

**THE EIGHTY-EIGHTH ANNUAL MEETING OF THE AMERICAN
PHARMACEUTICAL ASSOCIATION, RICHMOND, VA.,
MAY 7-11, 1940**

ABSTRACT OF THE PROCEEDINGS

The General Sessions were held in the Jefferson Hotel, Richmond, Va., on Tuesday evening, May 7; Thursday forenoon, May 9; and Saturday forenoon, May 11, 1940.

FIRST GENERAL SESSION

The Session was called to order by President A. G. DuMez, at 8:35 P.M. and the former presidents of the ASSOCIATION in attendance were invited to occupy chairs on the platform.

The invocation was offered by the Rev. Dr. Benjamin R. Lacey, Jr., president of the Union Theological Seminary, Richmond, Va.

The Secretary read communications of greetings from J. W. Dargavel and others.

Chairman Ford reported for the House of Delegates that the First Session would be held on Wednesday forenoon and requested that all delegates be present promptly. Chairman Ford also invited all members of the A. PH. A. to attend the Session whether delegates or not.

President DuMez then introduced Charles H. Evans as President-elect and Mr. Evans responded as follows:

"President DuMez, Members of the A. PH. A., I wish to express to you my appreciation for the confidence that you have shown in me. I will make one statement, a promise: I promise to do the job to the best of my ability, and if you will give me your counsel and advice and coöperation, when we meet one year hence I trust that we shall report another milestone of progress in the history of this ASSOCIATION."

PRESIDENT'S ADDRESS.—The First Vice-President, F. O. Taylor, presided while President DuMez read his presidential address, as follows:

"Immediately after induction into office, a little more than eight months ago, I appeared before you to outline the program of activities which I expected to carry out during my incumbency; and in so doing I conformed to one of the established customs of this ASSOCIATION. Now that I have about reached the end of my term of office, I again appear before you; but on this occasion it is to comply with a mandate of the ASSOCIATION, namely that of delivering the President's Address.

In the actual performance of this duty, there are no restrictions placed upon me, either by custom or regulation. I have *carte blanche* with respect to the selection of a subject, the form in which it is to be presented, the length of time consumed in presen-

tation, *et cetera*. But, please do not become unduly alarmed because I shall observe the delimitations dictated by propriety with respect to subject matter and composition, and I have yet to be accused of prolixity, although it is possible that there may have been occasions on which I have said too much.

Forthrightness being one of my characteristics, I shall dispense with further introductory remarks and proceed immediately to the elaboration of my theme. To begin with, I shall review briefly for you the progress made in furthering the more important activities of the ASSOCIATION during my term of office, not for the purpose of eliciting your approbation, but because I believe you are entitled to receive an account of my stewardship; then, present some observations which seem to me to be pertinent to the times and the occasion; and conclude with specific recommendations for promoting still further the activities and interests of the ASSOCIATION as I visualize them.

Review of the Association's Activities

The first item on the program which I presented in my inaugural address carried with it the promise to create a Committee on Long Range Program of Policy. This promise was fulfilled within two weeks after it was made. A committee was appointed consisting of nine members, selected to represent the various elements comprising our membership, and it began to function almost immediately.

The enormity of the undertaking and the handicap of being compelled to organize the work by correspondence have made it impossible for the Committee to do much more than get its bearings in the seven months that have intervened since its creation. However, the chairman has informed me that the Committee has given consideration to the solution of some of the more immediate problems of policy confronting the ASSOCIATION and that a report of its conclusions will be made to the House of Delegates at this meeting.

Speaking frankly, I realize that sufficient time has not yet elapsed for the Committee to have proven its real worth, but I anticipate great benefits to accrue to the ASSOCIATION and to pharmacy as a whole from its labors in the years to come. In this day and age, when conditions are continually changing, pharmacists and those engaged in the industries allied thereto are confronted with the necessity of making so many readjustments that even the most competent of them become bewildered at times. There should be available some reliable source from

which to obtain guidance. That source in this country, in my opinion, should be the mother of all pharmaceutical organizations, namely, the AMERICAN PHARMACEUTICAL ASSOCIATION. Its long range program of policy should be so clear and well defined that it will serve as a beacon light for those seeking direction in pharmacy and the allied fields.

Progress in the Attainment of More Effective Coöperation between Medicine and Pharmacy

The second item on my program also carried with it a promise, namely, that of making an effort to bring about closer and more effective coöperation between medicine and pharmacy. In the endeavor to fulfill this promise, I personally contacted some of the officers and members of the American Medical Association for the purpose of determining if there was not some common ground upon which the two associations, the American Medical Association and the AMERICAN PHARMACEUTICAL ASSOCIATION, might be brought together to devise plans to make more effective the work of the two professions represented. As yet, there is no tangible evidence of the effects of this endeavor, but I will say that I was very much encouraged with the responses of the individuals consulted.

More time and, perhaps, a different approach may be necessary, but I am convinced that the day will arrive, and it will not be far in the future, when the two associations will be working side by side. Any other assumption in opinion is not only illogical but unsound, because the practitioners represented by these two associations are the ones mainly responsible for maintaining and safe-guarding the health of the public, and the public is entitled to the benefits which would accrue from more effective coöperation between these two groups of practitioners.

Although my efforts may or may not have been successful in this particular instance, I do have definite progress to report with another large and important group of public health workers. I refer to the American Association of Social Hygiene. It was my privilege and pleasure to represent the AMERICAN PHARMACEUTICAL ASSOCIATION at the regional conference of this and allied organizations held in Chicago on February 1st and 2nd of this year, and I am pleased to announce that this contact has resulted in the appointment of a joint committee of the two associations to develop plans to make it possible for pharmacists to coöperate more effectively in the program to stamp out venereal disease in this country. This committee has already held one meeting and is ready to make a preliminary report. Moreover, the American Association of Social Hygiene was so impressed with the sincerity of our offer of assistance that it agreed to send one of its executive officers to this meeting. He is here and will address you this evening.

Progress in this direction has also been made with another group, one that is interested in promoting medical education and research. In November of last year, there was held in Washington, D. C., under the sponsorship of the Division of Cultural Relations of the Department of State, a Conference on Inter-American Relations in The Field of Education. At this conference, provision was made for the creation of a Continuation Committee to advise on the selection of medical students who apply for fellowships and professors who apply for professorships under the Convention for the Promotion of Inter-American Cultural Relations and to explore these and other recommendations. This Committee is composed of representatives of medicine, dentistry, pharmacy, nursing, public health, sanitary engineers, hospital administration and vital statistics. On invitation from the Chief of the Division of Cultural Relations to designate pharmacy's representative on this Committee, I appointed Dean Ernest Little of the School of Pharmacy of Rutgers University. I am informed that this Committee has held a meeting and no doubt Dean Little will have a report to make to you.

In concluding my remarks on our achievements in this particular field of activity, my sense of decency and fair play makes it impossible for me to refrain from bringing to your attention the excellent work which our Committee on Professional Relations has done. Although this Committee reported in full this morning at the meeting held jointly with the state board and college associations, I will say for the benefit of those who may not have been present that it has succeeded in stimulating the state and local associations to undreamed-of activity in this direction. This Committee has already submitted three reports, all of which have been published in the Practical Pharmacy Edition of our JOURNAL. They are most encouraging and I recommend that you read them.

The Association's Publications

Ever since its organization in 1852, the ASSOCIATION has published a record of its PROCEEDINGS and from time to time over the past eighty-eight years it has added to this publication, but I doubt if more than a very few of our members have even attempted to summarize our achievements in this field. Therefore, I will state for your information that the ASSOCIATION has published to date 59 volumes of PROCEEDINGS, 23 volumes of YEAR BOOKS, 6 volumes of Bulletins and 28 volumes of JOURNALS, comprising a total of more than 100,000 printed pages covering every phase of pharmaceutical activity. In addition, it has published six editions of the National Formulary, two editions of the Recipe Book and the first number of a series of Monographs. Noteworthy as this contribution may be to pharmaceutical literature, I am certain that still greater accomplishments may be expected in this field in the years to come.

For a long time, some of us have looked forward to the day when we could publish two editions of our JOURNAL—a Scientific Edition to serve those interested primarily in the scientific development of our calling and a Practical Pharmacy Edition to serve the 115,000 persons engaged in the practice of retail pharmacy and who are distributed throughout all of the states of the Union. This day has finally arrived and since the first of the year two editions of the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION have been published monthly.

It is still too early to form definite conclusions with respect to the reaction of the body pharmaceutical to this new venture in the publication field, but if distribution may be taken as a criterion of what the final decision will be, success is assured. The Practical Pharmacy Edition now has a monthly distribution of more than 30,000 copies and the number of non-member subscribers to the Scientific Edition has increased. It is our desire to make these two publications as attractive to their readers as possible and constructive criticism for improvement will be gratefully received.

The ASSOCIATION has been equally successful with its other publications. More than 42,000 copies of the National Formulary VI, which is the last edition, have been distributed to date and the number of copies of Recipe Book II distributed is in excess of 4500.

The National Formulary, like the Pharmacopœia, is revised every ten years and the time for another revision is now at hand. The Committee of Revision has been reorganized, a new chairman has been appointed and I am informed that the work of the Committee is proceeding satisfactorily. The chairman of the Committee, who is also Director of the ASSOCIATION'S Laboratory and who is now located in Washington, is scheduled to make a report at the second General Session. I shall, therefore, not pursue the subject further here, but refer you to his report for additional information on this activity.

Educational Exhibits Portraying Pharmaceutical Activities and Progress

In outlining my plans last August, I called attention to the need for supervision of exhibits intended to convey the message of pharmacy to members of the other health professions and the laity. I am still of the opinion that such supervision is greatly needed because I have not observed any marked improvement in the exhibits which it has been my privilege to view since then. As I visualize it, what is needed is a central bureau to not only disseminate information with respect to the planning of exhibits of this character, but also to construct models and supervise the installation of the more important of these exhibits. However, upon investigation of the feasibility of establishing a bureau of this kind, I discovered that the cost of operation would require

the outlay of considerable funds and that the ASSOCIATION was not prepared to undertake any new financing at this time. For the present, it seems that we will, therefore, have to be content with the exhibits prepared under the direction of the Chairman of the Conference on State Committees of U. S. P. and N. F. Promotion for our annual Convention and to continue to look to local volunteers to plan, install and finance exhibits in places where the demand is sufficient to make this possible. The demands from state associations and others for a bureau such as I have in mind is growing and I believe that some way will be found to finance this undertaking in the future.

The Conference on State Committees on U. S. P. and N. F. Promotion and the Committee on Dental Pharmacy deserve and are hereby extended the thanks of the ASSOCIATION for the good work which they have done in this field.

Advancement of Standards in Pharmaceutical Education

The progress which has been made in pharmaceutical education in the last twenty years is little less than amazing. As late as 1927 some of the colleges of pharmacy were still offering a two-year course and most of the state boards of pharmacy were accepting the graduates of these schools for admission to their examinations for licensure. At present there are but few colleges of pharmacy worthy of the name which are offering less than four years of work for graduation and practically all of the state boards of pharmacy require the completion of four years of college work for admission to examinations for licensure. The rapidity and extent of the progress made in this short period of time are due largely to the combined efforts of the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy and the AMERICAN PHARMACEUTICAL ASSOCIATION. In 1932 these three organizations, acting jointly, took what will probably prove to be the most important step in this coöperative effort and created the American Council on Pharmaceutical Education.

This Council, composed of three representatives from each of these organizations and one representative from the American Council on Education, reached its first objective in 1937, when the standards for the accreditation of colleges of pharmacy were completed and adopted. The second objective namely, the publication of a list of accredited colleges of pharmacy, was reached in January of this year. While there are still a few colleges of pharmacy which have not been investigated for accreditation, it is believed that, from now on, the Council will be in position to inaugurate and supervise the studies necessary for the further improvement of its standards and to give thought and effort to the attainment of the other objectives as set forth in its Constitution, which are as follows:

1. To assure itself that the schools and colleges

which have been accredited maintain the proper standards.

2. To revise annually the list of accredited colleges.

3. To undertake such other activities as will make for improvements in pharmaceutical education and registration.

The attainment of these additional objectives will depend largely upon the support and assistance which the Council receives from organized pharmacy, and ours is the organization to which it must continue to look for its major support. This is as it should be because our ASSOCIATION is the outstanding exponent of professional pharmacy in this country and it is in this field that the greatest progress may be expected in the future. The advances made in the medical sciences will set the standards in the future as they have in the past and pharmaceutical education and research must keep pace with them if the calling is to endure.

One of the leading activities of the AMERICAN PHARMACEUTICAL ASSOCIATION from the time when it was organized to the present has been the advancement of standards in pharmaceutical education. For many years it furnished the standards of collegiate education in pharmacy in the United States, but it relinquished this activity when it was realized that a more immediate directing influence was needed. As a result, there was created under the patronage of the ASSOCIATION, the Conference of Pharmaceutical Faculties which was reorganized in 1925 and now bears the title of the American Association of Colleges of Pharmacy. From the first, therefore, the ASSOCIATION has been a patron of pharmaceutical education and I am reasonably certain that it means to maintain this position in the future. The continuance of its support in the furtherance of the work of the Council, therefore would be in keeping with tradition and is a foregone conclusion in my opinion.

U. S. P. Revision

The beginning of a new revision of the Pharmacopœia of the United States is imminent and, although not specifically included in my program of activities, deserves consideration here because pharmacy's participation in this work is one of its most important functions, in my opinion.

Among the first of the activities undertaken by the AMERICAN PHARMACEUTICAL ASSOCIATION after its organization was the development and support of official standards for drugs and medicines. The Committee on Improvement of the Pharmacopœia was one of the first committees created and not a year has passed since then in which the ASSOCIATION has not made substantial contributions to the improvement of pharmacopœial drugs, processes and preparations. As a matter of fact, in the case of one revision, at least, the majority of the changes made consisted of those recommended by AMERICAN PHARMACEUTICAL ASSOCIATION committees. I must,

however, confess with some reluctance that, in so far as our present Committee on U. S. Pharmacopœia is concerned, it has not lived up to this reputation.

A few years ago, our Committee on U. S. Pharmacopœia made an investigation of the procedure for the organization of the Pharmacopœial Convention and of the election of the Revision Committee. I expected that when the Committee had completed this task, it would undertake to collect and study suggestions for revisions of the individual monographs of the Pharmacopœia and of the procedures for the standardization of pharmacopœial drugs, but I am informed that this has not been done and that there will be no recommendations to report. This does not mean, however, that the ASSOCIATION will make no contribution to pharmacopœial revision this year, because there are other committees, such as the Committee on Physiological Drug Testing and the Committee on Dental Pharmacy, for instance, which have been at work and which will have some definite recommendations to make. In addition thereto, there will be the contributions made by the authors of the papers read at this meeting.

The correlation and tabulation of comments on, and criticisms of pharmacopœial monographs, standards, *et cetera*, would in my opinion be a valuable contribution to the revision of this book. If this were done annually and if, in addition thereto, there was attached a report on a critical study of these comments, the value of the contribution would be enhanced. This is the kind of work which I would like to have our Committee on U. S. Pharmacopœia undertake in the future if its existence as a standing committee is to be continued. The solution of special problems in this field can best be undertaken, in my judgment, by special committees made up of experts in the particular fields in which the problems fall.

Status of Pharmacists in the Government Service

Due largely to the excellent work of our committee on the Status of Pharmacists in the Government Service, over the past ten years or more, the relative position of pharmacists in the various Government Services has shown steady improvement, and this is particularly true of those in the Civil Service, Veterans' Administration, the U. S. Public Health Service and the Army. Pharmacists in the Civil Service are now on a professional status and the requirements for entrance to this service are on a comparable basis with those for the other professions. Of the more than 100 pharmacists serving in the Veteran Administration Hospitals, the large majority are now on a professional status, 10 pharmacists have been commissioned in the United States Public Health Service and 16 have been commissioned in the Medical Administrative Corp of the U. S. Army. Because of the noteworthy progress

already made, it may be confidently expected that the status of the pharmacists in the Government Service will continue to improve.

The Committee charged with the responsibility of promoting this particular phase of the ASSOCIATION'S activities made its report this morning, hence it is unnecessary for me to into go further detail here. Suffice it to say that the results obtained justify the continuance of the Committee and its activities.

Other Activities

I wish that it were possible to do so, but time does not permit me to review the work of all of the officers and committees of the ASSOCIATION. I shall, therefore, content myself with referring you to the reports which will be made at this meeting for an account of the progress which has been made in fields other than those heretofore mentioned and proceed to make the observations referred to in the introduction.

Some Observations Pertinent to the Times and the Occasion

During the past ten or more years, my travels have taken me to nearly every State in the Union and wherever and whenever I have foregathered with pharmacists, I have heard discontent voiced with the prevailing conditions in pharmacy. This evidence of widespread restlessness startled me at first, but upon giving the matter some thought I concluded that it was no more than could be expected in view of what is actually happening. The practice of pharmacy is in a transition period—it is going through a series of upsets due to progressive change. It had an auspicious beginning as a professional calling, then pharmacists forsook the mortar and pestle for the more alluring profits to be derived, as they thought, from merchandising and now they are apparently suffering from the ills of over-commercialization. But I am optimistic over the outcome. The move to return to professional pharmacy is definitely under way and has already made considerable progress.

Pharmaceutical education has been placed upon a sound foundation. The prescribed course of study is on a parity with the courses offered by approved educational institutions to the students of the other professions and it is believed that we may confidently look forward to a more professionally minded type of pharmaceutical practitioner in the future than has been turned out by our colleges of pharmacy in the past. The influence exercised by this type of practitioner is bound to have a beneficial effect.

The status of pharmacists in the Government services has been established on a professional basis in practically all departments and further improvement in the future is confidently looked for as explained in commenting on the work of the Committee on Status of Pharmacists in the Government Service.

Pharmacists in many localities are beginning to eliminate extraneous merchandise from their stores. This movement has even extended to some of the chains. Just recently I read in one of the leading newspapers of this country that one of the largest of our drug chains had altered its policy with respect to the merchandise to be offered for sale to the public. The newspaper notice stated that the company was gradually dropping the merchandise lines which it held to be alien to the drug store and that it was returning to the original conception of what such a store should be. The officials of the chain declared that trial eliminations of extraneous merchandise had been under way in a substantial number of the 427 stores controlled by the company and that these had not shown a loss in volume of sales.

There have always been some stores that have functioned solely as prescription pharmacies and which have dealt exclusively in drugs, medicines and sick room supplies—the so-called professional or ethical drug stores or pharmacies. In recent years, the number has greatly increased and there are now more than 600 such pharmacies operating in the United States. In addition, there are new pharmacies being opened almost daily in hospitals and clinics. In these, too, the activities are restricted to those which are strictly professional.

If my interpretation of the significance of these trends is correct, it would seem that over-commercialization is no longer the serious threat to the future welfare of pharmacy that it was a few years back, but escape from this particular danger does not signify that the road ahead is entirely safe. There are certain conditions in my opinion which, if not corrected soon or which if permitted to develop further, may become serious obstacles to the future progress of the movement back to professionalism. I call your attention to four in particular, namely:

1. The growing tendency on the part of some physicians to instruct their patients to purchase drugs and medicines ordered over the counter instead of writing prescriptions for them.
2. The increase in the dispensing of drugs and medicines by physicians and members of the other health professions in certain localities.
3. The increase in the distribution of drugs and medicines through other than the established agencies which were intended by the framers of the State Pharmacy Laws to perform this important health service.
4. The growing tendency on the part of some pharmaceutical manufacturers to offer for sale as specialties combinations of official drugs for dispensing as such, when such combinations should be prescribed on the basis of the needs of the individual patient and be compounded and dispensed by pharmacists.

That some means will be found to cope successfully with the problems which these conditions present and which in some instances are not only in-

imical to progress in the future development of professional pharmacy but fraught with danger to the public, I have no doubt. That this ASSOCIATION should play an important part in, if not initiate, whatever endeavor is made toward this end, seems to me to be entirely right and proper. I realize, however, that the obstacles to be overcome are great and that the effects might be more far-reaching than anticipated. I therefore advise that, in the consideration of these problems, we keep constantly in mind our professional responsibilities and the probable effects upon the public.

Pharmacists Need Guidance in Interpretation of Provisions of Federal Food, Drug and Cosmetic Act

The Federal Food, Drug and Cosmetic Act passed on June 25, 1938, has added new responsibilities to those already borne by pharmacists and those engaged in certain activities of the various branches of the drug industry; yet, so far as I know, there is no evidence of a desire to shirk them. However, full compliance with the law in all of its mandates seems to be impossible at this time because of its complexity and the lack of complete understanding of some of its many applications. The same may be said for the regulations which have been issued for its enforcement. Moreover, the effect on the public of the enforcement of the act is not yet known, although the consensus of opinion seems to be that one of the effects will be to change its buying habits with respect to the two classes of items in which pharmacists are particularly interested, namely, drugs and cosmetics.

I am informed that retail pharmacists in particular are perplexed and are seeking guidance. Would it not be a proper function of this ASSOCIATION to undertake to supply this apparent need? I am of the opinion that it would be and that we already have set up for us the committee to which the task should be assigned, namely, the Committee on State Food and Drug Legislation appointed at the Minneapolis meeting.

I would have this Committee instructed to study both the provisions of the Act and the regulations for enforcement issued thereunder, and to make its interpretations available in the form of monthly reports to be published in the Practical Pharmacy Edition of the JOURNAL. Of course, it should be clearly understood and so stated that these reports are only intended to serve as a guide to pharmacists in reaching their own decisions and that they have no official significance.

Pharmacy Is Overorganized in Certain Respects

Organization to make more effective cooperative effort is so manifest that it needs no proof from me to establish its value; but, like all good procedures, it

can be overdone and, in my opinion, it has been overdone in pharmacy.

We have in existence to-day more than a dozen national pharmaceutical associations in addition to the state and local associations and there are at present movements under way to create several more of these organizations. Each of the organizations now in existence can speak only for the group it represents and the same would be true of those, the formation of which is in the offing. What we need in pharmacy, as I view it, is not more organizations but a consolidation of those already in existence so that there may be one predominant voice to speak for us as there is for medicine and dentistry.

I do not mean to imply by these statements that small groups should not organize in the endeavor to solve the problems peculiar to such groups or to promote their own particular interests. I do contend, however, that greater benefits would be derived from organization if these groups were to affiliate with or become a part of one of the larger national organizations already in existence. It would then be possible for these groups to make their needs and desires known to a larger group of individuals and to more readily obtain the help and support of this larger group in solving their problems and in advancing their particular interests.

To make possible the representation of all of the various groups in pharmacy by one organization was one of the reasons why provision was made for setting up a House of Delegates in the AMERICAN PHARMACEUTICAL ASSOCIATION when it was reorganized in 1923. The House of Delegates as now constituted includes in its membership the appointed delegates of all organizations which are a part of, or which are affiliated with the ASSOCIATION, and this provides an opportunity for all of these organizations to be heard and to participate in the management of the ASSOCIATION'S affairs. I therefore suggest to the groups already organized but which are not affiliated with the AMERICAN PHARMACEUTICAL ASSOCIATION and to those which are contemplating organization that they consider well the advantages which affiliation with this old-established organization offers.

The Association Needs Additional Personnel

The ASSOCIATION now occupies a position of ever-increasing importance in the field of pharmacy, in its contacts with the other health professions, with the state and national pharmaceutical organizations and the State and Federal Government departments, the activities of which are related to pharmacy. To be sure, this gives the ASSOCIATION an ever-widening opportunity for service, but it also carries with it a corresponding increase in obligations and duties. To cope with this situation, which has become acute in recent years, the ASSOCIATION, although undermanned in its personnel, has done all that could be reasonably expected of it. The time has arrived,

however, when serious consideration should be given to providing adequate assistance for those already in its service. I refer particularly to the office of the Secretary and to the office of those directing certain of the ASSOCIATION's publications. While it is realized that additional funds will be required to provide the needed addition to personnel, it is believed that the improvement in service which would result, would more than justify a serious effort to raise these funds through an increase in membership or by some other means.

Recommendations

Based on observations made over the past year during which I have given closer attention to the business affairs and activities of the ASSOCIATION than usual, I make the following specific recommendations:

1. That the Committee on Long Range Program of Policy be made a standing committee and that it be enlarged if deemed advisable.

2. That the ASSOCIATION continue its efforts to bring about closer coöperation between pharmacy and medicine and the other health professions through strengthening the contacts which it has already made and by taking advantage of such opportunities as may develop to make new contacts.

3. That a special committee be appointed to study the possibilities of developing educational and professional exhibits as a feature of our annual meetings and at national and state meetings of the other health professions.

