightfully be granted to the profession. It is a question which has been asked by members of other health professions as well as by pharmacists themselves. During the past few years it has been repeated with increasing emphasis and with a vital concern in the interests and welfare of pharmacy.

While we have many organizations, membership in any one of them is not so large as it should be. None of the national associations now existing embrace a membership large enough to justify it to speak for the profession. While each of these may serve a worthy purpose, should not the trend of all be in the same direction and toward one large primary objective? If the large ultimate objective of pharmacy could be determined, our pharmaceutical associations could be closely bound together and their efforts coordinated toward the fulfillment of this purpose. Wouldn't it be possible and definitely desirable to coordinate such efforts through one large all-embracing pharmaceutical association?

Obviously the voice of a profession must be an all-embracing organization—an organization representing all fields of pharmaceutical interest and endeavor—professional, commercial, educational, legal and industrial. A logical proportion of the persons engaged in that profession should be enrolled as members of this all-embracing organization in order that it may justly represent the profession. What are we going to do about it? While we should give this question serious consideration and talk about it, we must do something more than think about it and talk about it. I can conceive of no unselfish obstacle to prevent a coordination of all pharmaceutical forces through the instrumentality of a national association, the structure of which permits sufficient flexibility to represent adequately all pharmaceutical interests.

I can conceive of no question of concern to any group of the pharmaceutical family which cannot be given full and fair consideration through the instrumentality of the AMERICAN PHARMACEUTICAL ASSOCIATION. There is no question of concern to the profession as an all-inclusive body which cannot be impartially investigated and acted upon as facts and truth may indicate. The sections provide opportunity for free discussion on matters of group interest. Opportunity is provided for every member

* Installation Address of President Bernard Victor Christensen, Detroit, Michigan, August 23, 1941.

of the body pharmaceutical to express opinions, cast his vote and participate in movements tending to promote the welfare of pharmacy and safeguard its interests.

When we think of what has been accomplished by the AMERICAN PHARMACEUTICAL ASSOCIATION with a relatively small membership it would not be venturing too much to conjecture that with a majority of the body pharmaceutical on its membership rolls pharmacy to-day would be in a position second to no other health profession. The AMERICAN PHARMACEUTICAL ASSOCIATION has sponsored constructive legislation, advanced pharmaceutical education, and created state pharmaceutical associations, assisted in the development of the United States Pharmacopœia, fostered the National Formulary, supported the enactment of Food, Drug and Cosmetic Laws, set up the Code of Professional Ethics and subsidized and encouraged research in pharmacy—a really remarkable record of achievement.

Mr. Pharmacist, are you a member of the AMERICAN PHARMACEUTICAL ASSOCIATION? Much remains to be accomplished to catch up with the modern world and to maintain pace with other health professions. Pharmacy needs a coördination of its scattered forces in order to guarantee the strength of unity to achieve this distinction. Pharmacy needs a strong all-inclusive organization and this requires the whole-hearted support of at least a majority of the members of the profession. We must attack this problem from an unselfish standpoint and with courage and determination. We must map out a plan of campaign and adhere to it year after year. Every pharmaceutical association, local, state or national, should not only be willing but eager to coöperate in a plan of coördination which will give pharmacy a representative body entitled and empowered to speak for pharmacy.

Membership.—Obviously the question as to who speaks for pharmacy involves the problem of membership. That the membership of this association should be considerably larger than it is or has been is apparent. This important and vital need cannot be too strongly emphasized and again "action" must be the slogan. The AMERICAN PHARMACEUTICAL ASSOCIATION must be carried to the pharmacists throughout the length and breadth of the United States. They must be informed that there is a national all-inclusive organization which represents every interest of the body pharmaceutical. They must be informed concerning its objectives, its programs and accomplishments. Ways and means consistent with dignity and good judgment should be devised to continually hold the AMERICAN PHARMACEUTICAL ASSOCIATION before the eyes of the pharmaceutical public in the most favorable light. How can this be done?

The AMERICAN PHARMACEUTICAL ASSOCIATION should have a place on the annual program of every state association. Nationally sponsored men such as officers of the A. PH. A., members of the Council, officers of the House of Delegates and of the sec-

tions or others preferably from outside the state should be selected to represent the A. PH. A. on these programs. These men should be positive and constructive in their part of the program and should have a real message to present. Every year the A. PH. A. should set up definite objectives and hammer on these before the state associations. Someone should be delegated regularly each year to formulate these objectives and prepare material to be used by these speakers.