4. That the ASSOCIATION continue its support, financial and otherwise, of the American Council on Pharmaceutical Education.

5. That the Committee on U. S. Pharmacopœia be continued and that it be directed and urged to discharge its duties as set forth in the By-Laws of the ASSOCIATION.

6. That the Committee on Long Range Program of Policy be directed to study and report on the four disturbing conditions referred to in this address as menacing the future development of pharmacy along professional lines.

7. That the Committee on State Food and Drug Legislation be instructed to study the Federal Food, Drug and Cosmetic Act and the Regulations issued thereunder and to report its interpretations of the same monthly for publication in the Practical Pharmacy Edition of the JOURNAL or, if the assignment is deemed inappropriate for this Committee, there be created a special committee for this purpose.

8. That organizations of special groups in pharmacy, the formation of which is contemplated now or in the future, be invited to become a part of, or to affiliate with this ASSOCIATION.

9. That immediate provision be made to provide an adequate personnel to discharge the additional duties incident to the publication of the Practical Pharmacy Edition of the JOURNAL and to relieve

the Secretary of some of the publication work which he is now carrying.

In conclusion, I here and now acknowledge my debt of gratitude to the officers and members of this ASSOCIATION and to our hosts, the 'Old Dominion' pharmacists and their ladies, for the wholehearted coöperation and support which I received from them in the performance of the duties of my office, and I thank them from the bottom of my heart. I can conceive of no finer demonstration of loyalty to a cause and willingness to serve than that which I have experienced in my relationships with the officers and members of this ASSOCIATION and our hosts. The time during which I have been permitted to serve as your President will forever linger in my memory as a pleasant episode in a life which has not been entirely free from unpleasantness."

The address was listened to with great interest and received with applause and was referred to the Committee on Resolutions.

ADDRESS.—President DuMez resumed the chair and introduced as the speaker of the evening Dr. Walter Clarke, Executive Secretary of the American Social Hygiene Association, who delivered the following address:

"I am honored to speak before this meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION and extend to you the greetings of the American Social Hygiene Association. It is inspiring to know that the pharmacists of the United States stand ready to coöperate in the nation-wide campaign against syphilis and gonorrhœa. America's battle against the pale spirochete—cause of syphilis—is well begun.

Citizen interest is represented by the American Social Hygiene Association and its 1940 affiliated groups, its National and State Anti-Syphilis Committees, its National Education Committee and many other coöperating units; government interest by the United States Public Health Service and the state and local health authorities. The American Social Hygiene Association is not a medical body but includes all professions and all types of citizens. Though the struggle to throw off the burden of sickness, death and sorrow caused by syphilis has started auspiciously, much still remains for citizens and government to do before syphilis will be numbered among the vanquished enemies of man. I welcome this opportunity to enlist the interest of the pharmacists in the campaign against syphilis and gonorrhœa.

The changed attitude of the press—from fear even to print the word 'syphilis' to a position of first importance as a medium of public education—is a great, perhaps the greatest gain. Newspapers and periodicals of every type have coöperated with the American Social Hygiene Association in telling the public the simple hopeful truth about syphilis.

Radio, recognizing syphilis as a national menace and disregard of it as a disgrace, has coöperated with the ASSOCIATION in bringing the voices of such

leaders as Dr. Ray Lyman Wilbur, General John J. Pershing, Mrs. Franklin D. Roosevelt, Admiral Percevil Rossiter, Dr. Thomas Parran, Dr. William F. Snow and many others, to the people of America in nationwide broadcasts on social hygiene.

To these major avenues of public information must be added the motion picture, for in spite of certain restrictions, movies on syphilis have been shown to millions of people.

By these avenues of information, by thousands of lectures and addresses, by many million pamphlets, exhibits and posters and cartoons, public opinion has been prepared for and has supported the advances which have been registered during the last five years. Thousands of businessmen's clubs, junior chambers of commerce, professional societies, church organizations, schools, colleges and women's societies, have supported the great national movement to stamp out syphilis. A high point was reached February 1, 1940, when more than 5000 meetings were held in every state of the Union in observance of Social Hygiene Day under the leadership of the American Social Hygiene Association.

During the past years legislative and scientific advances have been reported. Federal grants and aid to states have been provided for three years, and these probably will be continued. Law enforcement activities have been successful in many communities and many new voluntary groups have been organized. The change in public attitude probably is the greatest gain. The venereal diseases now are discussed by people as they should be—just as are other diseases.

A recent study by the American Social Hygiene Association, indicated that one in twenty has syphilis. Examination of 4,000,000 people in 200 scattered and diversified groups revealed this. Venereal diseases still greatly exceed the prevalence rates of tuberculosis and infantile paralysis.

The public must be impressed that syphilis in a high percentage of cases can be cured, but also impressed that it is not a disease which yields either to nostrums or self-treatment. Discovery and care of syphilis involves highly technical medical procedures, and this fact is not yet appreciated by many people. The best offense against venereal disease is knowledge of the scientific truths, which really are very simple.

How about syphilis as a cause of death? What part does it play in the mortality rate of the country? In the last published mortality statistics for the United States just under 12,000 deaths are recorded as caused by syphilis. This is entirely misleading, inasmuch as most of the deaths caused by syphilis are recorded under other classifications. It is only when we sift out these causes and put them where they belong that we get any idea of the high rank of syphilis as a cause of death. Locomotor ataxia and general paralysis of the insane are manifestations of syphilis. It is estimated that at least 10 per cent of deaths from diseases of the heart and blood vessels, probably an equal per cent of deaths from

diseases of the nervous system, a considerable proportion of deaths in early infancy, and many deaths from the kidney, liver, stomach, and other vital organs are chargeable to syphilis, making an annual total of approximately 100,000 deaths. If we add stillbirths caused by syphilis, not included in mortality figures, the total would be even higher. Syphilis is easily one of the greatest killers—comparable with heart disease, cancer, pneumonia and tuberculosis.

A single illustration must suffice to indicate the enormous economic loss entailed by syphilis. The relief department of a railroad company requested physical examination of 300 employees because of unsatisfactory diagnoses, especially in cases characterized by delayed convalescence and prolonged disability. In 35, or about 12 per cent, syphilis was found. The physician in charge commented, 'The total amount of time lost by these 35 employees was 13,946 days. The cost in relief and compensation was \$48,711.' Wages lost by infected men themselves, to say nothing of the cost to employers for compensation, relief and medical attention represented a staggering total in dollars.

Syphilis presents the greatest challenge in public health to-day and in some ways the greatest promise for notable achievement in conquering it.

In an average year the baby crop in the United States totals around two million. Red and wriggling, and usually yelling lustily, for being born is hard work, they struggle into the world to join the hundred and thirty million of us already here, and with good luck, to make their way through the joys and sorrows of childhood and youth to the deeper satisfactions and perplexities of maturity.

But whatever their estate in life, rich or poor, high or low, town or country, this newest generation has the right to at least one common heritage—that of health.

Medical science in recent years has devised such effective ways of protecting child health that many more babies now receive this heritage than formerly. From the moment that the doctor drops nitrate of silver into the eyes of the newborn baby to prevent 'sore eyes' or ophthalmia neonatorum, as it is scientifically known, and possible blindness, safeguards are thrown around the young child's health, even in remote rural areas where perhaps the only medical adviser is the Negro midwife or the district public health nurse.

Syphilis, while becoming increasingly recognized by the public as a dangerous health enemy, is still not understood by many people. This is particularly true of congenital syphilis. Few persons realize that this is one of the largest single causes of thousands of early infant deaths, stillbirths and miscarriages.

The majority of these infected babies, who are born alive, die early in childhood. Wasted and deformed bodies, skin rashes, ugly sores, disfiguring teeth, blindness, deafness, paralysis, impaired mentality and other manifestations similar to those

which appear in the adult forms of the diseases are the lot of those who survive. These cases are especially distressing because such signs and symptoms cannot be distinguished by parents from those caused by other diseases. This confusion often leads to unnecessary worry and unfortunate results; on the other hand it frequently results in ignoring the conditions, to the serious detriment of the children concerned.

These tragedies are needless—because congenital syphilis can be prevented; and even after infection has occurred cure may be achieved. If every mother received a blood test in early pregnancy, if every pregnant woman who is found to have syphilis had adequate treatment, congenital syphilis would soon disappear. If every child born with syphilis received prompt, sound treatment, the lives and health of the great majority could be preserved.

Public opinion demanded an aggressive program of action. Striking first at congenital syphilis, public opinion caused the passage of laws intended to prevent the transmission of syphilis to unborn children.

Laws requiring premarital examinations were passed by 20 states, Virginia being the most recent state to pass a premarital law. Such laws are intended to protect marriage from syphilis. Laws requiring prenatal examinations have been passed by 18 states. These laws are intended to discover syphilis in expectant mothers, and to provide the opportunity for the treatment which prevents congenital syphilis. In this movement the American Social Hygiene Association not merely furnished encouragement but through its consultants supplied from its wide experience exhaustive data of both medical and legal natures.

Recognizing the need for federal aid, public opinion, guided by the ASSOCIATION, caused the United States Congress to appropriate \$3,000,000 for 1938-1939 and \$5,000,000 for 1939-1940 to aid the states in their fight against syphilis. The Senate has now passed an appropriation for \$7,000,000 for the year 1940-1941. These appropriations have stimulated activities in the states, but Surgeon General Farran gives this warning:

'It is necessary to point out, however, that the money appropriated by federal, state and local governments plus the funds made available by various philanthropic and other agencies, does not yet approximate the estimates considered by medical and public health experts to be necessary for the most effective public health campaign against syphilis and gonorrhoea.'

Gonorrhoea, is one of the most formidable and wide-spread of all the scourges to which mankind is subject. One authority, writing on gonorrhoea recently says: 'There is probably no sadder phase in medicine than that presented by gonorrhoea in women.'

The seriousness of gonorrhoea, its far-reaching effects in human misery and in social and economic

harm, have come to be recognized, even among the medical profession, only in modern times, particularly since the discovery of the causal organism, the gonococcus, by Neisser in 1879. The man on the street has usually looked at gonorrhoea as a not very serious malady, not more so than a bad cold, for example, one that many people must have and go through with, and which can be mostly left to cure itself. While in recent years the dangerous character of this disease has come to be better and more widely understood, the old misconceptions still prevail extensively, especially among the least informed groups of society, and this fact remains a formidable obstacle in the way of bringing infected individuals under needed medical care.

Every case of gonorrhoea requires prompt and expert medical attention for the safety of the patient and for the protection of others against infection.

While it is difficult to secure reliable data as to the prevalence of gonorrhoea in the United States to-day, it is known that it stands among the most frequently occurring of the contagious diseases. It is believed, on the best available evidence, that gonorrhoea among males of army age is two to three times as prevalent as syphilis. For the general population the evidence indicates a somewhat smaller ratio. Taking twice the prevalence as a fair estimate, this would mean at least 13,000,000 gonorrhoeal infections at any one time. In a group of nearly 100,000 enlisted men stationed in the United States, it was found that the average loss of time for sick leave per 1000 men was greater for gonorrhoea than for any other disease.

In an effort to find out what the man in the street knows and thinks on the subject of treatment for syphilis and gonorrhoea, 1156 men in all walks of life were interviewed in the street, in parks, in pool-rooms, and in other places of casual contact. Each man was asked, 'Where do you suggest I go to get fixed up for a . . . (colloquial for venereal disease)?' Of these, 65.4 per cent advised a drugstore remedy or self-treatment, while 31.4 per cent said, 'Go to a good doctor, or . . . clinic.' The remainder, 3.2 per cent did not know, or gave no advice. It is interesting to see how this picture compared with a similar one for 1933, in which year 2175 were similarly questioned. Of these, 57.3 per cent gave 'bad advice.' As before, about 3 per cent ventured no opinion. This comparison between the two studies would seem to show, despite the intensified anti-syphilis campaign of recent years, that a considerably smaller percentage gave good advice in 1939 than in 1933. Conversely, the man in the street seemed to know less in 1939 than in 1933 about where to go for diagnosis and treatment. Obviously, a huge educational task yet remains to teach the general public not only the facts about syphilis and gonorrhoea, but also the necessity of seeking qualified medical care.

We may ask first, 'Are people conscious of the problem of syphilis?' In the expression of to-day the answer is 'I'll say they are.' At last nearly

every adult has heard about syphilis. They know it is bad and they are against it. Not in the memory of anyone with whom I have talked, has there been such a dramatic and spectacular widespread wave of popular interest and publicity regarding a health problem. Public interest is shown in numerous ways, such as demand for state legislation, overwhelming support of federal legislation to supply funds for fighting syphilis and gonorrhea, the great success of National Social Hygiene Day and numerous other indications.

The consciousness of the problem is reflected in demands for more information about syphilis and gonorrhea. These demands have come to many agencies including the American Social Hygiene Association. An analysis of 1000 questions in 701 letters received by the Association's confidential medical advisory service showed that letters came from every state in the Union and from several foreign countries. The volume of letters is roughly in proportion to the population of the states. They came from all sorts of people but mainly from the poor and semi-literate. More women and girls than men and boys asked for information, in the ratio of 56 females to 44 males. All sorts of questions are asked but nearly half (48) ask for general information regarding syphilis and gonorrhea, the cause of these diseases, how they spread and what to do about them.

Hundreds of requests for more facts come after every widespread effort to teach the public the necessary truths, but most after articles or stories in magazines which are read most widely by people whose formal educational level is not very high. There is no doubt that the public is conscious of the problems of syphilis and gonorrhea, but they want much more information.

In spite of the great progress made in public health, medical quackery still flourishes, the exploitation continues of the ignorant and credulous sufferer particularly the victim of syphilis and gonorrhea, and into the pockets of the pseudo-healers pour hundreds of thousands of dollars annually.

The American Social Hygiene Association has deemed the question of sufficient importance to include in several of its community surveys a study of the activities of advertising venereal disease 'quacks,' 'remedy companies,' and other charlatans, also to find out to what extent druggists sell remedies for the self-treatment of venereal diseases or counter prescribe for such disease. A recent survey made by the investigators of the Association seems to prove that unethical and unqualified practices in the diagnosis and treatment of venereal diseases is more prevalent now than it was five years ago.

Instead of less, there appears to be more exploitation of victims of syphilis and gonorrhea, more self-treatment, more ignorance as to where to turn for proper medical care, if infected. At least as many quacks and unqualified practitioners are robbing the ill now as six years ago.

In 1912 in Portland, Oregon, a man killed a quack doctor who had taken advantage of the sick man's ignorance. The public agitation over this act led to the cleaning up of quackery in Portland. In October, 1939, as if again to dramatize this great problem, there was repeated almost the identical tragedy which 27 years ago shocked Portland into action. In a great eastern city a hard driven victim of a quack finally turned on his exploiter and killed him. There is strong evidence that the same evil conditions in dozens of American cities might lead to similar tragic events.

The pharmacist is not only called upon as a professional man to help in this fight against these great scourges of mankind. As community leaders, voters, citizens, and parents, pharmacists can help in many ways.

Pharmacists have an opportunity second only to that of physicians to aid the fight against widely prevalent and dangerous syphilis and gonorrhea. During the quarter century of the American Social Hygiene Association's ceaseless battle against these twin evils, many pharmacists over the country have personally and professionally thrown the weight of their knowledge and influence behind the task. As the campaign developed from humble beginnings, pharmacy held a key position in the maneuvers. To-day new hope for success is appearing and pharmacy has a large part in the modern program.

Recent federal appropriations for aid to the states in combating syphilis and gonorrhea reflect the kind of large scale progress being made. But huge and important tasks still remain for citizens and voluntary societies. Pharmacists have here the opportunity for greater service in the inevitable conquest of these wasteful and preventable diseases.

It is known from recently completed studies that most pharmacists are already conforming to the ideas of good practice which are fairly standard. Others may be persuaded to assist when they realize the urgent need for their help in the common fight against syphilis. Very few will permit a selfish motive to stand in the way of saving life and health and preventing suffering and economic loss.

The many opportunities for service may not be clearly understood by all pharmacists. Briefly described is the help which health authorities and social hygiene societies desire from pharmacists and their assistants, and an explanation of why this help is important to victims of syphilis and gonorrhea, to their families and to their communities.

There are seven principal contributions which the pharmacist can make in assisting the health and welfare forces in their community in the conquest of syphilis and gonorrhea. Summarily, these points are as follows: Don't diagnose; don't prescribe; refer patients to physicians; don't sell 'patent remedies' for the self-treatment of venereal diseases; don't sell defective prophylactics; distribute informational literature obtainable from health departments, concerning syphilis and gonorrhea.

rhea; and get the pharmaceutical society to give valued help as a body of professional men.

The diagnosis of syphilis and gonorrhea or other venereal disease' is a complicated procedure and not the least of the reasons why it should not be attempted by the pharmacist is that the inquirer may describe various, misleading symptoms.

1. He or she may admit illicit sex intercourse and state that a sore appeared on or near the genitals or that a rash appeared on the body. The first lesion of syphilis may appear almost on any part of the body but especially on the genitals and on the lips or in the mouth. Any 'sore' that does not heal promptly should be suspected. The rash may be slight or marked and may closely resemble almost any skin condition. Other syphilis sufferers complain of sore throat, 'pain in the bones' and general feeling of lassitude. These could be descriptions of early syphilis which is highly infectious. If such cases are not given immediate modern treatment the disease is likely to spread to others, while the patient may miss the golden opportunity for cure. Correct diagnosis can only be made with the aid of darkfield examination, blood test and clinical examination.

2. He or she may complain of a discharge from the genital organs in which case gonorrhea must be considered. Diagnosis of gonorrhea is aided by microscopic and culture studies and by clinical examination. Unless the condition is properly treated the disease may spread to others and develop serious complications for the patient.

3. He or she may complain of an ulcer or a swelling in the groin. This may be syphilis or chancroid or granuloma inguinale or lymphogranulomatosis venereum. Only careful study by a physician can lead to a correct diagnosis and the opportunity for cure, and prevent the spread of disease, for all are infectious.

After a correct diagnosis has been made, there is a special and appropriate treatment which can only be given by a physician. No other treatment is safe and effective. Obvious harm to the patient, his family and the public can result from erroneous prescriptions in the treatment of syphilis, gonorrhea or other venereal diseases.

All applicants for advice regarding possible infection with syphilis or gonorrhea or for drugs for the self-treatment of these conditions should be referred to the physician.

So-called 'venereal' infections are dangerous communicable diseases which can be properly diagnosed and treated only by a physician. Modern treatment can render these diseases non-infectious, can cure most cases and alleviate suffering in all cases.

'Patent remedies' for the self-treatment of syphilis or gonorrhea, even if applicants ask for them, should not be sold. The pharmacist knows that these 'remedies' are worthless and that they may cause the applicant not only to waste his money but to

miss an opportunity for early cure. Furthermore, such 'remedies' do not stop the spread of infection, and the patient may unwittingly give the disease to others.

An important service lies in keeping on hand a stock of pamphlets on syphilis and gonorrhea and giving one to every applicant for advice regarding these diseases or for drugs for their treatment or for prophylactic articles for their prevention. Most city and state health departments provide pamphlets written in simple language for free distribution to the public. If a pharmacist has difficulty in obtaining a supply, he is invited to write to the American Social Hygiene Association which will endeavor to find means of providing printed matter. Posters and small exhibits in drug stores have materially aided in the instruction of the public regarding these and other health menaces.

A movement in the professional society to encourage 100 per cent coöperation with health agencies in stamping out syphilis and gonorrhea is of inestimable value to the campaign. Resolution in support of reforms and the maintenance of high professional standards may be passed at stated meetings; talks and other educational devices may be provided to arouse the interest of all members. It is realized that only pharmacists themselves can make this coöperation truly effective. Only self-imposed and self-enforced standards will be fully observed.

The formation of the Joint Committee of the American Social Hygiene Association and the AMERICAN PHARMACEUTICAL ASSOCIATION to further coöperation between the physicians and pharmacists of the country is an excellent beginning. Recognizing the importance of informing the druggists of the country in which ways they can best coöperate in the campaign, the joint committee will join in educational activities with state pharmaceutical societies and some 60 schools of pharmacy. I recommend the formation of a venereal disease control committee in each State Pharmaceutical Association to coöperate on one hand with health departments and social hygiene societies, and on the other with the Joint Committee in fighting syphilis and gonorrhea. The control of syphilis and gonorrhea is a public health problem which requires for its solution the inclusion of the pharmacy groups. The pharmacists have helped in the past, but now more than ever their help is needed. There is a need to study and adjust the problems arising between pharmacists, health authorities and the medical profession. A joint committee between the state medical and state pharmaceutical group is suggested to facilitate coöperation.

Pharmacists and physicians have a special responsibility for the public health. It is most encouraging to realize that the great professional body of the pharmacists is conscious of this responsibility and is willing to aid such citizen groups as the American Social Hygiene Association in its fight against syphilis."

At the conclusion of the address, President DuMez thanked Dr. Clarke for his very informative address and for pointing out to pharmacists how they can play a really effective part in the program for the control of venereal disease in our country.

After several announcements were made, the Session was adjourned.

SECOND GENERAL SESSION

The Second General Session was convened at 10:00 A.M., Thursday, May 9th, by President DuMez.

MEMORIAL SERVICES.—Chairman J. Hampton Hoch, of the Section on Historical Pharmacy conducted the Memorial Services.

“Since last we met some of our cherished members and friends have passed on to that bourne from which no traveler returns. Let us not grieve too much over their departure. Rather let us take pride in their achievements and here express our gratitude for being the recipients of their collective inspiration. To have known them while they were among us was a high privilege.

Dr. Oran Lee Raber, plant physiologist, died February 29; Dr. Rodney H. True, botanist, died April 8th; Prof. A. B. Stevens, educator, died January 24th; David Costello, retail pharmacist, died December 5th; Dr. Alexander Tschirch, outstanding pharmacognocist, died December 2nd; James A. Black, retail pharmacist and manufacturer, died March 21st; Dr. Bernard Fantus, physician and N. F. worker, died April 14th; Mrs. J. G. Godding, contributor to the AMERICAN INSTITUTE OF PHARMACY, died April 10th; Dr. A. H. Peters, instructor in pharmacy, died July 19th; George W. Tuft, organizer and executive, died October 14th; Elecrantz Thor, member of the Royal Institute of Pharmacy, Stockholm, died April 3rd; Henry Thomas Hicks, retail pharmacist, died January 24th; Robert T. Beddoe, retail pharmacist, died January 24th; Paul Pearson, retail pharmacist, died May 1st; William Horlick, Jr., manufacturer, died January 4th.

Perhaps there are others who have inadvertently not been named. To them as well we are assembled to pay tribute. The benefactions and services of our departed friends and colaborers to us as individuals, to our ASSOCIATION and to our profession, leave us indebted to them although heirs of their fruitful endeavors. In token of our debt and as a mark of respect to their memories, let us please stand for a moment in silent reverence.” . . . The audience arose in tribute to the memory of the departed members.

The minutes of the First General Session were read by the Secretary and approved as read.

LETTER.—President DuMez read the following letter which Dr. Edward Kremers had addressed to him.

“When it became known that the A. PH. A. would meet in Richmond in 1940, I took pleasure in planning a revisit of that delightful city of the Old South. To my great regret these plans have come to naught.

After the Convention for the Revision of the U. S. Pharmacopœia of 1900, those members who expected to attend the Richmond meeting left for Old Point Comfort to spend the week end. Kaufman, Beal, Dye and I among them.

The following Monday we left for Richmond in time for the Southern Veterans' reunion. Thus at the very outset the chivalrous ‘boys in gray’ gave us a taste of what was left of the Old South. Later, during a picnic supper at one of the country clubs, we listened to spontaneous negro songs as the performers squatted on the lawn in our midst. All in all, it was one of the most interesting meetings of our national ASSOCIATION.

Albert B. Prescott was *President*. Samuel A. D. Sheppard, *Treasurer*; Chas. Caspari, Jr., *Secretary*, C. Lewis Diehl, *Reporter on the Progress of Pharmacy*, and T. Ashby Miller, *Local Secretary*. All of them belong to a past generation, stalwart members of our A. PH. A.

Looking over the names of those who attended the Richmond meeting forty years ago, I cannot identify all. Most of them have joined our officers of that year. However, I recognize a few who are still among the living. There is James H. Beal, then of Scio, Ohio; E. G. Eberle, then of Dallas, Texas; Jno. W. Gayle, then as now of Frankfort, Ky.; Joseph Helfman, then of Detroit, Mich., retired these many years to California; Lyman F. Kebler, of Philadelphia, but for many years of Washington, D. C.; Julius A. Koch of Pittsburg and Florida; Chas. G. Merrell of Cincinnati. I had hoped to see all of them at Richmond this beautiful month of May.