In this connection, it seems logical and consistent with good business that state associations contribute to the parent organization a flat fee or preferably have a minimum number of paid up memberships in the A. PH. A. in order to be entitled to the privilege of a voice in the deliberations of this ASSOCIATION. This would not only put state representation on a business-like basis but would also bring about a closer coördination between state and national associations. Furthermore, this would provide an incentive toward encouragement of membership through a joint fee for membership in both associations. Along this same line it appears that it would be highly advisable that the A. PH. A. welcome and encourage affiliation of various professional groups such as local academies, county associations, hospital associations and others of similar nature. This again would serve as an incentive to payment of dues for both associations at the same time. Certainly it would be a distinct asset to the A. PH. A. to have on its rolls the quality of membership usually found in these local groups.

Student Branches.—About ten years ago on the recommendation of President C. W. Johnson a committee was appointed to study the question of student branches and this committee recommended a plan which was adopted and has been in operation for the past decade. The real purpose of student branches is to inculcate professional loyalty and thus stimulate professional activity and professional co-operation and a national professional consciousness. This plan was designed to make possible and to encourage colleges to formulate and carry out educational programs which would inform students—prospective pharmacists—regarding the character, purposes, problems and accomplishments of the AMERICAN PHARMACEUTICAL ASSOCIATION and the value and importance of full membership in this organization and thereby enhancing the interests and welfare of pharmacy as a profession. The original committee expressed the opinion that some provision should be made to specifically promote these principles on a national scale. For this purpose a district plan of organization was proposed but has not been carried out. This district plan was reviewed in a paper presented this week before the A. A. C. P. and, hence, will not be herewith repeated.

It is urged that this district plan be reconsidered in the light of present conditions and that this association coöperate to the fullest extent in carrying out this plan. It is further urged that this association coöperate with the colleges in the organization of

additional branches and in assisting in every way possible to stimulate activity of those already organized. In order to make these branches effective we must offer real and practical inducements to our future pharmacists—the students. We cannot offer them a dummy package and expect results. Consistent and persistent effort should be made to inculcate a professional pride in the minds of the students and thus promote that professional morale which is so essential in building up a strong membership in this association and in maintaining public confidence. The A. Ph. A. must work hand in hand with the colleges in the promotion of a strong Junior AMERICAN PHARMACEUTICAL ASSOCIATION.

Education of Pharmacists in Practice.—One of the objectives of this Association as set forth in the Constitution is 'to improve the science and art of pharmacy by diffusing scientific knowledge among pharmacists and druggists . . .' New ideas, new products, new methods and changes in concepts are being advanced almost daily. These new developments modify pharmaceutical practice and, hence, the pharmacist must have some means of keeping posted on modern trends and practices. Various plans have been used in promoting education of pharmacists in practice such as short courses, conferences, institutes and vocational courses. These measures have been very helpful and continuation should be encouraged. However, while these programs have been very valuable they have not reached an appreciable number of pharmacists and drug store employees; neither have these programs been built around any coordinated or uniform pattern.

The George-Deen Act, passed in 1936, provides an opportunity for pharmacists throughout the United States generally to obtain systematic training and information through regularly organized classes concerning new developments and new discoveries that are modifying pharmaceutical practice. Since the passage of this act such classes have been organized in several states for drug store owners and employees and on the basis of this experience it was considered advisable and feasible to organize a distributive education program for pharmacists on a nation-wide basis.

Hence, a conference of representatives of all interests involved in a program of this nature was called which met in Washington, D. C., in September 1940. As a result a subject matter committee was selected representing the AMERICAN PHARMACEUTICAL ASSOCIATION, National Association of Retail Druggists, American Association of Colleges of Pharmacy and National Association of Boards of Pharmacy. These representatives in coöperation with the U. S. Office of Education and representatives of State Boards of Vocational Education prepared an outline of a vocational training program for retail druggists and copies have been sent to Deans of Colleges, Secretaries of State Pharmaceutical Associations, State Boards of Pharmacy and State Boards of Vocational Education. According to B. Frank Kyker, Chief, Business Education Ser-

vice, U. S. Office of Education, 'this topical outline represents what the industry and persons employed in vocational education believe can profitably be included in a distributive education program for drug store owners and their employees under the provisions of the George-Deen Act. It constitutes the initial step in the establishment of such a program and will be followed by carefully prepared teaching outlines, developed by individual units.'

This is a very definite and highly significant step forward in the program of pharmaceutical education and pharmacists should take steps to arrange for the organization of classes and take advantage of the opportunities placed at their front doors thereby. The AMERICAN PHARMACEUTICAL ASSOCIATION can assure all interests involved of continued coöperation in this constructive program of education to pharmacists in practice.