‘Behuet dich Gott, es waer’so schoen gewesen.
Behuet dich Gott, es hat nicht sollen sein.’

Coming so shortly after the Put-in Bay meeting, misgivings had been expressed as to the possible success of the meeting. True less than 150 members attended and the Secretary reported a falling off in membership. But, as I wrote in an editorial on the meeting in the *Pharmaceutical Review* for the next month: ‘The value of our annual gatherings is not to be measured wholly by the numbers in attendance nor by the number of papers read or by the striking character of a few of them. As a matter of fact, the importance of a gathering cannot well be estimated at the time of the meeting or immediately thereafter. We may, at the time, be unduly impressed with the importance and what we suppose to be the far reaching character of a paper or transaction, while a less attractive measure may bring unexpected permanent results. The one great

advantage of such gatherings is the coming together of men and women from all parts of the Union.'

Before calling on the President to deliver his address, Vice-President Lewis C. Hopp read a message from Dr. Frederick and Mrs. Marie Hoffmann, then in Berlin, who had attended the Richmond meeting of 1873.

Having thus linked the previous meeting with that of 1873, permit me to extend greetings and best wishes not only to the few survivors of the meeting of forty years ago, but also to those of the present generation upon whom we, the old timers, depend when we look into the future of American pharmacy."

Chairman Ford of the House of Delegates reported the proceedings of the First Session of the House held on Wednesday forenoon and the report was received. (See proceedings of the House.)

COMMITTEE ON MAINTENANCE.—The Secretary read the following report from the Committee on Maintenance. The report was received for publication.

"Accounts of the Headquarters Building Fund and of the Maintenance Fund are kept separately. Payments on subscriptions to the former amounted to \$13.32 for the year ending April 1, 1940. Subscriptions to the latter total \$301,175.29, of which \$102,500.00 represents two bequests in wills to be paid later, leaving a difference of \$198,675.29. Of this amount \$177,417.79 has been paid and the remainder represents recent large donations to be paid over a term of three years. Cash balance in the Maryland Trust Co. amounted to \$53,811.85 on April 1, 1940.

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 and 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, Md. at 3%. Further reductions have been made in the operating expenses of the INSTITUTE during the year, which expenses are paid out of the current income of the ASSOCIATION. The interior has been repainted this year, Venetian blinds installed and some general repairs to the exterior made.

The ASSOCIATION is exempt from general taxation but subject to taxes under the D. of C. Unemployment Compensation Act and under the Federal Social Security Act, which amount to 1.3% of the salaries paid by the ASSOCIATION. The rate will not increase but the total will as the personnel is enlarged and salaries increased.

The Committee has cooperated in the operation of the Reference Library, the Museum and the Laboratory. A number of interesting and valuable contributions have been made to the Library and Museum. Reference should be made to the Stabler-Leadbeater Pharmacy in Alexandria which is being

operated as a Museum by the Landmarks Society of Alexandria which organization owns and has restored the building in which the pharmacy has been located. This pharmacy is visited by an increasing number of persons and serves as a definite unit of our Historical Museum. The Committee is studying the operation of these three units and will be prepared to cooperate in securing a continuation of the subscriptions now in force.

The Committee is prepared to cooperate in establishing other units in the INSTITUTE as they may become necessary or desirable.

Plans for erection of the War Department Building nearby have been completed. Plans for the Navy Department Building, which will be adjoining, are not completed. It is expected that part of the present Navy Hospital buildings will be removed leaving this space as a park. When all improvements are completed, and the temporary War and Navy buildings on Constitution Avenue removed, the surroundings of our site will be improved in every direction.

The Committee emphasizes the necessity of increasing active membership to add to the current operating income, and of building up the Maintenance Fund in order that other services may be developed.

The importance and value to pharmaceutical progress of the activities carried on by the A. PH. A. in the AMERICAN INSTITUTE OF PHARMACY should be made known to those who have funds or objects to dispose of and they should be encouraged to give them either directly or by bequest to the ASSOCIATION."

COMMITTEE ON REVISION OF THE U. S. P.—Chairman E. F. Cook read the following report and at its conclusion President DuMez thanked Dr. Cook for the very informative and interesting report.

"It has been one of the policies and privileges of the Chairman of the Revision Committee of the Pharmacopœia to appear annually at one of our general sessions and make a report, informal, it is true, but nevertheless, in the opinion of the Chairman, a very important report of the progress of the Pharmacopœial work through the preceding year. And this year it gives the Chairman particular pleasure briefly to present the report of the decade just closing.

The Pharmacopœia during this decade has passed through a period which has truly been revolutionary in its history. From the day the new Committee was organized, there was in the offing the problem of a new Food and Drug Act which was agitating every group with any relationship toward Pharmacopœial affairs, or drug standards. The pharmacists were tremendously involved. They realized that here were the possibilities of their profession being given an entirely new and significant authority under the Act. The medical profession was conscious of the need for new standards and for new

methods of enforcing these new standards. Here for the first time there had been awakened in the United States a realization of the importance of governmental control over many of the practices in both the medical and pharmaceutical professions and in the public health program of this nation. Congress was ready after this very extensive nationwide propaganda to do what was essential.

The Food and Drug Administration prior to that time had been handicapped both by the official law and by inefficient and inadequate enforcement funds; so the Pharmacopœia stepped into this field at a time when it was of tremendous importance that it should prove that its democratic method of procedure and its capacity to do a scientific job were adequate, because here was an instance in world history when a group entirely independent of government control, influenced only by professional ideals, was operating and functioning. This independent corporation, as it was referred to by leaders in medicine, was establishing the standards for the essential medicines of this country, and a question arose whether that was either constitutional, or whether it was wise or possible in this scientific generation. Therefore, the Pharmacopœia was placed in the peculiar position of either accepting the activities of those who did not believe the Pharmacopœia should function as it had democratically in years gone by, or of quite materially altering its program, a program established for one hundred years.

There were very able persons in this country who believed that there was great virtue in a stabilized Pharmacopœia—standards for ten years and no change in those standards. This insured certain confidence in the book itself, in their opinion; it saved the changing of labels at great cost to the producer.

The Pharmacopœia for years had maintained essentially that program. It became necessary to completely revise its methods of procedure, and again through reverting to the wisdom of the founders of the Pharmacopœia, and particularly Dr. Lyman Spaulding, the machinery that had been established at that time, had been confirmed by succeeding Conventions.

To indicate the rapidity with which science has forced change in the Pharmacopœia, I might mention, that in 1926 when the Pharmacopœia X was made official, no one knew there was such a thing as vitamin D from the standpoint of its name. Vitamin A was known to exist and there was known to be a so-called anti-rachitic factor which was mentioned in the Pharmacopœia. By 1930, the situation had advanced to a point where it was necessary to issue what was known as an Interim Revision Announcement, the first of its kind in Pharmacopœia work. The Pharmacopœia demonstrated that it was flexible enough, virile enough, and was scientifically established to issue without delay of more than a few months a standard for vitamin A and vitamin D which was adequate.

Furthermore, becoming prepared in a year or two through the coöperation of the very splendid Advisory Board, to set the standards in this country, not only in methods of procedure and in official position, but also to release reference standards. It may interest you to know that reference standards have been distributed by the Pharmacopœia during the past decade, chiefly in the past five years, to the extent of more than 10,000, the sale of which has brought to the Pharmacopœia about \$15,000 increased income. This was a very important factor in maintaining our finances, but it was not done from a financial standpoint because no one dreamed that there would be financial return from this program. It gave stability and opportunities for uniformity in potency and standard for a large group of very important medicines: digitalis, ergot, pituitary, some of the important new hormones, estrone, the gonadotropic hormones and pepsin.

I mentioned vitamins briefly, but after we give consideration to the enormous and splendid service which the sub-committees of the Pharmacopœia have rendered officially in changing or revising the standards, not only in the initial Pharmacopœia but in the Supplements to maintain them up to date, we then discover the notable developments of the Pharmacopœia. The first one organized was for the preparation and standardization of vitamins A and D, and other vitamins. It was first considered as a possible governmental advisory program. The Bureau of Chemistry and Soils when approached said, 'We are completely organized to handle the vitamin work if you care to have us do it. We are doing it for many other organizations, but this will cost under the stabilized program \$7000 a year and the services of a full-time and well paid scientist with laboratory facilities.' This would have meant in the decade \$70,000 of cost to the Pharmacopœia.

The program consisted of first selecting for this Advisory Board as Chairman a member of the Committee of Revision, secondly, a person who was affiliated intimately and actively with the Council on Pharmacy and Chemistry of the American Medical Association. In this particular instance, Dr. Mendell was selected as the member of the Board, not appointed by the Council of Pharmacy and Chemistry of the A. M. A., but appointed and selected by the Pharmacopœia, because he was their representative in the Council on Pharmacy and Chemistry of the A. M. A. At Dr. Mendell's death, Dr. Nelson was put in that place. The three other members of the Board in each instance have been outstanding authorities, usually internationally known in the particular field involved. These five members of the Advisory Board have been functioning entirely voluntarily and rendering a service which is incalculable in its influence and its effect.

Subsequently other boards were organized. The second was the Anti-Anemia Board for standardizing anti-anemia preparations. There was no

biological procedure, there was no method of standardization known to science, but the program consisted of selecting five men, all notable authorities in the field, Dr. Palmer representing again the Council on Pharmacy and Chemistry, Dr. Minot, the Nobel Prize winner, for discovering anti-anemia preparations, and Dr. Isaacs, Assistant Director of his institution and responsible for three large clinics, one at Ann Arbor, one at New York and one at Boston, where they could observe constantly the effects of anti-anemia preparations. The manufacturers submitted products with clinical evidence of their potency and the Board decided whether the product was permissible, whether it was suitable for recognition by the Pharmacopœia, and which potency the manufacturer could place on the label. The Board announced that they would not consider potencies more concentrated than 15 units per cc. although manufacturers were prepared to offer 50 units and that they would accept no compound preparations although some had been widely accepted as proper and wise. They also set the standards for the procedure which they published widely. The government accepted this, the Council on Pharmacy and Chemistry accepted it in full, and in the 1940 Revision New and Non-Official Remedies, the anti-anemia preparations were presented to the Advisory Board and received their approval. This has revolutionized the whole situation and has rendered a service to the physicians of the country, and the sick, which is incalculable.

The next group that was organized was the hormone group. This group is meeting in Washington on next Monday for a full-day's session. There will be probably thirty of the leading hormone authorities in the United States present to discuss the recommendation of a series of assay studies for the establishment of acceptable assay procedures for estrone, androsterone, progesterone, estradiol benzoate and for probably the gonadotropic hormones, and others not yet standardized from the standpoint of assay by the League of Nations which is very interested in the activities of this program.

The Food, Drug and Cosmetic Act provides that should there be certain inadequate or unsatisfactory standards in the Pharmacopœia, or there is need for other standards which are not in the Pharmacopœia, the Secretary of Agriculture, or whoever the official would be, is required to call the attention of the Pharmacopœia Revision Committee or the N. F. Revision Committee to the need for such standards or such changes, and if these committees should not prepare the standards within a reasonable time, or should not prepare satisfactory standards, then the Secretary of Agriculture is empowered to prepare the standards.

This was a challenge to the Pharmacopœia which has been taken up fully and with a great sense of responsibility, and so far with a remarkable degree of success. The first real problem handed the Pharmacopœia was the standardization of surgical

supplies. The Pharmacopœia has organized a special Board for this purpose. Upon it are men selected by the American Medical Association, the American College of Surgeons, the Surgeons General of the Army, the Navy and the Public Health Service, and the five members are outstanding men in the medical and surgical field.

This group invited representatives of every interest: the American College of Surgeons, the American Medical Association; twenty-one surgical societies; the Army, the Navy and the Public Health Service; the Food and Drug Administration; the manufacturers of sutures and other products which organized a special committee to advise this Board; and the American Drug Manufacturers Association which appointed a special committee for cottons and gauzes and bandages. The representatives of the National Formulary and the AMERICAN PHARMACEUTICAL ASSOCIATION were invited into all of these conferences. They had many common problems in this series of sterile products.

They are given an opportunity to express their opinions. The Board has, however, to reach the final decisions and then to recommend those to the Committee of Revision for adoption. This democratic procedure has resulted in a unanimity of agreement and standards for products, surgical sutures, and now for silk sutures, for absorbent cotton, its fiber length and sterility, bandages, gauzes and many other products of the surgical field which heretofore have never been standardized adequately.

The life of the patient may depend on whether a suture can be absorbed in four days or ten days or twenty days. Surgeons on this Board have stated that their interest in this problem came from the fact that intimate friends have died as the result of operations in which sutures disintegrated as they should not have disintegrated. Dr. Meleney five years ago set up methods by which he tried to establish this, but it could not be established because of inadequate research facilities. The Surgeon General of the Army has taken great interest in this problem and has appointed one of his lieutenants—incidentally the first pharmacist appointed under the new law into the Army—Lieutenant Nelson for a full year to devote his exclusive time to the study of this one problem. Furthermore, the Surgeon General has given the laboratory facilities in Brooklyn for this study and it is being directed by Dr. Meleney. It is believed that at the end of this period, this one problem that has hampered surgeons and been responsible for very serious consequences in operations, will be thoroughly worked out and made an official method of procedure.

Digitalis collaborative studies, collaborative studies in vitamin A, vitamin D, vitamin B₁ in the ergot program, and many others, have been part of this striking development in Pharmacopœial work.

I have already mentioned reference standards, but it seems to me that has been one of the notable developments, and in this field there are recommendations now which should be tremendously significant in other fields, in other departments of Pharmacopœial work. Specific recommendations have been made by the chemical group that reference standards of official chemicals shall now be set up and distributed by the Pharmacopœia, so that melting points and other physical tests, and even other chemical tests, can be checked against reference standards. This promises to be a very important development.

I think the next notable development of the Pharmacopœia in this decade is the manner in which publicity has been given to all of its program.

The circulars which carry the ultimate results of the sub-committees have been widely distributed to many centers in the country, in addition to the members of the Committee of Revision.

Then the Convention required that the abstracts of proposed changes should be published in the press. It is impossible to properly present the changes in the Pharmacopœia by this procedure. I trust that provision of the Convention will be altered because no one can prepare a description of what has been done in a chemical test and know exactly its efficiency since every step in the test must be carried out to know whether it is satisfactory or not. So that phase in my judgment is entirely inadequate. However, abstracts of tests were published in the *A. PH. A. JOURNAL*, and 700 reprints were distributed to anyone who asked for them, and to the pharmaceutical press.

The next step was even more important. Two hundred fifty sets of page proof were sent to that many persons throughout the country in order that they might see the last word that was proposed. You can appreciate how helpful it was to have at least 250 persons study these proofs.

The abstracts of changes in Supplements were not issued because this method had been shown to be entirely inadequate, but in its place a public hearing was announced in Washington in the public press and anyone interested was invited to attend. Over 120 persons came. The proofs had already been distributed and everyone in that group had the privilege of asking where changes were made, recommending other changes, discussing with the Revision Committee frankly and freely every problem involved. This I consider the ideal method for publicity, and I trust it will be extended through all Pharmacopœial work in the future.

Extending information to physicians has been one of the real accomplishments. Early in the revision a committee of six was appointed, three physicians and three pharmacists, to work out the program of extending information to physicians. They selected the most important diseases which the physician is required to treat and invited the leading clinicians in the United States to present articles on the drug treatment of these diseases.

Fortunately, the Committee was able to secure the coöperation of the American Medical Association which agreed to publish the articles in its *Journal*. Out of the twenty-six physicians who had been selected after extremely great care as being the outstanding men, or among the outstanding men in each of these clinical fields, in two weeks twenty-two of the twenty-six had accepted without any thought of remuneration of any kind.

These articles had to receive the approval of the Committee of the Pharmacopœia and the approval of the Council on Pharmacy and Chemistry of the A. M. A. before they could be published. The first series of twenty-four have now been published in the *American Medical Association Journal* and have been published in book form by the A. M. A. and are now available to anyone who wishes to buy them. They are being sold at the rate of 500 a month, which means five or six thousand a year. They are being used as textbooks in the medical schools throughout the country and by interns in the hospitals, and they are recognized as definite therapeutic contributions to the treatment of disease in this day.

So satisfactory and gratifying was this program that a second series were proposed and accepted by the American Medical Association, have been written and are in the hands of the A. M. A. Some have been published, and they are making a significant impression upon the medical profession with respect to the use of official products and non-official products.

One object in preparing this series of articles was to check the scope. The physicians who were asked to write these articles were told they had an absolutely free hand; they could select any medicine known in the world if in their judgment it was important therapeutically. They proceeded on that basis. The manufacturers, the physicians, the pharmacists understood it, and it was the intention of the Committee on Scope when these eminent physicians had determined what was the most important medicines to use in that great field of forty-eight different important therapeutic problems, the most important diseases known in the world, to consider all of the items which were not in the U. S. P. XI for possible inclusion in the U. S. P. XII.

It may interest you to know that the first twenty-six of these articles were analyzed. It was found that 340 U. S. P. XI items were named over 1100 times in different forms. This represented essentially 70 per cent of all the items named. As I remember, 10 per cent of the items named were in the National Formulary, about 7 per cent in the New and Non-Official Remedies, and about 7 per cent not in any established book.

The unlisted group have all been placed before the Sub-Committee on Scope and ten of the twenty-one members recommend the consideration of these for U. S. P. XII. They will be studied from the clinical standpoint.

In addition to the Pharmacopœia which has been published in Spanish by the Board of Trustees for four decades, this series of articles were translated by the Pan-American Sanitary Bureau and published in the Bulletin of that organization going to more than 10,000 pharmacists and health officers in the twenty-one Republics of this continent, and is now available in book form. There is a fine exhibit at the American Scientific Congress in Washington continuing all through this week, including these books in Spanish with a splendid 20-page index which the American Medical Association prepared, which are now on sale in Spanish-speaking countries.

As the result of the activities of the U. S. P. in offering to the Pan-American countries help in their medical standards, five countries have adopted the U. S. P. XI as their official Pharmacopœia: Costa Rica, Cuba, Dominican Republic, Nicaragua and Panama. Seven other countries are giving consideration to the adoption of our Pharmacopœia: Argentina, Bolivia, Ecuador, Peru, Chile, Honduras and Uruguay. This makes twelve of the twenty-one Republics of this continent that are using or are giving serious consideration to the adoption of our Pharmacopœia.

One thing that I wish to mention specifically at this moment is the remarkable response, the friendly response, of the great group of manufacturers of pharmaceutical products in this country to the Pharmacopœial program. They have been involved to a degree that no one can conceive. You have no idea what it has meant for these firms to change their practices and their labels on every U. S. P. product sold in the United States. For instance every suture now appears in a single glass tube, with a label inside of the tube. Every suture must be standardized, of course, for tensile strength, for diameter and all sterile.

Think of the tremendous changes in the vitamin laboratories of the country due to the requirements of the Pharmacopœia; in anti-anemia preparations, the requirement that every preparation shall be standardized only after clinical study. This program represents literally hundreds of thousands of dollars in changes in procedure, in labeling, in packaging, in specifications, by the firms in the last few years, and yet they have accepted them graciously in the interest of the sick and the public health. It has been a magnificent illustration of the scientific spirit and the coöperation of this group.

While the Pharmacopœia has only been able because of its limited funds to spend directly about thirty-six or thirty-eight thousand dollars in research, which incidentally is about four times the amount which was spent in any preceding decade, the manufacturers, in the collaborative assays, in checking tests, in giving coöperation in every field, have made contributions which run into the many hundreds of thousands of dollars. We have specific figures that various firms have suggested that it

has cost them to coöperate in these researches, which run now considerably above \$400,000 over the last five years, or the last ten years all together.

In my opinion, Pharmacopœial and National Formulary products will be increasingly used in this country. There are something like 3500 important hospitals in this country, that will in the very near future be under the supervision of a trained, registered pharmacist. I trust every one of them will be. Where pharmacists are in coöperation with the medical groups, the use of official medicines in those hospitals is rapidly becoming a requirement. This means a tremendous increase in the use of official remedies. Everywhere there is a county committee or a State committee responsible for the indigent, the programs have specified U. S. P. or N. F. medicines. This means that persistently and continuously there will be an increase in the use of these products, and therefore we must be particularly careful about the development of the scope of the Pharmacopœia. In the program of the pre-convention conferences in Washington next Monday which many of you I am sure are planning to attend, there will be many contributions from those who are interested in this development.

I want to speak also of the tremendous scope of the Pharmacopœial coöperation. No small group or any restricted area guides the destinies of the U. S. P. The facts are, the U. S. P. Convention of 1930 represented practically every state in the United States. This Convention elected officers, a Board of Trustees and a Committee of Revision to guide the destinies of the Convention during the past ten years. In this group of officers, Board of Trustees and Committee of Revision, there were twenty-seven states represented and thirty-two colleges and universities. The Executive Committee of Revision, consisting of fifteen members and the Chairman, represented ten states and thirteen colleges and universities.

I mentioned before there are 229 listed persons coöperating in the revision during the past decade, receiving many of the communications. In this group there were thirty-seven states represented and forty-eight colleges and universities.

In addition to those retaining their interest in the Pharmacopœia, the fact that into the Pharmacopœia have come persistently and continuously new workers is a most gratifying fact. The only way the Pharmacopœia can progress is to have new, virile blood constantly drawn into its program. I went through the records of the Revision Committee for the last three decades and find in 1910, 71 per cent had never served before and 71 per cent of the Board of Trustees were new in 1910. In 1920, 57 per cent of the Board of Trustees were new and 74 per cent of the Committee of Revision were new. In the current revision, 67 per cent of the Board of Trustees had never served before, and 60 per cent of the Committee of Revision were entirely

new to the program. Of the present Executive Committee of Revision, six of them had never served before and five had never been on the Pharmacopœia before. Two of the members who had never been on the Pharmacopœia handled over 50 per cent of the new revision, the chemical group. On the new and important Advisory Boards, 80 per cent had never had any affiliation with Pharmacopœia work before. They were selected because of their outstanding position as authorities in this field and they have served voluntarily and in a magnificent manner.

The Pharmacopœial financial situation is one which I know every one of you is interested in. We have faced in this decade a very serious problem. The depression affected the Pharmacopœia. It was a shock to me to discover this, but over 11,000 less students entered pharmacy colleges in '30-'40 than in '20-'30, and as I presume every college requires its first-year students to buy a Pharmacopœia, that is 11,000 less Pharmacopœias sold during this decade to students of pharmacy. The Pharmacopœia in the preceding decade sold to the extent of 110,000, both U. S. P. IX in the first part and U. S. P. X in the second part. In '30-'40, both the first part of the decade with U. S. P. X and the last part with U. S. P. XI, the sales were 80,000 or 30,000 less than in the preceding decade. That means 33 per cent less sales in this decade than in the preceding decade.

On the other hand, the Pharmacopœia was forced by continuous revision to just about double its costs. Remember that in the 1926 period, or the preceding decade, the Pharmacopœia stopped all work at the end of the half decade. In this decade the Pharmacopœial work has continuously proceeded with increased tempo and in this last year there has been need for a larger force of assistants than in any previous period in the history of the Pharmacopœia. And yet the Board of Trustees with clever and efficient management, has kept essentially a balanced budget. Remember that the Pharmacopœia in this decade has practically prepared the revision of the U. S. P. XII, which required five years of the early part of this decade and thousands of dollars worth of expense. Therefore, the expense for two Pharmacopœial revisions has been pushed into this decade, and should a new Pharmacopœia XII appear about 1941 or '42, whenever it is possible to do it—I trust it may be by '41 because the preparations are very well advanced for the new U. S. P. XII—we will have practically borne the cost of this revision in this decade out of the income of this decade, which represents a serious depreciation in income.

In this decade, over \$300,000 in income has been received, while in the preceding decade only \$326,000 was received. The Board was able to do this by very efficient contracts, by saving a large sum of money through their experience, by getting income from sources that were not expected and by advancing the price of the book from four to five

dollars, and so retained the income at essentially the same level as ten years ago with essentially a 30 per cent reduction in income.

It might be worthwhile to mention that the Pharmacopœial cost of revision for the decade has been \$18,849 a year, not including administration or Board expenses, or publication expenses, and this was made possible through voluntary work which represented many thousands of dollars.

I want to recommend at this point, however, the Pharmacopœia becoming a very important quasi-legislative book, that there shall be established a more permanent organization. In the days of Rice, he had the Pharmacopœia work in his little office in Bellevue Hospital. In the days of Remington the work was carried on in his library; later he had three rooms devoted to the Pharmacopœia and gave this space gratuitously to the Pharmacopœia. The current Pharmacopœia has necessitated the giving of rooms voluntarily by one of our organizations. I know any college in the country would be glad to offer such facilities. It is not anything particularly to boast about, but it is a matter of fact that must be recognized as the necessity of the past. Now I am personally recommending that there shall be a permanent headquarters established for the Pharmacopœia, in the City of Washington, because it is essential that there should be at that point this guiding organization, inasmuch as there are continuous, persistent necessities for the Pharmacopœial Chairman to be in the City of Washington. Over 100 times, it has been necessary for men to go to the City of Washington for such official business in the past ten years.

I also feel it is important that there should be more or less permanency to this organization. Up to the present time, by force of necessity much of this responsibility must rest upon one man, but we should have a relatively permanently organized group where contingencies should not interfere with this very serious quasi-legislative program.

I have taken much more time, I presume, than I should, but to-day the Pharmacopœia must be guided by responsible persons who have proved their genuine interest in pharmacy by being willing to work for it in the past. These persons must have won the confidence of those who look to the Pharmacopœia for dependable and authoritative standards. The most able men in both professions must continue voluntarily to aid the Pharmacopœia. They must continue to supply the most advanced knowledge and sound judicial knowledge in a democratically produced Pharmacopœia. This is absolutely essential to-day because every standard in the Pharmacopœia faces the test of the courts where there may be leading scientists on the opposite side.

A great responsibility rests upon pharmacists of this period. I have the fullest confidence in the fairness and wisdom of this group, when they have correct information, and I firmly believe the future

of the U. S. P. is safe in so far as this responsibility rests upon pharmacy.

I hope that everyone who is here will have the privilege of attending the Pharmacopœial Convention. If you are not delegates, there is a space for visitors. There is this pre-convention period of one day with six meetings held simultaneously in the morning and six in the afternoon, and a very important meeting in the evening which most everyone will attend.

Thank you very much."

COMMITTEE ON N. F.—Chairman Justin L. Powers read the following report which was received for publication.

"For the past several years it has been customary for the chairman of the Committee of Revision of the United States Pharmacopœia to render an annual report to the AMERICAN PHARMACEUTICAL ASSOCIATION. However, this is the first time in recent years that such a report has been requested from a chairman of the Revision Committee of the National Formulary. This report will be brief since the chairman assumed office only a little more than two months ago.

The National Formulary has existed on its own merits for more than fifty years and the recognition of its standards in the enforcement of the National Food and Drugs laws, since 1906, is a source of pride to the AMERICAN PHARMACEUTICAL ASSOCIATION which has sponsored its compilation and publication since 1888.

The development of the National Formulary has probably made greater progress during the past ten years than during any previous decade. This progress is due in no small measure to the aggressive leadership of the chairman of the National Formulary Committee, Professor E. N. Gathercoal. It will be impossible to review all of his contributions to this important work, and only a few of the innovations introduced by him can be referred to even briefly.

The Prescription Ingredient Survey.—For many years the United States Pharmacopœia has restricted its admissions to what were believed to be 'efficacious medicinal products for the important therapeutic needs of the medical practitioner,' and 'pharmaceutical necessities.' On the other hand, the National Formulary has followed the principle of admitting non-Pharmacopœial items upon the basis of extent of use in medical practice in the United States. The extent of use, however, was usually determined by a vote of the committee and thus represented the opinions of a relatively small number of individuals.

In order to determine the extent of use and to establish a scientific basis for the admission of monographs to the Sixth Edition of the National Formulary a prescription ingredient survey was conducted in 1931. This survey was sponsored by

the AMERICAN PHARMACEUTICAL ASSOCIATION and the Board of Trustees of the United States Pharmacopœia and carried out through the coöperation of a large number of pharmacists. More than 120,000 prescriptions which had been filled during the preceding year in various parts of the United States were read and the ingredients recorded. As a result of the survey it was estimated that 250,000,000 prescriptions were filled annually in the United States. Ingredients which appeared at least once in 10,000 prescriptions apparently were prescribed at least 25,000 times annually by physicians. Such items were considered to be suitable for favorable consideration by the National Formulary Committee if no standards were provided for them elsewhere. The prescription ingredient survey has received wide approval and acceptance, not only as a criterion for admission to the National Formulary, but because of the many generalizations which could be made from the data presented in it. Moreover the survey refuted the generally prevalent notion that official items were prescribed less frequently than unofficial ones. A similar prescription ingredient survey to ascertain the trends of the past ten years appears to be indicated for sometime during the next two years.

The Sixth Edition of the National Formulary.—The Sixth Edition of the National Formulary, which became official on June 1, 1936, was the result of five years' intensive work by various subcommittees. Among the several outstanding features of this edition were, (1) the inclusion of a large number of ampul and tablet monographs, (2) a very considerable extension of the section devoted to materials and preparations for diagnostic use, and (3) the provision of many additional tests for strength, quality and purity. This last marked improvement over preceding editions has done much to enhance the value and reputation of the National Formulary as a legal standard.

Establishment of the N. F. Laboratory.—Soon after the publication of the Sixth Edition of the National Formulary the office of the chairman was flooded with a barrage of criticisms and comments on many of the monographs. It soon became evident that the members of the committee could not investigate all of these questions which were raised. Accordingly, at the suggestion of Chairman Gathercoal, provision was made by the Council early in 1936 for the establishment of a National Formulary Laboratory in Chicago. The function of this laboratory was to investigate all criticisms of the National Formulary monographs, and to attempt to establish quality standards wherever possible. The value of this laboratory was soon demonstrated, and in 1938 it was moved to the Headquarters Building in Washington. It is now adequately equipped and efficiently staffed and is known as the AMERICAN PHARMACEUTICAL ASSOCIATION Laboratory, although its principal efforts are still directed toward National Formulary problems. The establishment of this laboratory

has demonstrated beyond all doubt the intention of the ASSOCIATION to produce a Formulary, the integrity of which cannot be questioned.

Continuous Revision of the National Formulary.—The attention which the Sixth Edition of the National Formulary attracted and the constructive criticisms which were received and found upon investigation by the Laboratory staff to be for the most part valid, necessitated the issuance of three correction lists during a period of three years. Obviously, annual correction lists could not be issued during a ten-year period without leading to considerable confusion. Accordingly, in order to circumvent this potential confusion, the Council in 1938 authorized the National Formulary Committee to prepare a manuscript for the Seventh Edition to be turned over to the new committee when elected in August 1939. It was hoped that publication of this manuscript might follow sometime during 1940, with the new edition becoming official approximately five years after the sixth edition had become official. As a matter of fact, the manuscript was not completed in August 1939, but an essentially completed manuscript was submitted to the Council this week. Exactly when it will be printed has not yet been announced.

From the developments of the past few years it appears that revisions of the National Formulary must be issued more frequently than every ten years. Even if issued at five-year periods, revision and correction supplements will probably be necessary from time to time. It must be emphasized, however, that interim revision supplements will be issued only when the need for them appears to be imperative. Even then, they will be issued only after adequate advance notice has been published in the Bulletin of the National Formulary and in other pharmaceutical journals.

This is not the time to discuss the additions and deletions which appear in the manuscript for the Seventh Edition of the National Formulary. There will doubtless be many minor changes before it is finally published, and ample publicity either has been or will be given to proposed changes, in the Bulletin of the National Formulary.

Bulletin of the National Formulary.—In 1930 when Professor Gathercoal became chairman of the National Formulary Committee, he was responsible for establishing the principle that all transactions of the Committee be given full publicity. Interim business between meetings of the Committee was carried on by means of bulletins, and these were distributed free upon request. The subscription list became so large that the ASSOCIATION could no longer supply these bulletins free of charge. In order to continue the established and popular practice of full publicity, the Bulletin of the National Formulary was launched as a periodical in October 1938, and can now be obtained by anyone through subscription at actual cost of production. All criticisms and comments of National Formulary monographs are published in the

Bulletin, and all new monographs appear there at least once before final adoption. The Bulletin will continue to be published as long as interest is sufficient to warrant it.

The National Formulary Committee.—Last year the by-laws of the ASSOCIATION were amended to provide for a National Formulary Committee consisting of a chairman and ten instead of fifteen members. Moreover, these ten members were elected so that the term of one will expire each year, whereupon a successor will be elected for a ten-year term. Thus, it will never again be necessary to elect an entirely new committee at any given time. Revision activity can be carried on continuously and without interruption, since at least nine out of the ten committee members will be experienced ones. This group serves as an executive committee of revision of the National Formulary and the individual members serve as chairman of sub-committees. Each sub-committee consists of four or five members in addition to the chairman. The revised by-law requires that at least one member of each sub-committee shall be a retail pharmacist. This is indeed a wise requirement. Through this change it is evident that provision is made for a revision committee, sixty in number, which may and at present does, represent pharmacy in all of its many ramifications.

The present National Formulary executive committee is indeed fortunate to have been associated with the retiring Chairman, Professor Gathercoal, during the past few months. It must be gratifying to him to see the manuscript for the Seventh Edition of the National Formulary for which he and the previous committee are largely responsible, so nearly completed. He leaves this committee a heritage of inspiration and new concepts of possibilities in connection with future revisions of the National Formulary."

President DuMez then introduced Dr. John C. Cameron, a pharmacist who for more than twenty years has been connected with the work done by the Medical College of Peiking, China, under the auspices of the Rockefeller Foundation, and who is an honorary member of the ASSOCIATION. Dr. Cameron spoke as follows:

"Chairman DuMez and Fellow Pharmacists: I had planned to speak to you on pharmaceutical development in Asia. It has been my privilege for twenty years to be attached to the finest college in Asia, which was founded in 1920 by the Rockefeller Foundation. I have passed through, I think, fourteen distinct wars since I went across to Asia, and I am very sorry to-day to be returning to my native land, Scotland, where a very big war is taking place.

I would like, however, to say something about the difficulties of pharmaceutical development in Asia. Those of you who have not been privileged to visit the Far East can scarcely realize the great difficulties involved in establishing pharmaceutical practice in Asiatic lands. It has been my privilege and

pleasure to help the Chinese, to put pharmacy on what I considered and what you would consider, a proper level. My own assistant, Dr. Mung, was the first editor of the only Chinese Pharmacopœia which has been issued. It took us two years to carry out the initial work of getting the Pharmacopœia organized. It was published and many of you may have seen it.

In 1930 it was published and had become—I speak in the past tense, unfortunately—the official standard for the whole of China. I need not remind you that in 1937, my beloved City of Peiking was taken from the Chinese, by the Japanese, and an area of about one-third of the whole of China has fallen into Japanese hands. I left Peiking at the end of January this year and left behind me very sad memories. My pharmaceutical friends in the cities of Hangohow, Nanking, Chinkiang and so on, have been scattered to the four winds. It was my privilege in 1939 to visit the southeast provinces of China, and there I saw pharmacists, some of them who had walked two or three thousand miles to get out of the Japanese-controlled area of China and into what we to-day term Free China.

I have an interesting story which I would like to tell you about conditions out there, but I know that, like myself, you are tired hearing so many people talk. I will therefore spare you these details. But I want to tell you this, that in my opinion, the Chinese nation is by no means licked. I am very optimistic about the future of that great land, because of my contact with the younger Chinese, the educational group in Chungking, the head city of the Province of Yunnan. I have been amazed at the loyalty and the spirit of sacrifice that has developed only within the last three years, due entirely to the Japanese oppression of the Chinese. It was sad, fifteen, sixteen, seventeen years ago, very sad indeed, to see the great lack of loyalty among young Chinese. That has been entirely changed during the past three years, so if the Japanese have done nothing else, they have done one thing they did not intend to do, they have united for the first time perhaps in 1500 years the great nation of China. I feel very optimistic that, perhaps not in my lifetime, but certainly in the lifetime of our sons and daughters, we will again see China taking care of her own country, and the Japanese, I think, will retire to their small island across the sea."

ADDRESS.—President DuMez called attention to the fact that each year the ASSOCIATION attempts to have some outstanding pharmacist address the General Session and stated that the ASSOCIATION was most fortunate, at this time, in having with us a scientist who is an expert in his field and who has an international reputation. He then presented Dr. Harry M. Holmes, head of the Department of Chemistry of Oberlin College, who gave the following address on "New Vitamin Discoveries."

"It is a privilege for me to have the opportunity to talk over vitamins with the men who distribute

them. It gives me a chance in the good old missionary spirit to press on the public, through you, knowledge that would be of benefit to them. In that same missionary spirit, I wrote a little booklet in popular language, but scientific enough, called, 'Have You Had Your Vitamins?' As the result I get some very interesting letters from all over the United States. Some of them are pitiful, from people who are dying and think if I would let them have a little of my 100 per cent vitamin A, it would cure them. Then I have some in a lighter vein. A singer in New York City wrote me, 'I have been trying capsules of vitamins for my voice, with very good results, both as to the volume and the quality, but I think if I had the pure stuff, vitamin A, the vitality I would get would make money for me. Could you let me have a little?'

I was afraid to let him have any because I hadn't heard the quality and if it wasn't up to standard, my responsibility in increasing the volume seemed to be too serious.

I had another letter recently addressed to, 'Professor Harry N. Holmes, Vitaminologist, Oberlin College, Oberlin, Ohio.' I take that as an honorary degree. I got another honorary degree, though, from a newspaper in Nashville the other day. This particular lecture on research methods, was aimed of course at the young students, but in the headline in one of the papers I was announced as a Research Methodist who was going to speak to the students.

It is only forty-three years since Dr. Eijkman in Java first proved the existence of a vitamin, so things are moving pretty fast, although it was thirty years before this vitamin B₁ was isolated by Jansen and Donath. These fellows had so much sentimentality that they went over to Java and rented the old laboratory in which Eijkman, the Holland Dutchman, in 1897 had started the subject of vitamins, and stuck to it until they isolated it.

Let me quote you the facts on vitamin C, the anti-scurvy vitamin. In a vague way it was known that something in the fresh fruits and vegetables would cure the sailors of scurvy, scurvy coming from a very limited diet as you remember, but we didn't actually get the thing in our fingers until 1907 when experimental scurvy was given to guinea pigs. It was not isolated for twenty-five years after Holst and Frölich showed that such a chemical had to exist in a number of fruits and a number of vegetables and was very important to us. Curiously enough, at that time, they thought it helped to prevent scurvy or to cure scurvy. How far we have gone since as to other things this will do!

Vitamin A used to be my pet; in fact, it took me eight years from the time I started until I isolated it in crystal form, pale yellow needles. It does make for buoyant health and it tones up the health of all the epithelial tissues of the throat, the larynx, the respiratory passages, and hence improves the resistance to colds and builds the interior organs of

the body. That is a large order. Evidently vitamin A of which I speak at the moment is of extraordinarily great importance to us. I will have a few specific comments to make on it later.

It was suspected of existence in 1913 by two workers, McCollum, now at Johns Hopkins, and Davis at Wisconsin, and on the other hand, by Osborne and Mendel at Yale, both groups feeding rats a diet containing enough simple protein, simple fat (lard) and simple carbohydrates (sugar), with water and mineral salts. The rats developed a dryness of the eye, a horniness of the tissue, and so they decided, maybe there is something about the lard, the fat, that isn't quite adequate and so they changed to butter. The dryness, the horniness of the membranes disappeared and the rats got better in general as they did on egg yolk diet, and on cod liver oil. These two groups wound up by announcing that there is a mysterious chemical, very vital, very necessary to us, in a few fats like the fish liver oils, butterfat, egg yolk fat and possibly some more, but it is not in most of the fats.

At first they thought there was no benefit except the improvement in the tissues of the eye, but we have gone far since then. On November 23, 1936, we completed our research in getting those pale yellow needles, lovely lemon-yellow rosettes in groups. It was a very lovely effect to us because we were the first human individuals to see them. I had a picture taken through the microscope and enlarged, and I put the pictures in a drawer in my own private laboratory. There were some laboratory mice that infested the place and I pulled that drawer open just in time to find one very intelligent mouse, who apparently had been listening to my enthusiasm on the subject, had started to eat the picture, not seeing any of the real vitamin about. I am perfectly certain had I waited another day, that mouse would have eaten the picture and would have grown to be rat-size or something like that.

These vitamins, as you can well imagine, are very real chemicals—that is the way to look at them—and very potent. They are really not drugs. The public sometimes may be afraid of them and call them drugs. Why, they are like the heart of the celery, aren't they? They are the best parts of the foods, because even though we may make them synthetically also, nature put them in the foods and you druggists when anyone talks to you about them, should certainly remind him of that. This is God's gift to man in the very best foods in the best sense of the word. So like the hormones, we say these are chemicals that in very small amounts regulate the body processes, only you make your own hormones, if you are doing well, in your thyroid gland, and so forth, but you have to eat your vitamins.

There is one exception and that is only a half-way exception. About 1928, if I recall the date correctly, a bombshell was thrown into the camp of those of us doing research in vitamin A, because

in Sweden and in England two groups of workers began to suspect that this chemical I have in my hand, would do certain things. These red crystalline particles called carotene are the stuff that gives the color to carrots; hence, carotene, a hydrocarbon. It had been known for 100 years, is mixed up with the green chlorophyll in green leaves and spinach, and is quite common and very pretty. Two groups in Sweden and in England took a whole lot of mice and fed them on a diet otherwise pretty good but deficient in vitamin A and carotene. When the mice got sick, they killed some of them analyzed the livers for vitamin A, and found none in them. Later they started feeding the remaining mice the coloring matter from carrots, killing a batch so many days later and analyzing the livers of the mice for either vitamin A or carotene, and by George! after a time they got vitamin A.

Neither you nor I can do that in the test tube, and yet the mouse could do it. You feed green grass to a chicken and the chicken will do it and store the vitamin A in its fat soluble or the egg fat soluble for you and I to eat. A cow eats green grass containing the carotene, among other things, and converts it by a wonderful chemistry of which you and I are not capable, into vitamin A and stores it in butter fat and you and I get the benefit.

You and I get our carotene that way instead of getting $3\frac{1}{2}$ Gm. by eating a bushel of fresh carrots. I am personally very fond of carrots and eating them is quite a religion in our family. We are getting away with it, with the children, too, but you may buy this, yourself, in the pharmacy, of course, as carotene, perhaps dissolved in a little fatty oil. You will turn it into vitamin A.

At first there was a scare that taking carotene would turn the whites of the eyes yellow since it is a great coloring matter and might pigment the skin to look like a Mongolian. One of my friends, a chemist, manufacturing this from carrots, said that he would have to give the lie to those statements; so he fed carotene to himself, his wife and daughter and son. He found there was no coloring of the whites of the eyes nor the skin, and later on that was confirmed. It is only a rare individual, an eccentric, who is pigmented by carotene, so pay no attention to it.

The by-product of his experiment was also important. In Cleveland there was a dentist named Oberlin, curiously enough, since I am from Oberlin College, and he had been my pupil, who straightened children's teeth. The daughter of my chemist friend who made the carotene and tested it on his family had to go to Dr. Oberlin to have her teeth straightened, naturally at considerable expense. Dr. Oberlin reported to the father later that he had been able to move that girl's teeth faster than anybody he ever had. When we straighten teeth we move them, we are tearing tissues, and we have to build up the tissues before they can be moved again. Evidently in building up the health of the epithelial tissue, the gums were improved. The

chemist reported to the dentist that we are all taking heavy doses of carotene.

This was seven years ago and Dr. Oberlin, though not trained to research, was a pretty open-minded dentist and he tried giving carotene to the next bunch of boys and girls who came for teeth straightening. I got the final report. He straightened the teeth of 125 people and was delighted with the results. He could push them along faster and that cost the children less money—a pretty good idea which illustrates the possibility of these things.

At the moment we are only concerned with eight vitamins, A, B, C, D, E, G, K, and nicotinic acid. It is interesting that seven of those eight have been synthesized, though they occur naturally in fruits, vegetables and fish liver oils, and a certain eminent German claims to have synthesized the eighth, though he has yet to prove it. Let me remind you that a vitamin talk is a war talk. In the last war the Serbian Army was greatly crippled by scurvy caused by lack of foods rich in vitamin C. Somebody knew the vitamins even then. They allowed beans and peas to sprout and fed an ounce a day of the sprouted peas and beans to the soldiers. Enough vitamin C developed in the little growing sprout that the soldiers were able to get out and fight as they used to. Wasn't that as good as powder and shell and bayonets from the military standpoint?

One winter the Danes sold too much of their butter and milk and cream, and there was a great epidemic of bronchial trouble, among the children especially. They had shipped away, because of the high price and big market, too much of a food rich in vitamin A which helps to build up resistance, especially to the respiratory diseases, by toning up the health of the epithelial tissues. This time Denmark will just have to hand over the butter and the cream to the German soldiers, so their experience isn't going to help them, I am very sorry to state.

I heard a year ago that Germans were developing ultra-cold storage of goods, quick-freezing of foods, even as we have, with a view to its military importance in preserving the vitamin content of the fresh fruits and vegetables. I can't confirm it, but it would have been very good sense. Their scientists have contributed in the vitamin research quite splendidly, and yet three years ago one of my former pupils, an able chemist, spent a year in Berlin and when he came back I asked him, 'Is there much vitamin talk in the pharmacies there, in the newspapers, among the ordinary people?' and he said, 'Almost none. You men are educating the people with the literature in your windows and about the shop'—and in the best newspapers and magazines we are teaching the public a great deal. He said, 'That is almost lacking. It is left to the scientists in the laboratories.' I have wondered since then why should not the Germans synthesize these vitamins when we know how to do it, for seven of them and have then in reserve for any time when

there is a lack of proper food, such as the fresh fruits and vegetables?

A deficiency in vitamin A may cause you an accident to-night. There is a dye in the back of your eye called visual purple which in a bright light bleaches out to visual yellow and which is regenerated by the aid of vitamin A stored up in your body. That is necessary to build the visual yellow back into visual purple and start this process over again. That isn't the total seeing process, but it is a very important part of it. Suppose one has not been eating his spinach and carrots and the other sources of vitamin A or carotene, so hasn't enough of a reserve, a reservoir in his body, and the automobile that he meets flashes a big light in his eye and uses up his visual purple and it bleaches to yellow and he hasn't enough reserve quickly to regenerate it and is blinded and runs into a telephone pole. Isn't that what occurs to a lot of people who think roast beef, potatoes, apple pie and a cup of coffee make an ideal dinner?

Yes, I think the time is going to come when a Richmond cop some night is going to arrest you for just missing a telephone pole or some other car, and he is going to say, 'What did you eat for dinner? I will go slow until I see if you have done your duty to your country,' and when he listens to what you had for dinner, he will say, 'That is very low in vitamin A or carotene; I think I will sock you \$25.' (Laughter.) But another fellow comes along who has eaten his spinach and other greens, and so forth, and he has done pretty well, and the cop says, 'I think you are not a regular menace, maybe there is something else wrong with you to-night, so I will let you go.' Yes, I am inclined to believe with intelligence in the hands of the law it can be well worked out.

On the commercial side, since we are speaking with such admiration of vitamin A, supplying it to the public is rather a large business. In fact, the whole vitamin industry as retailed by you amounts to forty or fifty million dollars a year. It is big business, and mighty good business.

In looking for the fish liver oils as the richest sources of the real vitamin A (and that is true), we started out first by offering cod liver oil, and my wife, hearing me rave over the vitamins said, 'You take four teaspoonfuls of cod liver oil a day to help ward off colds. You have too many for a teacher who has to talk.' Do you know what I told her? I said, 'I will die first before I will swallow four teaspoonfuls of cod liver oil.' She didn't think much of my logic. So when halibut liver oil was brought on the market and a nice little capsule the size of a pea was found to contain as much vitamin A as four teaspoonfuls, I threw my hat in the air, gave three cheers and bought the capsules. For a time I added to my diet, which was pretty good, some more of vitamin A from that rich source.

Then the pharmaceutical firms began to take some of the weaker oils and concentrate them so we have had different sources. I am much enter-

tained by the last source, shark liver oil. Within the last two years the industry of catching and handling sharks off the California coast has risen to a magnitude of around \$10,000,000, and most of it is in the oil. Half the volume of the abdominal cavity of the shark is liver and it is extraordinarily rich in an oil that is high in vitamin A content, and in vitamin D for that matter. A good shark, if there is a good shark—we will say an average shark—will furnish us about four gallons of this splendid oil. Now, no doubt that is being worked up by the various companies in their mixtures, they can strengthen a weaker product, and the blending business, as we know very well, goes on. So here we are doing two things, building up the health of the public, putting money into an industry we never had before, and getting rid of the sharks, and that is a better platform than either of the political parties have.