History of Pharmacy.—Again in referring to the Constitution it is to be noted that another object of this association is "to improve the science and art of pharmacy—by fostering pharmaceutical literature." The AMERICAN PHARMACEUTICAL ASSOCIATION has had a Section on Historical Pharmacy since 1904 at which those interested have had an opportunity to meet once a year and present papers and discuss historical aspects and developments in pharmacy. There are a number of valuable collections in the United States but what pharmacy has needed and needs now and in the future is a pharmaceutico-historical center. This need has been accomplished in the establishment and organization of the American Institute of the History of Pharmacy at the University of Wisconsin. It is unnecessary to give details of this Institute here. A prospectus setting forth the plan of organization, the administration, facilities, aims and objectives has been published and widely distributed and is available to anyone who asks for a copy.

There can be no doubt about the educational value of a knowledge of the history of pharmacy. In order to appreciate what pharmacy means and has meant to national welfare we must know something of what it has done and we must have an understanding of what it is doing. If there is a way of creating and maintaining a professional morale, a professional pride and a professional loyalty, it is by informing the members of the profession and the public which it serves of the place that pharmacy has filled in promoting the welfare of the public. 'What we are using and building upon in the present has been produced and grown up in the past, and we will never be able to provide intelligently for what we want to come in the future if we do not know what it . . . was supposed to involve and achieve.' Pharmacy now has in the United States what pharmacy in several other countries has had for some time. Pharmacy now has what several other sciences and professions in the United States have had for some time. Pharmacists, colleges of pharmacy, local, state and national associations should use the facilities of this Institute of Pharmacy and encourage

and support it in every way possible. The American Institute of the History of Pharmacy fits into the program herewith outlined for the promotion of American Pharmacy and hence, the AMERICAN PHARMACEUTICAL ASSOCIATION should cooperate with the Institute to the fullest extent.

American Pharmacy and National Defense.—What is the place of pharmacy in our nation's economy? What real and vital need in the life of the people of the nation is pharmacy expected to provide? It has been demonstrated through several centuries of experience and practice that drugs and medicines are essential as remedial agents for the treatment of the sick and the relief of pain and suffering. It has been pointed out that during the past century the average span of life has increased from 37 to 62 years. There is little doubt but that the increasingly widespread, well-regulated and controlled use of drugs and medicines has contributed in no small measure to this increase in the average life of man. It is also a well-known fact that while these drugs and medicines are beneficial when their use is properly regulated and controlled, many of them are extremely destructive to health and are dangerous death dealing agents when misused. Consequently, it is through the drug stores of our nation that drugs and medicines are made available for widespread distribution and it is through these same drug stores that their use is properly regulated and controlled. These pharmacies and the pharmacists who conduct them are licensed by the states and are legally responsible for the proper fulfillment of the duties imposed on them. The pharmacist is held legally responsible for (1) the proper compounding of medicines and the dispensing of prescriptions, (2) the distribution of drugs, medicines and medical supplies and (3) the distribution of narcotics, dangerous drugs and medicinal poisons. Can you image the chaos and the death and destruction that would follow the removal of all restrictions on the distribution of drugs and medicines?

It is evident that the pharmacist plays a very important part in conserving the health of the nation and it has been repeatedly asserted that the health of the people is the first line of defense. This is offered as a brief statement of the real and vital need in the life of the people of the nation that pharmacy is expected to provide. This answer to our question not only indicates the importance and magnitude of the task imposed on pharmacy but it also indicates the direction toward which all efforts in pharmacy should move in the future. This answer to our question states the reasons why pharmacy has been classified as a field directly related to national defense and is one of the reasons why students in colleges of pharmacy should continue in training. It is these considerations which determine the place of pharmacy in our program for National Defense.

What service can we as pharmacists, individually and as a group, render to our nation in the present emergency? In the first place we can do the best job possible in our present situations. To do the

job as we have done it in the past is not enough. We must each and collectively do a better job than ever before. The best to-morrow must be better than to-day and the best the day after must be better than to-morrow. This requires continual study, observation, experiment, evaluation and the exercise of careful judgment. Second, pharmacy must unite and coordinate its scattered forces and all work according to the fundamental principle of unity and cooperation in promoting and elevating pharmacy to higher standards of service. The rights and privileges granted to the people by our democratic government carry with them duties and obligations—the obligations of finance, the obligations of law observance and the obligations of defense—obligations and duties which are conceived to promote the general welfare of the nation. We in pharmacy must recognize these principles and apply and practice them in promoting the welfare of our profession and thereby promoting the welfare of our nation. We must work together in order to work effectively.