Dr. Hickman of the Eastman Kodak Company has invented through a series of years a marvelous still that he calls the molecular still. The principle is that the distance between the hot plate and the coating plate is extraordinarily little, a fraction of a millimeter. He is working in one of the highest vacuums in industry and he lets a stream of fish liver oil drop down the hot cylinder and evaporate so quickly and condense so quickly that heat destruction has amounted to almost nothing. He is concentrating vitamins A and D from fish liver oil by the ton. I met him the other day and he said, 'I am not scared when a whole tank car from the railroad comes up to my backyard.'

It is quite a sizeable industry and I am very glad to hear of it. There is a little bit of work there. The real vitamin as it occurs is an ester, as we chemists call it, a combination of citric acids or stearic acids or the like that you observe in fats. It reminds us of fat and is fat soluble. When Hickman distills it, that form keeps more readily than the basic substance which I have isolated as these pale yellow crystals, so Hickman is giving us not a saponified product but a distilled product. It isn't 100 per cent but it is very, very fine indeed.

In speaking of vitamin B₁, isn't it interesting that instead of still sticking to the theory that it only cures beri beri and nervous disease, now we are giving that material for other purposes? It stimulates appetite, and lunch is coming. Further than that, it is now known to be marvelous in toning up the whole digestive tract. People with sluggish digestion who feel half dead, and wish they were dead, if they got anywhere from four to six milligrams a day—that was one milligram with a lot of stuffing in a pellet form—would feel that life was different, life was opening up. No harm is done except to their pocketbook and it is worth the price. So to have given this man a splendid appetite and to have increased his ability to digest that large meal he is ready for—isn't nature grand!

We have now quit talking about one nervous disease due to its deficiency and we are extending it

to others and the research here is excellent. Take one specific case that you have read about in the newspapers. A policeman out in Los Angeles saw a girl trying to commit suicide. She said, 'I have facial neuralgia so terribly I would rather be dead.' He took her, not to the police station but to two doctors, and they quickly gave her a lot of vitamin B₁. When they let her go, she said, 'Don't worry, the pain has decreased so much I will not try again to commit suicide.'

That was newspaper stuff but it happened to be correct, so keep on the lookout for its relation to the nerves. Professor Louis Karnosch of Western Reserve Medical School wished to test 100 cases of insomnia. He got a practicing physician to do it for him. He tried two things, vitamin B₁ and vitamin C for which I am electioneering, and this is of importance to every human being. It was the ideal preventive or cure of insomnia, with no habit-forming qualities, no deleterious qualities whatever, as we all know. So I suggest that you might well pass that word over the counter, or any other way you can, to anybody known to be having trouble with insomnia. A real authority did it.

I had permanent evidence of that kind in some research work I did a year or so ago in the relation of vitamin C to lead poisoning. I was led into this (not punning) by a friend in a certain industry where there was a good deal of lead poisoning due to lead dust in the air of the factory. After a preliminary study, I brought the problem to Oberlin and studied its house-painters. A certain number of them were showing symptoms, more or less severe, of lead poisoning. It is too long a story to give you my logic and reasoning, but this developing lead poisoning was prevented or cured by large doses, added to the diet, of vitamin C, and in fact if a painter was so poor he didn't want to buy it and said, 'What can I do about it? I want to keep up my resistance against toxic lead,' I told him, 'Raw cabbage is richer pound for pound in vitamin C than orange juice.' Then it is contained in raw carrots—I say 'raw' because in the process of cooking most of the vitamin C is lost, as in other vegetables except tomatoes. It is a God-given blessing that the tomato, raw, cooked, any way at all, is very rich indeed in vitamin C. That is the only vegetable I can name that stands the cooking well, and those are the poor man's friends, raw cabbage, raw turnips, any kind of tomatoes. He could double, treble, quadruple his vitamin C intake if he is a painter, and do very well indeed. If any of you are interested, write me and I will send you a reprint on the subject. It has excited a good deal of interest in the medical profession. One doctor said 'One patient tried it and nearly died.' I don't know how well he experimented, but other physicians have written how well the patient did and what good clinical improvement there was in the patient.

I noticed one of the common symptoms of lead poisoning is an irritability. The wife and family find the fellow hard to live with; there was a good

deal of sleeplessness. We were feeding 200 mg. a day (and perhaps 50 would be good for the average citizen) of vitamin C to these victims, and it was remarkable how the family said 'He has improved so much; he is not snappy and irritable; he sleeps restfully and well.'

I got that information before Professor Karnosch at Western Reserve Medical School made his announcement, and you can bet I believed him in his great enthusiasm over vitamin C.

Now I want to amplify my platform. I am voting for vitamin C. It gives us bouyant health, prevents pyorrhoea, or aids in preventing it—I quote the Harvard Dental School; and strengthens the walls of the capillaries. Suppose you have gastric ulcer, your stomach doesn't stand the irritation of the fresh fruits and vegetables and the doctor puts you on a bland diet. If you are short of vitamin C, the capillaries and lining of the stomach become weak and they break and you have bleeding and plenty of pain. What is the logical step? You must take vitamin C and it will take care of you. I know cases of the kind.

That isn't all there is to vitamin C. Suppose you have a severe attack of grippe. If we measure the level of vitamin C in the body—and it can be done by the analysis of the blood or of the urine—we will find that it is lowered by the grippe, by any infection, and roughly in proportion to the severity. A practicing physician ought to test the patient's blood in order to find out how low the vitamin C is, and if he doesn't have the facilities, he ought to tell the patient to do what our grandmothers did, take an orange when they had a cold. They did not know why, but you and I know why. It isn't enough that nature inflicts this grippe. The grippe uses up in some mysterious chemical way the vitamin C which is supposed to give bouyant health and then nature jumps on him. So you and I and your doctor will band together and the next time we have an infection if we don't watch the food directly and build it up, we will go to the drug store and take plenty of vitamin C, which will not lick the cold or grippe directly but only tone you up in a general way.

There is a lot to this vitamin C. There is even an allergy side. Since my son Charles is not present, I can get away with this. I thought one time he was actually the laziest student and boy in the country, and I did not conceal that opinion from him. Finally his mother (mothers are soft-hearted) began to defend him. She said, 'Maybe there is something physiologically wrong with the boy,' and so we took him to the doctor. The doctor said, 'Let's have the allergist test him,' and the verdict was, 'You are practically poisoned by lettuce,' of which, being a vitamin enthusiast, I had urged him to eat bales, and he grew to like it. I looked at the diet list and thought it was pretty low in vitamin C, because I knew my sources.

The next summer he developed hay fever, he didn't even enjoy golf, and I knew there was some-

thing radically wrong. With hay fever coming on and everything wrong, I decided to send him to Upper Michigan to see if the climate would help him. Before that I had been interested in analyzing the urine in 24-hour units of these patients for vitamin C as one means of measuring the body level. I published an article in the *Journal of Laboratory and Clinical Medicine* a year ago on the exact workable details. Knowing that a good healthy man ought to excrete in the urine in twenty-four hours between 30 and 40 mg., I decided I had better measure Charles. He was excreting none, or at least such a few milligrams we wouldn't care to measure it and I, who was supposed to know something about vitamins, with a son who was a hospital case for lack of vitamin C!

That very night my assistant and I filled some capsules with 200 mg. of pure vitamin C (50 would be enough for the Chairman), and I sent the boy up to Michigan and said, 'You take one a day for a week.' At the end of twenty days he came back bouncing, playing a whale of a game of golf and happy, and I said, 'What do you think of that?' He said, 'That's the climate that did it.'

What chance has a scientist with that sort of argument. Well, I took him behind the woodshed and after a few interviews I have him converted and he is now taking vitamin C daily, and will for the rest of his life unless in the meantime he wears out these allergies.

Believe me, there are probably 100,000 victims in the United States who are given a special diet that is too low in vitamin C, and they are down, they are weak, they are lazy, they are the opposite of bouyant.

In the case of vitamin B, the great Williams, the chief chemist of the Bell Telephone Company, is the man who synthesized vitamin B₁ and has given it to us by the ton for the benefit of all. He insists that we are more likely to be short of vitamin B than any other because of the waste in cooking and the fact that we are eating not whole-wheat grains but white bread. I am as insistant that what you say, Dr. Williams, is very true, but I could match it with vitamin C shortage.

What about nice asparagus and other vegetables we get in the grocery store? Do you know when they stand there they are losing vitamins through oxidation? If you get a nice sweet orange, you don't put it in the icebox because of flavor, but because of keeping the vitamins in it.

From C one would naturally hop to vitamin D. Isn't it a wonderful development that since a few years ago, fewer children get rickets, whereas 50 per cent of the children in the United States, rich and poor alike, had rickets a lifetime ago and less. If that occurred in a family with money, they were sent where outdoor sunshine was known to prevent it—to Florida, or if in Europe, to the Alps. But what about those who couldn't afford it? Those children got bowed legs. Then came Professor Steinbock at Wisconsin showing if ultra-violet light,

the invisible short wave lengths, shines upon certain foods, there is some chemical in there, as in your skin, that will be turned into vitamin D, the bone builder. He proceeded to take that chemical out of yeast, and yeast is grown on a farm and contains ergosterol. I have it right here in this tube, a little crystalline material separated from yeast, made in England and free from the impurities that accompany the ergosterol you sell. That is their bone builder over in England. When Steinbock gave that to humanity, then with the aid of you gentlemen selling these products fortified with vitamin D, we who couldn't afford to send our children to Florida where the sunshine turns the ergosterol in their skin into bone builders, went down to the drug store and for a few pennies bought the equivalent. I call that something of interest to the sociologist, the economist, the preacher, to all of humanity. It is a contribution, and I am not thinking of the financial side, though it is a money saver to humanity.

That reminds me of a very amusing story to finish on. You have seen ducks turn around and preen themselves; that is to say, they investigated the caboose of the duck. Chickens sometimes do that. Some fellow on a hunch cut out the preening gland and extracted from it an oil, separated from it a chemical, irradiated it with artificial ultraviolet light and proved he was making vitamin D. In other words, that fowl was not vain; it was sensible. It pulled out a little oil containing ergosterol, such as is on the outside of your skin and mine, put it on the outside of its feathers, sat in the sun, and finally, as oil does, it moved down the feathers and onto the skin. When the preening gland was cut out of young fowl, they developed bad formation of the bones and had rickets.

Here is vitamin G, not famous because you can't pin it on any disease; just very necessary for your general growth and health and long life. It is a kind of yellow-orange chemical, and is distributed through a number of fruits and vegetables. You feed that to rats and the lice leave the rats. So I was speculating this morning, to the great amusement of the girls in the press room, on whether a German general, anticipating there will be a good many cooties in this war, interfering with the efficiency of his men, may possibly fill those fellows up with vitamin G and drive off the cooties.

Vitamin K, the anti-hemorrhagic vitamin, is of interest. It has been extracted from alfalfa, and even from fish meal and has been synthesized. We all have some prothrombin in the blood which makes it clot. If you have obstructive jaundice, then your blood clotting time is very long, things aren't working right, and if you had an operation you might bleed to death. This vitamin K has been used with great success in obstructive jaundice and operations connected with it.

Every baby is born with enough prothrombin, the great agent in blood clotting, in the blood. After two days the level of the prothrombin falls

remarkably and for the next four or five days there is a danger period. If a scratch occurs, the child may bleed to death. One of my great medical friends in New York City says he is confident that thousands of babies' lives yearly are now saved by that simple expedient.

When you go home, tell your son not to be alarmed by this discovery in the last few weeks that grass, dried and bleached, is marvelously rich as a chief source of vitamins. Your son thinks he is going to have to mow the lawn for his dinner in a very real sense. Will you tell him, for me, that it is not lawn grass, but fresh young shoots of wheat and rice and other grains, and it is father's job to get out with the machine, not the son's. I thank you."

President DuMez thanked Dr. Holmes for his very entertaining and informative address and their being no further business the session was adjourned.

THIRD GENERAL SESSION

The Session was called to order at 10:00 A.M., by President DuMez. Minutes of the Second General Session were read and approved.

LETTER.—The Secretary read the following letter addressed to the ASSOCIATION by Dr. Henry H. Rusby who as President presided at the meeting of the ASSOCIATION held in Richmond in 1910.

"To the American Pharmaceutical Association, in Convention at Richmond, Virginia,

Dear Friends:

It is with great regret that I find myself unable to carry out my intention of meeting with you next week, unforeseen events having occurred to prevent.

It seems a long time since we last met in Richmond, and it is startling to review all that has occurred in and to and through our ASSOCIATION in the meantime. Although it seems melancholy to think of all those who were there with us, but are now no more, we realize that their services are immortalized in the development, present and future character of our association.

May we, who inherit the trust left by them be equally faithful, and our work equally successful.

Fraternally yours,
Henry H. Rusby"

The final report of the House of Delegates was read by the Secretary with the exception of the Resolutions, which were presented by Chairman Hugo H. Schaefer of the Committee on Resolutions. The Resolutions numbered 1 to 29 were read by title.

Resolution No. 29 was read in full as follows:

"WHEREAS the AMERICAN PHARMACEUTICAL ASSOCIATION is a national organization which repre-

sents professional pharmacy in all its branches, be it

RESOLVED that the AMERICAN PHARMACEUTICAL ASSOCIATION refrain from endorsing at this time any movement to classify pharmacies or pharmacists as to their professional rank."

Mr. A. L. Malmo inquired whether this resolution was presented to the House of Delegates originally, and then referred to the Resolutions Committee, or whether it came first from the Resolutions Committee. Chairman Schaefer responded that it first came to the Resolutions Committee and that the original author was Dr. Fischelis, although the author consulted Chairman Schaefer about it.

Mr. Malmo then moved that Resolution 29 be referred to the Council for further action and the motion was regularly seconded.

Dr. Fischelis stated that the resolution was offered because a number of delegates from various states asked that they be given an opportunity to express themselves on this proposal. They do not understand that the movement to organize a group of professional pharmacists within the A. P. H. A. is not an attempt on the part of the ASSOCIATION to draw distinction between pharmacists. Reference was made to a report by Dr. Jordan in which he apparently emphasized that this was not a movement to classify pharmacists. It was felt therefore that the resolution as proposed would assure those who are not close to this convention that this is not an attempt on the part of the ASSOCIATION to draw distinctions. It should be kept in mind that the A. P. H. A. desires to represent pharmacy in its entirety.

Dr. Jordan inquired if the resolution was discussed at the time it was passed by the House of Delegates and he was informed that it was not discussed. He pointed out that in the General Meeting held on Thursday afternoon opportunity was given for a frank and full discussion of this organization. He advocated that the resolution be referred to the Council without tying the Council's hands.

Reference was made to Resolution No. 9. Mr. Denny Brann supported Dr. Jordan's statement.

After further discussion of the motion participated in by Dr. Fischelis, Dr. Jordan, Mr. Brann, Dr. Swain, Dr. Schaefer and Dr. R. C. Wilson, the motion was put to vote and carried with a further statement from Mr. Malmo that he wished Resolution No. 29 considered separately from Resolution No. 9.

The report of the House of Delegates was then adopted as amended.

WOMEN'S AUXILIARY.—Upon the invitation of President DuMez, Mrs. Hugo H. Schaefer presented the following report from the Women's Auxiliary.

"I have a letter from the Chairman of our Finance Committee which I have been requested to read:

'My dear President DuMez:

Feeling it will be of interest to the members of the A. P. H. A., the Ladies' Auxiliary of the A. P. H. A. an-

nounce the awarding of the first scholarship from its Student Loan Fund of \$100 to Ione Card of the School of Pharmacy of the State University of Iowa. Endorsing the application which was made upon our official application form which is annually sent to the office of all the deans of our A. A. C. P., Dean Kuever states, 'Miss Card is a worthy student in every respect. Her grades place her consistently in the upper tenth of the class.'

I am skipping the facts about the percentage and the payment back; I don't believe that should be brought up at this time.

'At present the Auxiliary has in the fund the sum of \$824, with the vision of \$10,000 in the years to come. Our Treasurer's check to the applicant will be sent through the business office of the college she is attending, thereby calling the attention of the administration of the college to the interest of women in women in this great and responsible profession.'

Then there is a list of the women who are administering this fund, and it is signed by Mrs. R. P. Fischelis, President, Mrs. T. R. Lee, of Florida, Chairman, with greetings and best wishes to the A. P. H. A.

I just want to call your attention to the fact that we started with \$9 in Dallas; this organization was simply social and we decided to have some object in view, and that fund has grown to \$909 at the present moment. It is a voluntary contribution, and the fund is open to women pharmacy students only. We are going to have a drive in the years to come so as to get a larger fund, and if you are approached, I wish you wouldn't frown. It is entirely voluntary. If you want to help, it is for women students all over the United States, and it is the only fund of that type. I just think that the whole thing is very fine because while the men are busy at their meetings, they know their wives are happy with their group by having become acquainted with each other through these meetings."

LETTER.—President DuMez then read the following letter from Mrs. Fischelis, President of the Women's Auxiliary, who, unfortunately, could not be present.

"Dear Dr. DuMez:

In behalf of the Women's Auxiliary of the AMERICAN PHARMACEUTICAL ASSOCIATION, I desire to extend greetings and best wishes to the parent association for a most profitable and successful convention.

I regret that I am unable to attend because of illness and I would appreciate it if you were to extend to all the ladies present a cordial invitation to attend the annual meeting of the Auxiliary, which will be held on Wednesday morning at 10:30 A.M. in the salon. The meeting will be presided over by the Vice-President, Mrs. Laura E. Whelpley.

With best wishes, I am

Sincerely yours,

Juanita D. Fischelis"

Dr. Jordan moved that the report of the Women's Auxiliary be received and that the thanks of the ASSOCIATION be extended for the good work the Auxiliary is doing. The motion was seconded and carried and several members then subscribed to the fund which the auxiliary is raising.

EBERT PRIZE.—Dr. J. B. Burt reported that the Scientific Section had awarded the Ebert Prize to Dr. Lloyd C. Miller for his paper on "The Assay of Digitalis" and that the Committee on Ebert Prize also recommended that special mention be made of his co-workers, Doctors A. I. Bliss and Herbert A. Braun. Dr. Burt then presented the Ebert Prize to Dr. Miller who expressed his thanks to the members of the ASSOCIATION for this great honor. He was especially pleased because of the credit that it reflected on the Food and Drug Administration and also expressed his indebtedness to his colleagues, Dr. Bliss and Dr. Braun.

KILMER PRIZE.—Dr. H. W. Youngken, Chairman of the Committee on Kilmer Prize stated that the prize had been awarded to Miss Barbara Jacobs for her paper on "Digitalis Ambigua," and requested Secretary Kelly to present the prize which is in the form of a gold key to Miss Jacobs. Miss Jacobs expressed her thanks for the opportunity to participate in the contest and for the award.

On behalf of the ASSOCIATION President DuMez congratulated Dr. Miller and Miss Jacobs.

INSTALLATION OF OFFICERS.—President DuMez requested Dean Rudd and Dean Wilson as Sergeant-at-arms to present the newly-elected officers for installation. Mr. H. A. K. Whitney was then installed as *First Vice-President* and Mr. Henry Gregg, Jr. as *Second Vice-President*. F. J. Cermak, H. A. B. Dunning and C. B. Jordan were installed as *members of the Council*.

President DuMez stated that the time had now come to turn over his office to the President-Elect. Before doing so he wished to read two telegrams addressed to President Evans and expressing what his townspeople think of him:

"Congratulations to a noble man on his installation to a position of honor. (Signed, Your Pastor, Candler Budd.)"

"Congratulations upon selection of Charles Hall Evans as President of your ASSOCIATION. In his private life, in his community life, in his national life, he believes in a life of love, walks in the way of honor, serves in the light of truth. Such a man is your incoming president. (Signed, C. J. Stewart, Augusta.)"

Mr. Evans was then installed as president. Vice-President Whitney took the chair while President Evans read his Inaugural Address.

INSTALLATION ADDRESS.—It follows:

"I am happy that historic Richmond, in old Virginia, was chosen as the meeting place for the 88th Annual Convention of the A. PH. A. As we conclude

this session and unfold our plans for the future, may we have caught the inspiration that has permeated the very souls of the people of this great state since the early days of its founding. May we realize that just as did Richmond and Virginia possess the courage to rise above wars and tribulations, so shall we, in this ASSOCIATION overcome the obstacles that are in our path. May we possess this same courage, and have the determination to build always for the future never forgetting the heritage of the past. With this as our inspiration, with a will to be of service to our fellowmen, and a strength of character that is un-failing, we shall place pharmacy as a profession on a lofty pinnacle in the minds of the American people.

I want to thank Chairman Bird and his staff of co-workers for the many courtesies shown Mrs. Evans and myself during the week. The members of all committees, the hotel and in fact everyone has contributed to our comfort and pleasure in a splendid way and true southern hospitality was never more in evidence than it has been during these days that have passed all too quickly.

OBJECTIVES

It has been the custom, I believe, for the president to outline his program upon the occasion of his installation into office. In presenting my plans to you today, I realize that none of them is new, but on the other hand, they have been presented from year to year by other presidents and committee chairmen. I find after careful study that the objectives as set forth in the constitution are as applicable to-day as they were when first promulgated. Like the Ten Commandments, and a great many famous documents that have come down through the years, I find little need for modernizing or streamlining the objectives as given us by the wise and far-sighted founders of American pharmacy. However, I do see the need, and I think it is high time something was being done to carry out the intent of these self-same objectives.

With the committee on Long Range Program and the officers and council, the necessary machinery has already been set up to do the job. I shall dwell only briefly upon the needs of the ASSOCIATION. These have been enumerated year after year. I shall attempt to point out means whereby the machinery may be set in motion to solve the problems that have been presented from time to time by those presidents who have preceded me.

PROBLEMS

The greatest problem confronting us is to sell the A. PH. A. to the retail pharmacists of America. I use the word 'sell' purposely and advisedly as it correctly expresses this major problem as I see it. We have 130,000 pharmacists operating 60,000 retail drug stores and the majority of these stores are manned by one pharmacist and perhaps a clerk. This pharmacist is usually the owner or manager of the store. Most of these owners do not have the time or they will not take the time to attend their

state or national meetings. They do not have the time, or will not take the time, to even read the drug periodicals which they receive without cost to themselves. Their chief source of information of a professional or commercial nature is through the representatives of the manufacturers or jobbers. The A. PH. A. must go directly to these stores which make up pharmacy as other professions and the American public knows it; and in selling the A. PH. A. to retail pharmacists this ASSOCIATION will in turn be selling pharmacy to the public. We can never take our rightful place, in a dignified manner, as a profession in the minds of the people, and our place in the expanding Public Health Program until the retail stores of America present pharmacy in a different light than that which is representative of the smaller stores and the chain stores of our country. The American public thinks on pharmacy not as the mighty manufacturing plants with mass production and splendidly equipped scientific and research laboratories, not in terms of higher standards of pharmaceutical education, not in the same manner as other professions carrying on our great Public Health Program; but the American public thinks of pharmacy as it exists in these thousands of smaller stores in every town and hamlet in our country.

I know some of you are saying, 'This isn't a problem of the A. PH. A. This is a problem for the commercial associations. We are a dignified body concerned only with the scientific, educational and professional side of pharmacy.' This is my answer. This condition as I have outlined it is American pharmacy of 1940, not eighty-eight years ago, not eight years ago; but to-day, this very minute in all the 'corner drug stores' of these United States. This ASSOCIATION has long been referred to as the Mother of American pharmacy. This is your child, you have disowned it too long. The place to begin working is at the bottom, not at the top. It thus behooves every member, regardless of group affiliations, whether he be pharmacist, teacher, board member, jobber, manufacturer, *et cetera*, to work together to bring about better conditions in this the most vital need of the AMERICAN PHARMACEUTICAL ASSOCIATION.

SUGGESTIONS

In undertaking this work I suggest that:

(1) The Council make it possible for a contact man and committee of pharmacists in whom these retailers have explicit confidence, together with officers of the ASSOCIATION, to meet with every state and local association possible in the interest of selling the A. PH. A. to retail pharmacy.

(2) That each College of Pharmacy and Student Branch be visited and that a year's membership be given to its graduates who will subscribe to the principles as outlined in the Code of Ethics. Furnishing our JOURNALS to each student, thereby, while in a formative period, acquainting young pharmacists with association activities and keeping them abreast

of the times. Thus rendering a service to Colleges of Pharmacy.

(3) That a joint State, A. PH. A. and N. A. R. D. membership be worked out along lines similar to the American Medical Association, thereby giving pharmacy a unified front, a commanding voice and a representative membership.

(4) That a framed Code of Ethics be presented without cost to each new member to acquaint him with the objectives of the ASSOCIATION and to lend a professional air to his store.

(5) That the new Practical Pharmacy Edition of the JOURNAL be made more in keeping with the needs of retail pharmacy. This Journal with the help of the A. PH. A. laboratory personnel can work out a uniform and helpful U. S. P. and N. F. Program tying in with similar state association work.

(6) That the new Journal furnish material to state association secretaries for bulletin service; this material to include educational, legislative and commercial matters in the interest of a coördinated program of state and national import.

(7) That the new Journal launch a nation-wide program of publicity through this state association set-up, through the daily press, magazines and periodicals, and in every available source on scientific, educational, legislative and news-interest relative to all phases of pharmacy and pharmacists in public life. For example; a complete coverage of the coming U. S. Pharmacopœial convention.

(8) That a Pharmaceutical Alliance composed of representatives of all branches of the drug industry be formed to coördinate efforts in all matters affecting the unit of pharmacy. I see no reason for additional associations. The need is for some one group to speak for a unified profession and to direct its destinies.

NOW IS THE TIME

I believe this is the opportune time to begin this program. I think our leaders in the different branches of the drug industry realize the need for just such a program. If we are to keep pace with the rapid changes in science, education, legislation and merchandising, it is imperative that all branches of pharmacy from retailer to manufacturer pool their efforts in presenting a unified front.

That this is important I quote from 'The World is Yours' an article entitled 'American Pharmacy,' by Charles Whitebread, Associate Curator, Division of Medicine and Public Health, Smithsonian Institution, United States Office of Education. This is a preface to the NBC broadcast, Sunday P.M. March 24, 1940. . . . 'The skill of the Manufacturing Pharmacist has played an important part in advancing pharmacy to its present high standards, but we must keep in mind the fact that most pharmaceutical advances have developed behind the prescription counter and in the laboratory of the corner drug store. Each of these major branches of pharmacy, the large manufacturing plant and the small corner drug store is essential to the other.'

Your President is a typical small-town pharmacist operating two retail stores in a Georgia town of 1289 population. Having been actively engaged in the retail drug business for twenty-five years, in Fair Trade and association activities both state and national, and having made observations while attending the A. Ph. A. meetings for the past several years, he has had the opportunity to get a clear picture of conditions in retail stores from Texas to Canada and Oregon to Florida.

The backbone of American pharmacy is represented in these corner drug stores of our country. The A. Ph. A. is the one organization to inject that

professional serum which is so greatly needed into the spine of pharmacy. As head of this ASSOCIATION I hold the needle; will you as members of the Council and members of this ASSOCIATION supply the serum."

At the conclusion of the address the audience arose and applauded and upon motion duly made and seconded the address was received.

President Evans requested Dr. DuMez to conclude the meeting.

As there was no further business the 88th annual meeting was adjourned *sine die* at 11:20 A.M.

JOINT SESSION OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY AND THE NATIONAL ASSOCIATION BOARDS OF PHARMACY

The Joint Session was called to order at 10:00 A.M., on Tuesday, May 7, 1940, in the Hotel Jefferson, Richmond, Va., by President Costello of the N. A. B. P., who welcomed those present and said that President DuMez of the A. Ph. A., and President Rogers of the A. A. C. P., would join in presiding later.

COMMITTEE ON FAIRCHILD SCHOLARSHIP.—Chairman E. G. Eberle read the following report which was received:

"The Fairchild Scholarship Committee for 1940 is composed of A. G. DuMez, C. H. Rogers, P. H. Costello and E. G. Eberle, Chairman. The Columbia University College of Pharmacy, C. W. Ballard, Dean, advised that they would not have a candidate for the examination, and that they would be glad to prepare the questions and grade the answers. Twenty-eight candidates, under the rules, competed; several others were unable to arrange for the examination. The subjects presented were: Pharmacy, Materia Medica and Chemistry, and the results were deducted under rules outlined by the faculty.

The candidates worked under *nom de plumes* and their names were not disclosed until after the papers reached the Chairman's office. The highest percentages were: Pharmacy, 77.20; Materia Medica, 90.33; Chemistry, 74.00; lowest percentages in the same subjects follow: Pharmacy, 39.00; Materia Medica, 45.00; Chemistry, 10.00. The highest general average was in Material Medica; next in Pharmacy; and third in Chemistry.

Ten candidates averaged 70 or more in Pharmacy; two, 70 or more in Chemistry; and twelve 70 or more in Materia Medica; four of the candidates averaged 70 or more in all branches.

Scheduled report of ten candidates follows:

Name	Materia Medica	Chemistry	Pharmacy	Average
1	85.76	74.00	71.00	76.92
2	89.00	65.00	71.60	75.20
3	90.33	55.00	76.40	73.91
4	76.00	72.00	66.60	71.53
5	73.33	57.00	77.20	69.18
6	75.00	53.00	75.60	67.87
7	72.00	48.00	75.20	65.06
8	72.33	51.00	69.40	64.24
9	86.66	39.00	62.60	62.75
10	79.33	38.00	68.20	61.84

The winning candidate is Miss Etta Macdonald of Texas University, School of Pharmacy. She made 70 or more in all branches, as shown above. Her school records have been properly filed by Dean W. F. Gidley, and a sketch of her has been prepared.

The Chairman has received the cooperation of the Committee; the work on the preparation of the questions and the grading has been done by Dean C. W. Ballard and his faculty, to whom we offer our thanks; they have given the work careful consideration. We also wish to thank the Schools who presented candidates."

COMMITTEE ON PHARMACEUTICAL SYLLABUS.—In presenting the following report which was accepted, Chairman Burlage stated that this was not a final report since the Committee plans to hold several meetings in Richmond to which any one with problems or suggestions are invited:

"The Syllabus Committee held two lengthy meetings at Atlanta, on August 20 and August 23, 1939. At the first meeting the following statement regarding the object of a course in pharmacy, was adopted: 'The object of the course in pharmacy is to develop men and women with the capacity to become safe and competent pharmacists.' It was further decided to use as the basis for the selection of required courses for the Pharmaceutical Syllabus the criterion embodied in the following query: 'Is this course necessary to make a safe and competent pharmacist?'

Sub-committees were appointed to draw up definitions of the list of subjects proposed as minimum requirements. The definitions were submitted to the Committee at the second meeting, were discussed at great length, and, after revision of some, were adopted.

Later in the year the list of courses and definitions was submitted to the Committee, as a whole, and was voted upon by mail ballot, with the criterion mentioned above used as the basis for voting.

A joint meeting was arranged with the American Council on Pharmaceutical Education on December 6th, at which time a list of required subjects and their definitions recommended by the Committee (based on the compilation of the voting by the members) was submitted to the Council for consideration. Members of the Syllabus Committee Burlage, Deno, Fischelis, Jenkins, Lynn, Newton and Swain represented the Committee.

These subjects and definitions were then sent to deans and staff members of schools of pharmacy, and to the Board members through their Bulletin, for examination and critical comment.

The comments thus received will be considered by the Committee in its deliberations this week.

The next task of importance before the Committee is the delineation of the proper time allotments and sequences of subjects in the minimum required list.

A financial report extending from August 15, 1939, to May 1, 1940 is offered:

Receipts:

Balance on hand August 15, 1939.	\$979.41
Contributions from A. A. C. P., 1940.	50.00
Contributions from A. Ph. A., 1940.	50.00
Contributions from N. A. B. P., 1940.	50.00
Sale of Syllabi.	10.75
Interest.	8.37
Total.	<u>\$1148.53</u>

Disbursements:

Postage and Supplies (miscellaneous).	16.43
Mimeographing.	28.80
Clerical.	66.48
Expenses of Joint Meeting with Council of Pharm. Ed., in Baltimore	
H. M. Burlage, expenses.	35.00
R. A. Deno, expenses.	10.70
R. P. Fischelis, expenses.	10.25
G. L. Jenkins, expenses.	12.55
E. V. Lynn, expenses.	40.30
H. C. Newton, expenses.	40.30
Total.	<u>\$ 260.81</u>
Cash in Hand.	<u>\$887.72''</u>

In reply to questions, Chairman Burlage stated that before final action is taken the material referred to in the report would be submitted to the schools and colleges, to the boards of pharmacy and to others interested.

COMMITTEE ON THE STATUS OF PHARMACISTS IN THE GOVERNMENT SERVICE.
—Chairman Kendig read the following report, which was received, to take the usual course.

"There are so many places in the government service which can be filled by pharmacists, and so much can be done to improve their status when they are installed, that the Committee on Pharmacists in the Government Service can never expect to conclude its work; the committee starts the new year where it stopped at the conclusion of the old. In this respect the work differs from that of most of the committees of the ASSOCIATION which must organize, annually set up a program and then intensively work toward a concluding objective. For these reasons the current short nine-month year has not particularly handicapped your committee and it reports an active year although the more important results of its efforts will not be evident until later dates.

Your committee in an endeavor to submit a short report will confine its statements to a few of the more important activities and to some cumulative results.

Medical Administrative Corps, U. S. Army.—You will recall that our bill of 1936 which granted officer status in the Army to pharmacists as such, provided for the appointment of sixteen pharmacists as second lieutenants in the Medical Administrative Corps. At the time of our last report,

August 1939, as the result of three examinations, eleven candidates had qualified, were granted commissions, and inducted into the service.

A fourth examination was held in November 1939; seven applicants were successful and the first five on the list were promptly commissioned. The other two are on the eligible list until vacancies occur. The names of the five commissioned as Second Lieutenant follow:

Paul C. Larnce, San Antonio, Texas
Elliott P. Rigsby, Chapel Hill, North Carolina
Thomas F. Criswell, Jr., Brian, Texas
Emerson B. Taylor, Seattle, Washington
Woodrow C. Herbert, Salt Lake City, Utah

The acceptance of commissions by these five young men completed the quota of sixteen pharmacists authorized by the 1936 legislation and additional appointments cannot be made until a vacancy occurs within the sixteen or until congressional and executive approval is given to increasing the number of pharmacists in the Army.

Your committee has been urged rather vigorously to do something to obtain additional appointments; we are, but not in a *bleitzkreig* manner which would only defeat or at least definitely postpone consummation of our plans, the objective of which we believe to be satisfactory to the ASSOCIATION and to the Army. Your committee has warm and influential friends who are much interested in an adequate pharmaceutical service in the military forces of the nation and it would be folly to disregard their advice about procedure and timeliness.

Pharmacy Technicians School, United States Army.
—The introduction of pharmacists to the officer personnel of the Army has been purely incidental in the work of your committee; rank, and consequent authority of course, is necessary for effective function by any of the services in a military establishment—it is an essential element. However, your committee believes its chief function and primary duty with regard to the military forces is to improve the pharmaceutical service and this cannot be brought about entirely by gaining officer insignia for any obtainable number of qualified practitioners. Pharmacy in the Army differs much from pharmacy in civil life; its duties are the result of the demands of a system and mode of life which because of its primary purpose cannot be materially altered.

The pharmacy officer, like every other officer, conforms to established custom and the requirements of the organization, and becomes a director and supervisor of the work of others, personally performing only those duties which cannot be delegated. Of necessity, under the present Army organization, much of the pharmaceutical work must be done by the enlisted personnel, and as the number of trained pharmacists available is woefully inadequate, your committee has coöperated in and whole-heartedly supported the establishment of a school for the training of pharmacy technicians for the purpose of better

pharmaceutical service pending the obtaining of more graduate pharmacists by the Army.

The pharmacy technicians training school is located in the Army Medical Center, Washington, D. C., and enrolled its first class last fall. The course is offered under the direction of Second Lieutenant Glenn K. Smith, one of the first pharmacists to qualify for a pharmacist commission. Twenty selected enlisted men are in attendance and after nine months or 1140 hours of training they will be assigned as technicians and assistants to men performing the pharmaceutical work for the Army and another class will be enrolled. In our report last year we submitted a copy of the Scope of Training proposed in this school; the curriculum adopted did not differ essentially from the original plan.

This project will undoubtedly provide a better and more satisfactorily trained assistant than has been available heretofore. As an Army health service this school is just as important as commissioning the Lieutenants; however, they are interdependent and supplement each other.

Pharmacists in the Reserve Officers Corps.—Your committee has given particular attention to this subject and feels confident that satisfactory arrangements will be made to take care of properly qualified candidates.

American Red Cross.—At the request of the Surgeon General of the Army, and in compliance with its policy of cooperation with both the Army and the Navy, the American Red Cross, as an expansion of its peace-time services for the military forces, has undertaken the enrollment of various types of medical technologists including pharmacy technicians, who are willing to serve in the medical departments of the Army and the Navy if and when their services are required at the time of a national emergency.

The general qualifications for enrollment have recently been given wide publicity and many inquiries have been received from pharmacists. The associations here represented have actively cooperated in working out the plans as they affect pharmacists and in putting these plans into operation.

It is believed that this enrollment will provide in case of emergency the opportunity for pharmacists who may not desire, or who may not be qualified to be commissioned in either the active service or in the reserve, to serve in the capacity for which they have been trained rather than, as has happened, to be detailed to other duties. It also has the advantage that after any emergency has passed, those who may be temporarily enlisted under this plan will be promptly released, and those men who do not qualify physically, may be eligible for employment by the Army as civilians.

Civil Service.—Your committee is gratified at the progress being made for increased employment of pharmacists under Civil Service appointment. It is interesting to review this committee's reports and find that only a few years ago pharmacy was classified as a sub-profession, *i. e.* eligible for 'positions the duties of which are to perform work which is

incident, subordinate, or preparatory to the work required of employees holding positions in the professional and scientific service.'

The professional service was defined in the Classification Act of 1923 as follows:

'The Profession and scientific service shall include all classes of positions the duties of which are to perform routine, advisory, administrative or research work which is based upon the established principles of a profession or science, and which requires professional, scientific, or technical training equivalent to that represented by graduation from a college or university of recognized standing.'

It can readily be understood that under this legal definition the pharmacist could not be placed in the professional group until we dropped the two- and three-year courses of study. To-day with the standard four years of study required for graduation, pharmacy is being accorded the recognition its advance in educational attainment justifies.

During the past year an examination for the position of junior pharmacist, for which graduates of a four-year course leading to the bachelor's degree were eligible, was held and the results were entirely satisfactory to the commission. An adequate roll of eligibles was established from which the commission will furnish to the appointing officer of the department desiring the services of men with pharmaceutical training, a list from which selection under the Civil Service rules may be made. Within the last few months the commission has furnished lists of qualified eligibles compiled from the junior pharmacist register, to file a number of positions such as

1. Druggist, U. S. Marine Hospital, \$1800 a year.
2. Assistant Pharmacist Aide, Veterans Administration Facility, \$1620 a year.
3. Junior Food and Drug Inspector, Food and Drug Administration \$2000 a year.
4. Junior Toxicologist, Chemical Warfare Service, \$2000 a year.
5. Junior Narcotic Agent, Bureau of Narcotics, \$2000 a year.

In the address of President Lascoff last year he called attention to the importance of pharmacy representation on state and municipal boards of health and pointed out that pharmacy cannot occupy that place in the public health scheme to which it is entitled, unless it is given a voice and responsibility in public health administration.

Your committee is glad to report that at least four outstanding appointments of pharmacists to positions of this kind have been made this year. Mr. Aquilla Jackson, Baltimore, Md., became the Deputy Commissioner of Foods and Drugs for the State of Maryland, succeeding Dr. Robert L. Swain, resigned. Dr. E. F. Kelly has been an active member of the Maryland Board of Health for years.

Robert P. Fischelis, past President of the AMERICAN PHARMACEUTICAL ASSOCIATION, was appointed a member of the New Jersey Board of Health.

Dean Ivor Griffith of the Philadelphia College of Pharmacy and Science was appointed to membership of the Advisory Health Board of the Commonwealth of Pennsylvania.

William G. McCrillis was appointed to membership on the Board of Health of New Hampshire.

During the past several months your committee has given close observation and consideration to these and other matters of importance to pharmacy; possible developments with accompanying opportunities for constructive action are being followed attentively, but the work in some areas has not as yet progressed to a point where we feel warranted in making it a part of our report, in fact, in certain instances, publication at this stage would be unwise."

Chairman Kendig referred to the paper in the Section on Education and Legislation by Lieut. Glenn K. Smith on the training of pharmacy technicians and by Mr. A. E. Ernest, of the Civil Service, on the status of pharmacists under the Civil Service, which will provide additional information.

The report was discussed by J. I ester Hayman, John F. McCloskey, C. Leonard O'Connell, C. W. Johnson, A. L. I. Winne, H. H. Buch, C. R. Bohrer, M. B. Melvin and P. A. Foote. Doubt was expressed of the wisdom of a sub-standard training for pharmacy technicians and the fear that those so trained would afterward apply for registration. It was the general opinion that approval of such a program should not be given at this time.

REPORT OF AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION, INC.—

Secretary DuMez read the following report which was received.

"The following constitutes the eighth annual report of the American Council on Pharmaceutical Education, Inc., to its sponsoring organizations, namely: The AMERICAN PHARMACEUTICAL ASSOCIATION, The National Association of Boards of Pharmacy and The American Association of Colleges of Pharmacy. It covers the period August 21, 1939 to May 4, 1940.

Membership of Council.—There have been no changes in the personnel of the Council during the period covered by this report, except one which resulted from the resignation of Dr. David A. Robertson, President of Goucher College, who was the representative of the American Council on Education. Dr. Robertson resigned because of the press of work in connection with his duties as President of Goucher College. He was well informed with regard to pharmacy's educational needs, was experienced in accreditation work and his wise counsel will be greatly missed. The American Council on Education has recommended an appointee to take his place and it is expected that favorable action

will be taken on this recommendation in the near future.

The terms of office of the following expire in 1940 and action should be taken by the respective organizations at this meeting to reappoint or otherwise fill the vacancies which will be created: Dr. H. A. B. Dunning representing the AMERICAN PHARMACEUTICAL ASSOCIATION; Dr. A. C. Taylor representing the National Association of Boards of Pharmacy; and Dr. Townes R. Leigh representing the American Association of Colleges of Pharmacy.

Inspection Activities.—At the time of the last annual meeting of the Council, there remained nine colleges of pharmacy to be inspected for the first time and four colleges to be reinspected. In spite of the fact that the work of inspection could not be begun until the colleges opened in the Fall, the task was completed by November 15th, thus making it possible to give consideration to these institutions in the preparation of the first list of accredited colleges.

Since January 1, 1940, applications for accreditation have been received from five more colleges. Some of these have already been inspected and the remainder will be inspected before the end of the college year if possible.

Meetings.—The Council has held but one meeting since the regular annual meeting held in Atlanta, Georgia, on August 20, 1939. This meeting was held in Baltimore, Maryland, on December 5 to 7, 1939.

At this meeting, definite action was taken on the applications of the schools and colleges of pharmacy which had not been previously acted upon and on the applications upon which a final decision had not yet been reached; a list of accredited colleges was prepared and there was also prepared an explanatory statement to accompany this list. The list of accredited colleges and accompanying statement were subsequently issued in booklet form, copies of which were distributed on January 10, 1940, to the presidents of universities, the deans of colleges of pharmacy, the secretaries of the state boards of pharmacy, the secretaries of the national pharmaceutical organizations, the surgeon generals of the United States Army, Navy and Public Health Service, certain other departments of the federal government, the state departments of education, the drug journals and others.

It should be recalled that at the meeting held in Atlanta, the Council agreed to cooperate with the Pharmaceutical Syllabus Committee in the revision of the Pharmaceutical Syllabus. Pursuant to this agreement, one session of the Baltimore meeting was held jointly with the Syllabus Committee. At this session, there were formulated definitions for the courses in chemistry, pharmacy, and the biological sciences. A decision to the effect that a foreign language shall not be one of the required subjects was also reached. The complete report of the business transacted at this joint meeting

will no doubt be carried in the report of the Syllabus Committee.

An informal meeting of several members of the Council was held in Baltimore, Maryland, on March 3, 1940, to advise the Secretary with regard to the course to pursue in meeting certain exigencies which had arisen and to otherwise expedite the transaction of the Council's business.

Other Activities.—In last year's report, you were informed that your President and Secretary attended a conference of representatives of accrediting agencies held in Washington, D. C., on April 7 and 8, 1939, under the sponsorship of the American Council on Education. You were further informed that another conference of these agencies would be held this year. The time set was June 4, 1940, which will be after this meeting has come to a close. The report on the results of the conference will, therefore, have to be postponed until some future date.

The American Chemical Society has completed its plans for the accreditation of the various courses in chemistry offered by educational institutions and has actually begun the work of investigating these courses. The outcome may be to the disadvantage of graduates of pharmacy schools, particularly to those who intend to pursue work in pharmaceutical chemistry. The matter has, therefore, been taken up informally with the Chairman of the Committee on Professional Training of Chemists of the American Chemical Society and the outcome will be reported to you at a subsequent date.

Since the date of the last report, there has been established at Weatherford, Oklahoma, a School of Pharmacy in Southwestern State College of Diversified Occupations. Full information regarding the Council's standards for accreditation have been sent to the President of the Institution in response to a request from him.

Summary of Progress.—The first objective of the Council was reached in August 1937, when the standards for the accreditation of colleges of pharmacy were completed and adopted. The second objective, namely, the publication of a list of accredited colleges of pharmacy, was reached in January of this year. Although there still are a few colleges of pharmacy to be inspected for accreditation, it is believed that, from now on, the Council will be in position to inaugurate and supervise the studies necessary for the further improvement of its standards and to give thought and effort to the attainment of the other objectives set forth in its Constitution, which are as follows:

1. To assure itself that the schools and colleges which have been accredited maintain the proper

standards. It is the intention that this shall be done through correspondence, occasional conferences with members of the faculties where this seems to be desirable and an inspection of each school or college at regular intervals.

2. To prepare an annual revision of the list of accredited colleges.

3. To undertake such other activities as will make for improvements in pharmaceutical education and registration.

Financial Statement.—Attached hereto is a financial statement for the period August 21, 1939, to May 4, 1940. The cash balance, which amounts to a considerable sum, will hardly be sufficient to meet the running expenses of the Council and to pay the cost of reinspections which it will be necessary to make within the next two years. Such funds as may be required to conduct the studies referred to above will have to be obtained from other sources. In this connection, your attention is again called to the fact that the members of the Council receive no compensation for their services and that they are only reimbursed to the extent of the actual amount expended while on inspection trips and in attendance of special meetings.

Conclusion.—In conclusion, it is stated that the Council has made a sincere and honest effort to meet its obligations as laid down in the Constitution by which it is governed. Whereas the Council's decisions may have been disappointing to some institutions and their alumni, it is believed that they have been fair and honest and that they will be viewed in the years to come as having had a beneficial influence upon the colleges thus affected as well as upon pharmaceutical education in general. The way is still open to any and all colleges of pharmacy to become accredited. The list of accredited colleges of pharmacy published in January, 1940, is subject to annual revision and you may be assured that the Council will be pleased to add to this the name of any college which requests accreditation, when and if it meets the standards set for accreditation.

In the furtherance of its work, the Council has been greatly assisted by the secretaries of the state boards of pharmacy, the deans of colleges of pharmacy and by others, and public acknowledgment is hereby made of the high value attached to the assistance rendered by these officials. If it had not been for the help received from these sources, it is doubted if the satisfactory progress recorded above could have been made. The Council, therefore, extends thanks to all of those who have assisted in the furtherance of this project.

FINANCIAL STATEMENT, 1940.

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION, INC.