Third, pharmacy must cooperate wholeheartedly and unselfishly with other health professions in carrying out public health programs. The success of health programs depends on sincere and intelligent cooperation between the members of the health professions. The trend toward closer and more extended cooperation between the members of the health professions should be encouraged through every legitimate means. Pharmacists should willingly and actively participate in public health movements and serve on public health boards and in public health organizations. Fourth, it is the duty of pharmacy as a profession to see to it that the type of pharmaceutical service available to the man in uniform is equal to that offered to the man in civilian life. The man in uniform is human, is subject to disease and is conscious of pain and suffering just as is the man in civilian dress. The man in uniform is entitled to a choice of drugs and medicines adapted to his individual needs, he is entitled to pure and efficient drugs, he is entitled to skillful and accurate compounding just as is the man in civilian clothes. It is the duty of pharmacy to provide enough men with adequate training and experience in pharmacy to render this type of service to the men in uniform. It is gratifying to state that very definite progress has been made in this direction and those leaders in pharmacy and others who have been largely responsible for this progress are deserving of the commendation of the profession and those it serves. Fifth, pharmacy must safeguard the future of the profession by regularly providing a supply of well-trained recruits adequate to meet public needs. Every individual connected with pharmacy in any of its aspects should aid in the safeguarding, perpetuation and improvement of the profession by helping to recruit young men of character and ability. Every pharmacist should make it a point to properly inform himself and then seek out and advise promising young men concerning the duties,

requirements and opportunities in pharmacy. They can cooperate with high schools and with vocational schools in giving information and advice that may be helpful to young people considering the choice of a profession. Colleges can also take an active and constructive part in this service. The colleges must offer a different type of instruction than that which has been offered in the past. This will require a restudy and a revision of the courses and the curricula and this will undoubtedly result in the deletion of much obsolete material and the addition of information conforming to the needs of the times. They must give more emphasis to practical instruction such as practice drug stores, dispensing laboratories and manufacturing laboratories wherein students may obtain instruction and work-experiences under conditions simulating those they will meet in actual practice. More and more is being expected of the college graduate. He must be prepared to measure up to the demands of the employer and the pharmaceutical public.

Finally, in a program contributing to National Defense, pharmacy is obligated to make every effort to properly conserve our drug supply. It is the job of pharmacy to provide for a supply of drugs and medicinals adequate for our national needs. Supply and distribution go hand in hand. Our supplies can be conserved by well regulated and controlled distribution and in this the physician can cooperate effectively with the pharmacist. On prescriptions no more and yet no less than the patient needs should be dispensed. Quantity purchases of essential drugs should be determined by the professional needs of the drug store. Loss by deterioration in storage should be avoided by purchasing in limited quantities. Loss by deterioration may be reduced by proper storage. The pharmacist can be expected to provide, if possible, effective substitutes for drugs that become unavailable. Study and experimentation in devising more efficient methods of extraction and more economical forms of administration should be undertaken.

In conclusion, it might be well to again emphasize that to carry out the program above outlined the correlation and concentration of all the forces of pharmacy are necessary and fundamental. The program above outlined appears to be sound and it seems that every member of the pharmaceutical family could logically support it and profit severally and collectively thereby. We in pharmacy must recognize the conception of pharmacy as a service to humanity and unite and cooperate in the promotion of that conception. The ideal of service is the core of the Code of Ethics for American pharmacy. Service is emphasized and reemphasized—service to the public, service to the physician, service to fellow members and service to the profession. Just as the physician is urged to practice the principles of the Oath of Hippocrates so should the pharmacist be urged to practice the principles of the Code of Ethics."

The address was received with applause and was referred to the Council by Vice-President Attwood.

RESOLUTIONS.—President Christensen said that the resolutions adopted by the House of Delegates would be read if that was desired. In the absence of such request it was ruled that the resolutions were satisfactory and that they would follow the usual course.

THE LOCAL SECRETARY.—President Christensen presented Mr. Bialk and thanked him and all who had worked with him for the arrangements which had contributed to such an outstanding convention.

Mr. Bialk said that the local committee which he highly commended had promised a bigger and better convention and had tried to make the promise good. They also promised Secretary Kelly 200 new members and had made that promise good. The Committee felt well repaid and thanked every one for coming to Detroit.

There being no further business, the Eighty-Ninth Annual Meeting was adjourned sine die at 11:20 A.M.