Receipts:

1939

Sept. 1	Balance on hand.....	\$4558.07
Sept. 6	State College of Washington, Payment for Inspection.....	175.00
Oct. 28	University of Toledo, Payment for Inspection.....	175.00
Oct. 28	A. A. C. P. for Inspection of One College.....	175.00
Nov. 22	A. A. C. P. for Inspection of Three Colleges.....	525.00
Nov. 27	Ferris Institute, Payment for Inspection.....	175.00
Nov. 28	Connecticut College of Pharmacy, Payment for Inspection.....	175.00
Dec. 12	A. A. C. P. for Inspection of One College.....	175.00
Dec. 12	University of Wisconsin, Payment for Inspection.....	175.00

 \$6308.07
Expenditures:

1939

Oct. 4	Wilmer H. Driver, Incorporation Fee.....	\$100.00
Oct. 4	H. G. Roebuck & Son, Printing, Letterheads.....	4.75
Oct. 27	E. F. Kelly, Expenses, Inspection Trip.....	55.38
Oct. 27	R. L. Swain, Expenses, Inspection Trip.....	50.68
Oct. 27	C. B. Jordan, Expenses, Inspection Trip.....	54.48
Oct. 27	A. G. DuMez, Expenses, Inspection Trip.....	128.60
Nov. 21	Townes R. Leigh, Expenses, Inspection Trip.....	122.77
Nov. 21	A. G. DuMez, Expenses, Inspection Trip.....	104.78
Nov. 21	R. L. Swain, Expenses, Inspection Trip.....	75.73
Nov. 21	E. F. Kelly, Expenses, Inspection Trip.....	30.80
Nov. 21	H. G. Roebuck & Son, Printing, Letterheads and Envelopes.....	9.75
Nov. 28	R. L. Swain, Expenses, Inspection Trip.....	10.05
Nov. 28	American Council on Education, for Eight copies of 'Coördination of Accrediting Activities'.....	2.00
Dec. 15	James P. McNulty Co., for Auditing Books.....	54.00
Dec. 15	Townes R. Leigh, Expenses, Inspection Trip and Meeting in Baltimore..	61.20
Dec. 15	Miss Helen Long, Stenographic Services.....	20.00
Dec. 15	A. C. Taylor, Expenses, Attending Meeting in Atlanta.....	37.93
Dec. 15	R. L. Swain, Expenses, Inspection Trip.....	14.35
Dec. 15	R. L. Swain, Expenses, Attending Meeting in Baltimore.....	13.65
Dec. 15	Daisy Lotz, Stenographic Services.....	50.00
Dec. 15	A. G. DuMez, Postage, Telegrams, Telephone Calls, etc.....	32.99
Dec. 16	C. B. Jordan, Expenses, Inspection Trip and Meeting in Baltimore.....	146.45
Dec. 19	E. F. Kelly, Expenses, Meeting in Baltimore.....	18.90

1940

Jan. 8	A. C. Taylor, Expenses, Attending Meeting in Baltimore.....	18.00
Jan. 22	H. G. Roebuck & Sons, Printing Booklet containing List of Accredited Colleges.....	75.00
Feb. 27	H. G. Roebuck, Letterheads and Envelopes.....	12.25
Mar. 11	C. B. Jordan, Expenses, Meeting in Baltimore.....	65.40

 \$1369.89

 Balance..... \$4938.18''

COMMITTEE ON MODERNIZATION OF PHARMACY LAWS.—In the absence of Chairman Swain, Dr. R. C. Wilson, a member of the Committee, read the report, which was received.

"Inasmuch as 1940 was not a general legislative year, the Committee on the Modernization of

Pharmacy Laws has utilized the period for a still further study of the so-called Model Pharmacy Act for the purpose of bringing the draft into conformity with the consensus of pharmaceutical opinion, believing that such a consensus should be arrived at before attempting any aggressive legislative efforts. Accordingly, copies of the draft were again sub-

mitted to the state boards of pharmacy, with the request that it be studied from a critical and constructive point of view.

In the letter which accompanied the draft it was stated that the cardinal principle upon which the draft was based was that drugs and medicines are essential public health needs and that every agency engaged in the manufacture and distribution of drugs and medicines should be subject to public regulation and control. It was emphasized that the draft as drawn sought to bring the practice of pharmacy, the manufacture and wholesaling of drugs and medicines, the dispensing practitioners, hospital clinics, etc., itinerant vending and all other activities involved in the production and distribution of drugs and medicines under permit control. If the bill, in its entirety, were enacted, every phase of drugs and medicines, from production to consumer, would be under the supervision of boards of pharmacy, thus giving practical application to that type of regulation and control which seems theoretically sound.

The draft also specifies the permit fees, conditions under which permits may be suspended or revoked, and also outlines the authority and powers of the board itself.

It is quite evident that the modern draft has received the study and attention of boards of pharmacy and in some instances, constructive comment and criticism have been received. The committee thinks it would be well to set up in this report a few of these comments and criticisms, together with the arguments in their support, as this will serve to clarify the philosophy which has guided the Committee on the Modernization of Pharmacy Laws and will also seek to give increased emphasis to the objectives which it seeks.

CHARLES R. BOHRER, Secretary of the Missouri Board of Pharmacy.—“The proposed act contains no poison section and no mention of the sale of poisons. It is probable that the committee felt that the definition of ‘drug’ was broad enough to cover the sale of poisons and also possible that many states have that matter taken care of in other ways. In Missouri we have no other agency except the Board of Pharmacy to regulate the sale of poisons and in such instances we believe that a poison section should be included. Even should the term ‘drug’ be broad enough to cover the distribution of poisons still it would be more or less of an implied power which would have to be interpreted by regulation of a Board.

“It has been our experience that such implied powers are more or less difficult to enforce and are always a subject of controversy. As far as Missouri is concerned, we would desire and need a section specifically dealing with poisons, a definition of poisons and an inclusion in the powers of the Board to regulate their distribution and an inclusion of poisons in the Declaration of Policy and Purpose.

“Compounding of Prescriptions Limited to Pharmacists.”—This section requires that applicants

shall have a minimum of one year's experience in a retail pharmacy, under the supervision of a registered or licensed pharmacist, which shall be predominantly related to the selling of drugs and medical supplies, compounding prescriptions, preparing pharmaceutical preparations, and so forth, whereas Section 7 states that ‘the compounding and dispensing of physicians’ prescriptions shall be limited to registered pharmacists only.’ It seems to me there should be some correction made in Section 7 or some addition made, as it would be impossible for an applicant to gain the experience required in Section 4, if the provisions of Section 7 are enforced. In other words, one section requires experience while another section prevents the applicant from obtaining it.

“In addition to modifying this section in such a manner as to permit applicants to gain their experience in a legal way and not force druggists to admit under oath that they violated Section 7 by permitting applicants to fill prescriptions, I would suggest the inclusion of medical formulas, medical recipes, medical compounds, pharmaceutical preparations, etc., in Section 7. Personally, I have never been able to see the rationality of requiring prescriptions to be filled by a pharmacist or under his personal and immediate supervision and then leaving a loophole whereby N. F., U. S. P. and other preparations or medical formulas and recipes could be compounded by any person.

“Section 9—Subsection F.”—This section requires a permit from the Board of Pharmacy for any person to operate, open or establish any hospital, clinic, dispensary or any other place in which drugs and medical supplies are compounded or dispensed. In Missouri's proposed act, we carried this same provision and received a storm of protest from hospitals concerning it. Their Attorney appeared for the hearing on the bill and stated that he believed that it was a delegation of authority to the Board of Pharmacy which was not reasonable or any more legal than giving such a Board authority over the practice of medicine, because in its strict interpretation the Board could refuse to issue a permit or could cancel a permit and might thereby close down an entire hospital or refuse to allow one to operate. They felt that the section was too broad and should be specific by covering only such parts of a hospital as were devoted to the compounding and dispensing of drugs. Consequently, we eliminated this provision in a committee substitute bill, but included these institutions in our definition of a pharmacy by adding a phrase similar to the following:

“Definitions—Pharmacy or Drug Store . . . and such terms shall include any drug department, drug room, pharmacy or dispensary operated in, by, in connection with or for the benefit of any hospital, sanitarium, clinic or similar institution.”

OTTO H. KUETHER, Secretary of the Kansas Board of Pharmacy.—“From what I can find there should be a few corrections made in order to fortify it and leave no questions in the minds of the various

states who trust it will do everything they desire of it. Under the heading of Definitions (*b*) the term 'drug'—I would like to see it broadened in order that a clear definition of what a 'drug' really is will be shown, and that when it is questioned in court there will be no question as to its meaning. I feel this is necessary in order to protect pharmacy and place it in its proper light under the new Uniform Pharmacy Act.

"Another reason is that under this act the Board of Pharmacy will issue permits to practicing physicians, dentists and veterinaries who dispense, but nowhere do I find in the act that the term 'drugs' is limited to licensed registered pharmacists, physicians, dentists and veterinaries. In the state of Kansas we find that dispensing doctors will let five-dollar-a-week office girls put up medicine at their own free will. If the term is clarified or broadened and restricted, then we will have jurisdiction over them through the permit portion of the act and the Board of Pharmacy will have the right to stop this illegal practice of office girls dispensing.

"Also, nowhere in the proposed act do I find any interpretation regarding the restriction of poisons. The act should cover this field very carefully and I suggest that a section be added to the act on 'poisons' because if it is left out we will have one of the worst evils possible. I am enclosing a copy that deals with poisons under the Kansas Law. This might aid your committee in setting up a section on poisons, insecticides and fungicides under the proposed act. Otherwise, I feel the act is very sound, and I offer my compliments to the Committee."

PERCY J. CALLAGHAN, Secretary of the New Hampshire Pharmacy Commission.—"This is an excellent measure and covers every phase of pharmacy and would be a credit to any state on its statute books but we find that we have many of the features already on our books and believe that those sections which would benefit us most could be placed on our statutes one at a time and over several years."

Mr. P. H. COSTELLO, Secretary of the North Dakota Board of Pharmacy and President of the National Association of Boards of Pharmacy made some excellent and pertinent comments, and Mr. A. L. I. Winne, Secretary of the Virginia Board of Pharmacy, returned a copy of the proposed uniform act together with pencil notations and corrections. Mr. Winne's comments were particularly helpful and will be carefully considered by the committee when it proceeds with a final revision of the model draft which will be available in the fall of this year.

There were other comments and criticisms but those to which the committee has referred here are sufficiently inclusive to show the interest which the boards have shown and the intelligent responses which they have made.

Now with respect to the comment that the draft should include the regulation of the sale of poisons, it may be said that at the outset the committee took the position that it did not contemplate incorporating within the pharmacy act provisions regulating

the sale and distribution of poisons, the sale and distribution of narcotics, the provisions of food and drug legislation, legislation restricting certain drugs to physicians' prescriptions, as it was believed that these were specialized phases of pharmaceutical legislation which could best be dealt with by special legislative acts.

While this was the position of the committee, there is no reason why in those individual states where it is felt desirable, that the draft may not be extended to deal with those particular situations which the board seeks to control. The committee's feeling is, however, that attempting to deal with all these related activities in a pharmacy act would make the act too bulky, too complicated and too adversely impressive to legislatures to justify the attempt. It may be said, of course, that the committee will give serious attention to the comments and criticisms which have been received and that which meets with committee approval will certainly be incorporated within the revised draft.

Since the Committee on the Modernization of Pharmacy Laws first began its work there have been some developments, however, which should receive its consideration. Much uncertainty prevails in the states with respect to the status of those drugs and medicines which have been declared dangerous by the Food and Drug Administration. Those which have been so designated thus far are undoubtedly dangerous and their distribution should be limited to physicians' prescriptions. While there is a feeling held by some that once a drug is declared to be a dangerous drug by the Food and Drug Administration, its distribution at retail within a state is subject to Congressional control, the subject is far from simple. Quite aside from how desirable such control might be, the existence of such control is highly debatable and for this reason it might be well for the committee to draft a section, the effect of which would be to limit to physicians' prescriptions those drugs which have been designated dangerous drugs by the Federal Food and Drug Administration under the provisions of 502 (j) of the Food, Drug and Cosmetic Act.

If such a provision were incorporated in the state laws there would be automatic provision for dealing with the distribution of dangerous drugs and medicines at retail and thus all uncertainty with respect to their status disposed of. This proposal has not yet been definitely decided by the committee but it will be submitted in due course and disposed of in accordance with the majority view. The mere consideration of this proposal, however, raises the still broader question of how the distribution of drugs and medicines can be limited to registered pharmacists, and, therefore, gives added emphasis to the restricted provisions in the draft of the model act. However, there is very earnest pharmaceutical opinion to the effect that every effort should be made to bring about the proper coöperation between pharmacy and medicine before any extensive legislative program can be attempted which would limit

the distribution of drugs and medicines to physicians' prescriptions. Certainly, if any such legislative program is to be adopted the word prescription should be very carefully limited to a prescription written by a legally competent practitioner for drugs and medicines to be compounded and dispensed by registered pharmacists. There is no point in pharmaceutical opinion crystallizing in behalf of legislation of this kind if the effect is to concentrate the handling of these products in the hands of dispensing practitioners with disastrous effect upon the pharmacist and dubious benefits to the consumer.

This topic is alluded to in this report so as to emphasize the necessity for developing a closer and more coöperative understanding with medicine, not only as the basis for the development of professional pharmacy but as affording the basis for additional pharmaceutical legislation. This may ultimately be required in order to surround the public with that degree and kind of protection which may be said to be the basic philosophy of the Federal Food, Drug and Cosmetic Legislation.

In conclusion let me say that the membership of this committee has been: Dr. Robert C. Wilson, E. J. Prochaska, S. H. Dretzka, George W. Mather and F. E. Mortenson, and let the chairman further state that the committee has worked harmoniously and the members have responded generously to the chairman's appeal for suggestions, criticism and coöperation."

COMMITTEE ON PROFESSIONAL RELATIONS. COLLEGE ACTIVITIES.—The following report was read by Chairman Schicks and was received, the recommendation being referred to the executive body of each Association.

"The Professional Relations Committee of the American Association of Colleges of Pharmacy has for the past several years presented suggestions for improvement in the practice of pharmacy and has pointed to new opportunities for the services of the pharmacist. Perhaps some of the most valuable contributions this committee can make to the pharmaceutical profession are to create when necessary and maintain when in operation, a friendly spirit of helpfulness and coöperation between allied professional groups, to point out ways where the skill and the scientific training of the pharmacist may be used to a greater extent, and to help bring about better working conditions for the profession.

The committee is appreciative of the thoughtfulness of pharmacists and pharmaceutical groups in acknowledging some of the benefits derived from the suggestions made by this committee in the past. The committee would value greatly any constructive criticism of its work and your suggestions of problems for its consideration, and any information you may care to give so that it may operate more efficiently in your behalf.

This past year your committee has been requested on many occasions to relate its experiences

to those who have been interested in starting programs of professional activity with the medical and dental professions. The number of inquiries of this kind has been very encouraging. Increased activity in professional relations is indeed necessary if the practice of pharmacy is to make progress.

Your committee has corresponded with all of the colleges in the association to determine their participation in certain phases of professional relations work and to obtain their attitude on questions of importance. We have also corresponded with Dean Jordan, Chairman of the Professional Relations Committee of the AMERICAN PHARMACEUTICAL ASSOCIATION, with the thought in mind that these committees could work in unison on problems where such combined effort would prove advantageous. This kind of coöperation should prove fruitful and is indeed desirable.

One of the important activities of the colleges during the past year has been to make available to practicing pharmacists the so-called Refresher Courses. Information from 52-58 colleges within the association shows that 17, or 33%, give a refresher course. Eighteen of the 35 schools not offering refresher courses said they would make an effort to start one in the fall.

In the 17 colleges giving a refresher course, the most popular subjects, based on the fact that they are being presented by three or more colleges, are: Commercial Pharmacy, Vitamins, Glands and Hormones, Prescriptions, Official and Non-official Preparations, Biologicals, Pharmacy Laws and Regulations, Food, Drug, and Cosmetic Act, Diseases, Ophthalmic Preparations, pH, Isotonic Solutions and Their Sterilization, Materia Medica, Chemistry.

The subject content of the courses is arrived at usually through the joint recommendations of the practicing pharmacists and the college. Sometimes they are the recommendation of the Professional Relations Committee within the state. In some states the pharmacists, through their state pharmacy journal, were asked to send to the college the names of the subjects they would like to have presented.

The length of the courses varies from 1 day to 6 months, averaging about 12 weeks. Each lecture is about 2 hours long. A few colleges find it answers their purpose best to give their courses during a conference of from 1 to 4 days. Most, however, meet once a week, twice a month, or once a month. Eight schools have had them for 3 to 4 years, while one reports that it has had such a course for 10 years.

The attendance ranges from 20 in some schools to 200 in others, this depending somewhat upon the school's proximity to large cities. The average attendance is about 85.

The average charge is between \$3 and \$6. The price ranges from \$1.50, which is charged for a one-day conference, to \$10 for 3 days. In one college, where the courses are given once a week for each semester, the charge is from \$10 to \$25. One college

gives a series of 8 lectures during a semester; each lecture is of 2½ hours' duration with a question period following, for which a charge of \$1.00 per lecture is made. Eight of the colleges make no charge for the courses offered.

At the completion of the courses some colleges issue a certificate to indicate that the pharmacists has taken post-graduate courses of instruction and study.

Twenty-three (44 per cent) of the 52 colleges report hospital connections. In 15 of these schools the students receive training in dispensing in the hospital. One school reports that its seniors dispense approximately 300,000 prescriptions at the hospital annually. At 5 schools the students fill prescriptions for the school infirmary. In this connection, one school reports that for its student health service the seniors dispense 30,000 prescriptions annually for the Dispensing Clinic of the Medical College.

Thirty-five (67 per cent) of the colleges say that there should be a definite attempt made to shorten the hours of the pharmacist. Four say 'No' and six say, 'Yes—for some localities, but not all, depending on the local conditions.' Seven colleges made no comment on this subject. Thirty-three colleges would be willing to help bring about such a reduction, but 8 would not. Three of these 8 say they would not help because they claim it is not the duty of the college; the other 5 made no explanation.

Thirty-six (69 per cent) of the colleges say the long working hours of the pharmacist are definitely not necessary. Three say they are necessary in some cases, as for example when there is but one registered man in attendance. Two colleges say that a successful professional man must expect to have long hours.

Forty (76 per cent) of the colleges state that there is no means of knowing the number of prescriptions compounded in the state. One college reports that an annual computation of prescriptions is made by the State Board of Pharmacy. Seventeen feel prescription writing has increased; six say it has remained the same; while five venture to guess that it has decreased.

It is a positive sign of progress when pharmacists seek further education. It is a positive sign of progress when increased numbers join their local, state, and national pharmaceutical associations. It is progress when pharmaceutical associations, as collective bodies, contact the medical and dental professions by personal interviews or through the common medium of a publication. It is progress when a considerable number of drug stores unite to keep each other informed on how to increase the professional business by gaining a greater share of it from those who are in a position to send it to the drug store. More group action is needed on the part of pharmacists who desire increased professional business, for their motto should be, 'Make it easy for the doctor to prescribe.' We have learned from

long years of experience that no one is going to do this job for the pharmacists—they must do it themselves if it is to be done. More colleges should offer refresher courses and greater numbers should avail themselves of the advantages such instruction offers.

Some systematic method should be devised in every state whereby the efforts of professional relations committees and other similar groups could be evaluated in terms of increased prescription business. Believing that the board of pharmacy in each state is in the best position to obtain such information, it is recommended that the National Association of Boards of Pharmacy be requested to ask each state, through its board of pharmacy, to devise some method for determining annually the number of prescriptions compounded.

Thirty-five of the 52 colleges reporting say that something should be done to shorten the working hours of the pharmacist. In some sections of certain states drug stores are open only a few hours Sunday morning and remain closed the rest of the day. If the long hours required of many pharmacists could be reduced, pharmacy would not only be more appreciated by those who are in it, but such a condition would attract better men into the profession.

With these things in mind, your committee recommends that the American Association of Colleges of Pharmacy appoint a committee to work in coöperation with committees from the AMERICAN PHARMACEUTICAL ASSOCIATION, the National Association of Boards of Pharmacy and the National Association of Retail Druggists to study the problems of long working hours in the drug store and to report their findings at our next annual meeting, and that this recommendation be sent to all bodies named herein for action."

The report was discussed by John E. O'Brien who congratulated the Committee and referred to the different attitude which physicians now show toward pharmacists, detailing physicians, the great value of "refresher courses," the necessity of reducing the working laws of pharmacists and the pricing of prescriptions. J. H. Goodness told about a group of pharmacists in Massachusetts who have employed a young man to detail physicians.

COMMITTEE ON PROFESSIONAL RELATIONS. STATE ACTIVITIES.—Chairman Jordan read the report of which the following is an abstract, and it was received:

"In October 1939 your Chairman wrote Committee members asking for suggestions regarding the work of the Committee and offering suggestion that the Committee contact the Professional Relations Committee of each State Pharmaceutical Association and secure reports of their work in individual states. Hearty response resulted and the Committee agreed the most important work for this year was the contacting of the Professional Relations Committee from each state and the reporting of their activities.

Accordingly your chairman wrote the secretaries of the State Associations, outlining the program of our Committee and asked for report of activities. He also contacted the Cleveland Academy of Pharmacy and the Wayne County Pharmaceutic Association. A number of reports were received but some states did not reply. Therefore a second letter was sent to states not making reply, resulting in further replies. Together they are: West Virginia, North Carolina, Texas, Mississippi, Louisiana, Colorado, Wisconsin, New Jersey, Georgia, Connecticut, Wayne County Pharmaceutic Association (Michigan), Kansas, Idaho, Illinois, Nebraska, Virginia, Florida, South Carolina, California, New Mexico, Nebraska, Montana, District of Columbia, Massachusetts, Cleveland Academy of Pharmacy, New York, Arkansas and Iowa. Abstracts of all these reports have been printed in the Practical Pharmacy Edition of the JOURNAL A. PH. A., January, March and April. Reports have also been received from Indiana, Ohio, Washington, Minnesota and Wyoming. These will later appear in the JOURNAL in abstract.

A very comprehensive letter was received from the Professional Relations Committee in West Virginia, ending in several resolutions as follow:

1. That the Professional Relations Committee of the A. PH. A. act as a clearing house and disseminate information to all the states from those states now carrying on programs.

2. That the Professional Relations Committee of the A. PH. A. correlate the efforts of the several states and give study to them with the idea of developing a program promoting the use of official medicines, which program could be used on a national basis.

3. That the Professional Relations Committee of the A. PH. A. devote its efforts to developing and making available to its members, (a) professional window displays; (b) radio transcripts suitable for use by individuals or groups; (c) a booklet embracing the subject 'How to Detail Physicians on Official Drugs and Medicines'; (d) an up-to-date booklet embracing official medicines suitable for distribution to retail members.

4. That this Committee proceed at once to investigate the possibilities of building up a program embracing all the foregoing recommendations and give thought to the idea of incorporating into such a program a means or method by which drug stores or pharmacies may be classified.

This Committee recognizes that this is a long-time program and possible to accomplish only a part in one year. However, it is indicated that at least a step has been taken toward accomplishing part of the program outlined by the West Virginia Committee.

Reports indicate that some states are very active in promoting professional relations and others lackadaisical. It is hoped that all will be inspired to greater activity and that Professional Relations Committees will be appointed in all states.

The following facts have been revealed, from the various reports:

The time is ripe for close organization between medicine and pharmacy. Medical associations in practically all states welcome coöperation from pharmaceutical associations and are willing to exchange ideas for mutual benefit. This applies also to dentistry, nursing, hospital and veterinary associations. It is hoped that all states will endeavor to secure coöperation of all of the health professions, similar to that existing in Indiana. For the first time effective coöperation between the professions is apparent, in this state.

Georgia has employed a Field Representative and Detail Man on U. S. P. and N. F. Preparations. The first full-time man for this purpose.

Wayne County Pharmaceutic Associates succeeded in getting together 600 for the purpose of discussing inter-professional problems. They have an inter-professional Council representing all the health professions.

5. Of particular interest were the activities carried on in West Virginia, New Jersey, New York, South Carolina, Connecticut and Wisconsin.

Your Chairman and Chairman Schicks of the Professional Relations Committee, A. A. C. P., have corresponded in an endeavor to unify the efforts of these two committees. A possibility of working effectively together exists, but not much progress has been made.

The program carried out this year has been worthwhile and there is opportunity for much greater activity in the future."

Dr. Jordan said that he had just been told by Professor Strother of South Carolina that 'two stores' in Columbia have filled 1000 prescriptions each for an isotonic nose preparation as a result of the U. S. P.-N. F. program, and that he and Chairman Schicks agreed on two important projects that should have the attention of both committees.

1. That long hours and correspondingly low wages are keeping students from entering pharmacy.

2. That some program of instructing physicians in prescription writing is necessary.

Dr. Bremer spoke of the program being carried out in New York for instructing internes in prescription writing.

COMMITTEE ON DENTAL PHARMACY.—The report, of which the following is an abstract, was read by Chairman Schicks and received:

"Dental pharmacy has advanced decidedly during the past year. Pharmacists not interested before now realize the opportunities for professional business with the dental profession.

Some time ago our committee requested coöperation of the Council on Dental Therapeutics of the A. D. A. to join with the A. PH. A. in presenting a National Dental Program of dental formulas to the dentists and pharmacists. The plan consisted of

publishing dental formulas for ten consecutive months in the Journal A. D. A. and the same formulas with added information for pharmacists to appear for ten months in the JOURNAL A. PH. A. The formulas call for official drugs and preparations or those recommended in Accepted Dental Remedies. To determine what formulas should be published a number of them were submitted to the Council on Dental Therapeutics for their suggestions. The Council also reviewed the explanatory letters to be sent to the dental profession by the pharmacist. The material was corrected to conform with their suggestions.

Announcement of the program was made in the first issue of the new Practical Pharmacy Edition of the JOURNAL A. PH. A. and the formulas started in the February issue.

During the first five months the following were discussed: analgesics, sedatives, topical anesthetics, treatment for hypersensitive dentin, hypnotics and anodyne pastes; many others will follow.

When the dentist receives the monthly formulas for his pharmacist, together with an explanatory letter, he no doubt has noticed them when reading his own dental journal. Thus the contact with the dentist has been made for the pharmacist through the pages of the Journal A. D. A.

Results have proven satisfactory. Dentists are aware of the service rendered by the pharmacist. Pharmacists have found the dentists a delightful group to serve, and an appreciative one. They should make it possible for the dentist to secure his medication through the drug store.

Dentists are making many demands of the pharmacist's training and skill. To answer their requests is really practicing pharmacy.

Much of interest has been accomplished by the Committee members.

Dr. M. J. Andrews, University of Maryland, prepared boxes containing dental prescriptions to be sold to students for their own use or to be distributed to dentists. A member of the School of Pharmacy is invited to lecture to students of dentistry each year in *Materia Medica* and prescription writing. Pharmacy was represented at the Dental Centennial Celebration held in Baltimore in March. Coöperation between the Schools of Dentistry and Pharmacy at the University of Maryland is on a friendly and constructive basis.

Mr. J. T. Matousek, of Cleveland, addressed a dental study club on prescription writing. He compiled a dental formulary which was distributed to dentists. He detailed 1100 dentists with gratifying results.

Prof. L. G. Freeman, Buffalo, addressed the Buffalo Dental Alumni Association. Dental and pharmacy students at the University of Buffalo are given certain lectures and laboratories together.

Prof. Ralph Terry, Chicago, made an exhibit before the meeting of the Chicago Dental Society. The Pharmacy College has made an exhibit of special interest to dental students.

Dean C. L. O'Connell has an organized service for dentists in Pittsburgh.

Prof. Leslie Ohmart, Boston, is a special lecturer at Harvard Dental School. The Study Club of the Massachusetts Dental Society held its meeting in the College of Pharmacy at Boston during the year. Professor Ohmart spoke on dental pharmacy at the Connecticut Pharmaceutical Association, the Boston Association of Retail Druggists and the New England Dental Society.

Your Chairman developed the Dental Program appearing in the Journals, A. D. A. and A. PH. A., gave a three-day clinic before the Greater New York Dental Society, addressed the Association for the Advancement of Professional Pharmacy in New York, as well as a number of groups of dentists and pharmacists in New Jersey; he gave a refresher course to pharmacists on dental preparations in New Jersey; and spoke on dental pharmacy at the D. C. Pharmaceutical Association Convention, the Maryland Pharmaceutical Association Convention, and in Wilkes-Barre, Pa., at a joint meeting of dentists and pharmacists.

Other pharmacists are contributing much to the reputation of pharmacists in serving the dental profession, among them Mr. John O'Brien, Omaha, Nebr., who is doing business with dentists in at least a dozen other states than his own and is supplying preparations to dental specialty houses.

A model dental display, published in the March Practical Pharmacy Edition may serve as a guide for those wishing to exhibit before dental and pharmaceutical meetings.

Pharmacy is proud of the appointment of one of its members as the new Executive Secretary for the A. D. A., Dr. G. D. Timmons.

The Committee wishes to express appreciation to the Council on Dental Therapeutics of the A. D. A. for advice and coöperation; and also to thank Dr. H. L. Hansen, Secretary of the Council on Dental Therapeutics, for many helpful suggestions."

John E. O'Brien commended the Committee on its work and told of his program of detailing dentists. He found that they welcomed the services of the pharmacists.

The Joint Session then adjourned.

**THE COUNCIL,
AMERICAN PHARMACEUTICAL ASSOCIATION
1939-1940**

ABSTRACT OF PROCEEDINGS

The Council membership consisted of nine elected members: H. A. B. Dunning, S. L. Hilton, P. H. Costello, Roy B. Cook, Glenn L. Jenkins, R. L. Swain, H. C. Christensen, R. P. Fischelis, and Ernest Little; and of nine *ex-officio* members: President A. G. DuMez, Vice-Presidents F. O. Taylor and F. J. Cermak, Former President J. Leon Lascoff, Secretary E. F. Kelly, Treasurer C. W. Holton, and Chairman of the House of Delegates, M. N. Ford. S. L. Hilton served as Chairman, Glenn L. Jenkins as Vice-Chairman and E. F. Kelly as Secretary.

The Council has supervision over the property, funds and publications of the ASSOCIATION and acts for the ASSOCIATION and the House of Delegates in the interim between meetings.

The business presented to the Council was transacted at three meetings: held, in Atlanta, Ga., on August 23, 1939; in Washington, D. C., on December 3, 1939; and in Richmond, Va., May 5, 1940; and by mail.

Eleven Council Letters, covering 41 pages and submitting 88 items of business and 29 motions were sent to the members of the Council. These letters have been or will be printed in the JOURNAL, and this report is a summary of some important actions taken; others will be referred to in separate reports.

At the first meeting, the Council Committees on Finance, on Property and Funds and on Publications were either appointed or elected. Special Committees on Standard Program, on N. F. and R. B. Policies, to Develop Advertising for N. F. and R. B. and on Tenure of Office and Retirement were appointed. Association Committees on Recipe Book and on Proprietary Medicines were elected. F. O. Taylor was elected a member of the Committee on Laboratory to serve for 5 years and George D. Beal was elected Chairman of this Committee for 1939-1940. W. J. Husa and George D. Beal were elected members of the Committee on Research to serve until 1944.

The President was authorized to make such appointments as are now authorized to fill vacancies as they may occur, and to make such additional appointments as may be necessary or advisable. Later, the usual appointments were submitted and appeared in the September issue of the JOURNAL.

It was voted to postpone the election of a Chairman of the Committee on N. F. until nominations are submitted, it being understood that Dr. Gathercoal would serve until his successor was elected. It was also voted to combine this position with that of Director of the Laboratory on a full-time basis and at an annual salary of \$6000.

Jules Thoman of Switzerland, John C. Cameron of

China and Rudolph Wallner of Estonia were elected Honorary members of the ASSOCIATION.

The following business was transacted at the Mid-year meeting. The sum of \$500 was appropriated for advertising the Pharmaceutical Recipe Book, Second Edition, during 1940.

Justin L. Powers was elected Chairman of the Committee on National Formulary and Director of the Laboratory effective on March 1, 1940, at an annual salary of \$6000. The services of the retiring Chairman of the Committee on N. F., Dr. E. N. Gathercoal, were continued in an advisory capacity from March 1st to May 15, 1940, with an honorarium of \$1000 for the period from January 1st to May 15, 1940. A message of greeting and appreciation of his splendid services was sent to Dr. Gathercoal.

Consideration was given to the arrangements for carrying out the program adopted at Atlanta for issuing the JOURNAL OF THE ASSOCIATION in two editions after January 1, 1940. It was voted that the titles for these editions should be Scientific Edition and Practical Pharmacy Edition, respectively; that the latter should carry about forty-eight pages for the present with or without a cover; and that the selection of type or design of lettering should be referred to the editors with the suggestion that they should be distinctive.

The report of the Committee on Finance covering the operations of the ASSOCIATION for the first ten months of 1939 was received and after a discussion of the securities held by the ASSOCIATION, the Committee was requested to make a further study of the securities and to later submit recommendations.

The work of the Committee on Local and Student Branches was reviewed by Chairman Little. It was voted that the Committee should study the question of dues of members of Student Branches, that arrangements be made for representation of Student Branches in attendance at annual meetings to discuss problems of interest to these Branches; and that members of Student Branches be presented with an A. PH. A. button or pin.

Developments in connection with the National Health Program and the status of the Wagner Bill, S. 1620, were considered at length after which the Committee on Social and Economic Relations was authorized to appear at the hearings on this measure and to submit a statement giving the position of the ASSOCIATION.

Dr. H. C. Christensen reported at length on the Pharmacy Exhibit to be installed in the Rosenwald Museum in Chicago and submitted plans showing the space allotted and the arrangements for the exhibit. It was voted to appropriate not more than \$1000 to pay the bills due on or before January 15,

1940, and that Dr. Christensen and Secretary Kelly were instructed to obtain complete information about the conditions of occupancy of the space, the ownership of the exhibit and any obligation of the ASSOCIATION in respect to the exhibit.

The Chairman of the Committee on National Formulary submitted several recommendations as the result of which the following actions were taken: the ASSOCIATION declined to undertake the supervision of a proposed Viburnum Research Project; a special committee was named to study the committees dealing with Research and with the direction of the Laboratory with the view of simplifying the procedure; members of several of the N. F. sub-committees were elected on nomination of the Chairman of these sub-committees.

The Committee on U. S. Pharmacopœia submitted several recommendations which after discussion were approved and referred to the Board of Trustees of the U. S. P. Convention.

The following business was transacted by mail. W. Albert Johnson, who has served since 1922, audited the accounts of the ASSOCIATION for 1939 and his report and the Treasurer's report will be published in the PROCEEDINGS issue. The ASSOCIATION has been operating for the year on an estimate of receipts of \$84,418.00 and an estimate of expenses of \$82,400.00 and for the first three months has kept within these estimates. At different intervals, the Council approved the selection of L. C. Bird as Local Secretary for the Richmond meeting, the Hotel Jefferson as headquarters, the week of May 5 h as the time, and approved the General Program of the meeting. Research grants of \$160 and \$150 to Justin L. Powers and to H. M. Burlage, respectively, were approved.

Arrangements were made to sell \$4500 U. S. Treasury Bonds, 2³/₄%, \$4500 U. S. Treasury Bonds, 2⁷/₈%, \$40,000 Baltimore City Bonds, 4%, \$5000 State of North Carolina Bonds, 4¹/₂%, and \$5000 City of Dallas Bonds, 4¹/₂%, and to reinvest the proceeds with the required additional funds in \$20,000 Maturity Value U. S. Savings Bonds, maturing in ten years and costing \$15,000, and in \$56,400 U. S. Treasury Bonds, 2⁷/₈%, which represented a capital gain of approximately \$12,000, which will be reduced to about \$5000 by the lowered rate of interest to maturity. The transaction also provides greater security of the investment.

Arrangements were made for a meeting of the Committee on Organization of the Conference of Professional Pharmacists in Chicago at a cost not to exceed \$500.

A meeting of the Committee on National Formulary, held in Chicago on April 19 and 20, 1940, was approved under an appropriation in the Budget of \$500 to cover all costs.

The establishment of Student Branches in the Southern College of Pharmacy and George Washington University was approved. Under instructions an agreement for printing and distributing both editions of the JOURNAL for 1940 was made with the

Mack Printing Company of Easton, Pa.

The following business was transacted at the third, fourth and fifth meetings of the Council held in Richmond, Va., during the week of May 5, 1940.

THE COMMITTEE ON FINANCE.—A report was submitted covering the first quarter of 1940 showing that the receipts were \$20,468.32 against estimated receipts for the quarter of \$21,104.50 and that the budget expenditures for the quarter were \$19,336.28 against budget appropriations of \$21,433.33.

COMMITTEE ON PROPERTY AND FUNDS.—It was recommended that the Baltimore Trust Co., the Baltimore National Bank and the Maryland Trust Co. of Baltimore, Md., and the Merchants and Newark Trust Co., of Newark, N. J., be approved as depositories for funds and that the safe deposit boxes of the Baltimore National Bank be approved as depositories for security and records.

COMMITTEE ON PUBLICATIONS.—The Committee submitted an exhaustive report covering the JOURNAL, Pharmaceutical Abstracts, National Formulary, Pharmaceutical Recipe Book and Aconite Monograph, reporting with respect to each the number of copies printed, number of copies sold and stocks on hand.

REPORT OF THE NATIONAL FORMULARY.—Chairman Powers reviewed the work of the Committee in some detail.

The death of Dr. Bernard Fantus, Chairman of Sub-Committee No. 7, was reported and also that former Chairman Gathercoal had been designated as Chairman Emeritus of the National Formulary Committee in order to express the respect, deep affection and esteem which the members of the Committee feel for him.

PRESCRIPTION INGREDIENT SURVEY.—Plans for one along the lines of that conducted in 1930 were presented.

The budget of the National Formulary Committee was reviewed and several recommendations were submitted. A committee of three members, including Chairman Powers, was appointed to study the list of nominees for Chairman of the Sub-Committee on Pharmacology and Posology; R. A. Deno was elected as a member of the Committee on National Formulary for a term of ten years to succeed himself; a committee of three members, including Dr. Powers, was appointed to study the problem of a Prescription Ingredient Survey.

COMMITTEE ON N. F. AND R. B. POLICIES.—Chairman Jenkins presented a report which was amended after general discussion to read as follows:

"This is the report of the Special Committee elected at the December meeting of the Council in 1939 to study all questions relating to the maintenance of the A. PH. A. Laboratory and research. The Committee was instructed to study the com-

mittees dealing with the direction of the Laboratory and research with the view of determining how the overlapping of work could be eliminated and the procedure simplified.

Your Committee after considering these matters recommends that the following rules and provisions be adopted to govern the Director and staff of the Laboratory, the Committee on Laboratory, and the Committee on Research.

The Director and Staff of the Laboratory.—(1) The Director shall be responsible to the Council in all matters that pertain to the Laboratory. (2) The Director shall be responsible for the actual conduct of all investigations by the Laboratory. He shall supervise all projects and it is expected that he will confer regularly with all members of the Laboratory staff, direct the researching of the literature, and assist in planning and prosecuting the program of Laboratory work. (3) The Director shall be in charge of all correspondence and reports pertaining to the Laboratory by members of the Laboratory staff, and he shall approve all letters and reports pertaining thereto written by other members of the staff and his decisions on such correspondence and reports shall be final. (4) The Director and the Secretary shall submit to the Council an annual budget for the Laboratory, and the Director and the Secretary of the A. PH. A. shall approve all expenditures against the budget. (5) The Director shall select members of the Laboratory staff and determine their compensation subject to approval by the Council. (6) The term of appointment of members of the staff, except the Director, shall be from year to year, provided that any appointment may be terminated by either party on thirty days notice in writing. (7) No members of the Laboratory staff shall engage in consultation work or other employment, except on approval by the Council. (8) The Director shall have supervision of all projects for which research grants are made by the Council. He shall advise with those directing or conducting each project and shall require reports of progress and results at such times as he may determine.

Committee on Laboratory.—(1) The Committee on Laboratory shall consist of five members. The Director of the Laboratory shall be a member and Secretary of the Committee. The Committee shall elect its own Chairman. The other four members shall be members of the A. PH. A. elected by the Council. They shall be so chosen that at least one shall represent (a) College of Pharmacy faculties, (b) Industrial pharmaceutical organizations, (c) Retail pharmacy and (d) a member of the Council. Members of the Committee shall be elected to serve: one for a term of four years, one for a term of three years, one for a term of two years and one for a term of one year. After the expiration of the one-year term, one member shall be elected each year by the Council for a term of four years. The Chairman of the U. S. P. Revision Committee and the Chairman of the Committee on Recipe Book may be *ex-officio* members of the Committee without vote.

(2) The function of the Committee on Laboratory shall be to advise with and assist the Director concerning matters that pertain to the policies, operation and maintenance of the Laboratory. (3) The Committee on Laboratory shall invite five members of the Pharmaceutical Contact Committee of the American Drug Manufacturers' Association and of the American Pharmaceutical Manufacturers' Association to serve both to advise as to the research program and to secure coöperative studies of monographs and projects. (4) The Committee on Laboratory shall hold not less than one meeting each year in Washington, D. C., or at a place centrally located to the Committee members and at a time to be determined by the Chairman. The travel expenses of the members of the Committee for one meeting each year shall be provided in the budget of the Laboratory.

Committee on Research.—No changes in the make-up or duties of this Committee are suggested. (1) The Chairman of the Committee on Pharmaceutical Research annually shall announce in the Scientific Edition and Practical Pharmacy Edition of the JOURNAL and in such other Journals as may be designated by the Committee, such funds as are available for research grants and shall invite applications for awards from such funds. The Director of the Laboratory may submit a list of desirable projects that will supplement the research program of the Laboratory to the Chairman of the Committee on Research who shall publish the list with the invitation to make application for awards. (2) The Research Committee shall consider and recommend to the Council that awards for research grants be made on the basis: (a) the extent that the award will serve to promote Pharmaceutical Research; (b) whether the award supplements the A. PH. A. laboratory program; (c) the qualifications of those who will perform the work for which the award is made and the facilities of the laboratory where the research will be conducted; (d) preference should be given to applications wherein the award will supplement a contribution from the institution or laboratory in which the research will be conducted. (3) Recommendations for awards shall be made to the Council on a majority vote of the Committee on Pharmaceutical Research. It is moved that the above rules supersede any rules previously adopted by the Council."

On motion of Jenkins-Little, the eight recommendations under the heading "The Director and Staff of the Laboratory" were approved.

On motion of Jenkins-Costello, the four recommendations under the heading "Committee on Laboratory" were approved.

On motion of Jenkins-Costello, the three recommendations under the heading "Committee on Research" were approved.

On motion of Jenkins-DuMez, it was voted that the above rules supersede any rules previously adopted by the Council.

HUGH MERCER APOTHECARY SHOP.—Judge E. T. Embrey, Roger Clarke, and several other gentlemen from Fredericksburg, Va., appeared for the purpose of proffering the Hugh Mercer Apothecary Shop to the A. Ph. A., on behalf of the Citizens Guild, the present owners. The living members of the Guild were anxious to insure the permanency of the Apothecary Shop and Judge Embrey outlined the conditions under which the offer was made. The offer was favorably considered and a committee of three, including W. F. Rudd, R. A. Deno and E. F. Kelly were appointed to study the proposal and submit recommendations. The thanks of the Council were extended to Judge Embrey and his associates for the generous offer.

MANUSCRIPT OF N. F. VII.—Dr. E. N. Gathercoal submitted the partially completed manuscript for N. F. VII and after full consideration the manuscript was accepted and the Chairman of the Committee on N. F. was authorized to prepare the manuscript for publication. The Committee on Publications was instructed to study the matter of contract and the publication of N. F. VII.

SPACE IN THE AMERICAN INSTITUTE OF PHARMACY.—The probable need for increased space for the activities of the ASSOCIATION was considered and the Secretary was requested to take whatever steps may be necessary to advise that space now available in its Building is required exclusively for A. Ph. A. activities.

COMMITTEE ON RECIPE BOOK.—Chairman Lascoff submitted a report reviewing the activities of its Committee for the year and the progress made in the revision of R. B. II. No action was required.

CONFERENCE OF PROFESSIONAL PHARMACISTS.—A committee from the Conference ap-

peared before the Council, submitted the revised Constitution and By-Laws of the proposed American College of Apothecaries and requested that the College be permitted to affiliate with the A. Ph. A. After general discussion the Committee of five members was appointed to study this proposal and to report to the mid-year meeting of the Council. Later Resolution 29 was referred to this Committee.

PRACTICAL PHARMACY EDITION OF THE JOURNAL.—Editor Kelly submitted a report reviewing the steps taken to establish and issue this Edition during the first four months of the year. Based on the reception the publication had had, the opinion was expressed that the project is a sound one, that the supporting fund is sufficient for the purpose and that the necessary personnel should be engaged as promptly as possible to carry on the publication. The incoming Committee on Publications was requested to study the program for the Practical Pharmacy Edition and to submit recommendations by mail to the Council.

ELECTION OF MEMBERS.—During the Association year 572 members were elected.

RETIREMENT OF CHAIRMAN HILTON.—At the close of the fourth meeting Chairman Hilton advised that it was necessary for him to leave before the final meeting. He said that it had been a privilege and a pleasure to serve as a member and as an officer of the Council and that he valued highly the friendships made during his service which would terminate with this meeting. It was unanimously voted that the sentiments of the Council, in appreciation of the long, capable and effective service rendered by Dr. Hilton, should be on these minutes. A rising vote of thanks was tendered to Dr. Hilton, together with an expression of wishes for the future.

HOUSE OF DELEGATES, AMERICAN PHARMACEUTICAL ASSOCIATION

ABSTRACT OF THE PROCEEDINGS

The three Sessions were held in the Hotel Jefferson, Richmond, Virginia on Wednesday forenoon, Thursday evening and Friday evening, May 8, 9, and 10, 1940, respectively.

The First Session was called to order at 10 A. M. by Chairman Ford who welcomed those present. The voting delegates were invited to take their seats in the reserved section and to wear the special delegate badge prepared for them. It was stated that delegations could change or add other delegates by notifying the Secretary and it was requested that in addressing the Chair, delegates should give their name and the organization represented. Chairman Ford emphasized that associate delegates and other members of the ASSOCIATION have the privilege of the floor, except in executive sessions.

The Secretary then called the roll. The list of accredited delegates follows. The name of the organizations or state is in *Italics*, the names of delegates in *Capitals* and the names of the voting delegates in **Bold Face**. Chairman Ford announced that a quorum of voting delegates was present and declared the House organized for business.

A. PH. A. SECTIONS

- Scientific*—C. F. Lanwermeyer, Waukegan, Ill.
Education and Legislation—John F. McCloskey, New Orleans, La.
Practical Pharmacy and Dispensing—L. W. Richards, Missoula, Mont.; L. G. FREEMAN, Buffalo, N. Y.; MAX M. LEMBERGER, Milwaukee, Wis.; W. J. HUSA, Gainesville, Fla.
Pharmaceutical Economics—B. Olive Cole, Baltimore, Md.; JOHN O'BRIEN, Omaha, Nebr.; M. E. RASDAL, Ogallala, Nebr.; J. M. GOODNESS, Boston, Mass.
Historical Pharmacy—W. T. Bradley, Boston, Mass.
Conference Pharmaceutical Association Secretaries—Chauncey Rickard, Harrisburg, Pa.; J. J. SHINE, Chicago, Ill.; CHARLES CLAYTON, Denver, Colo.; THELMA LOVETT, Birmingham, Ala.
Conference of Pharmaceutical Law Enforcement Officials—F. C. A. Schaefer, Brooklyn, N. Y.; G. W. MATHER, Albany, N. Y.
National Conference on Pharmaceutical Research—W. J. HUSA, Gainesville, Fla.; J. C. KRANTZ, JR., Baltimore, Md.; G. D. BEAL, Pittsburgh, Pa.
Plant Science Seminar—E. B. Fischer, Minneapolis, Minn.; M. S. DUNN, Philadelphia, Pa.; E. P. CLAUS, Pittsburgh, Pa.

A. PH. A. BRANCHES

- Baltimore*—M. J. Andrews, R. S. FUQUA, T. T. DITTRICH.
Chicago—R. E. Terry, Wm. Gray, G. L. WEBSTER, E. H. WIRTH, C. F. LANWERMEYER.
City of Washington—C. O. Wilson, L. A. HAZLETON, R. K. SNYDER, K. L. KELLY.
Michigan—R. L. McCabe, H. A. K. WHITNEY, R. T. LAKEY, E. P. STOUT, C. H. STOCKING, L. W. ROWE.
New York—H. H. Schaefer, R. S. LEHMAN, C. P. WIMMER.
Northern New Jersey—G. C. Schicks, H. D. GOULDEN, R. A. DENO.
Northern Ohio—F. J. Cermak, EDWARD SPEASE.
North Pacific—A. O. Mickelsen.
Northwestern—F. W. Moudry.
Philadelphia—R. H. Blythe, ARTHUR OSOL, H. E. KENDIG, H. M. COBE.
Pittsburgh—C. Leonard O'Connell, E. C. REIF, E. P. CLAUS.
Western New York—G. W. Fiero, A. B. LEMON, M. C. SWISHER.

NATIONAL ASSOCIATIONS

- American Association of Colleges of Pharmacy*—C. H. Rogers, J. L. HAYMAN, H. C. MULDOON.
American Drug Manufacturers Association—F. E. Bibbins, F. O. TAYLOR, H. A. LANGENHAN, R. A. CAIN.
American Pharmaceutical Manufacturers Association—H. A. Langenhan, F. S. BUKEY, N. E. FOSS, IVOR GRIFFITH, C. F. LANWERMEYER, HENRY MELTON.
National Association Boards of Pharmacy—J. K. Attwood, J. P. MURRAY, P. H. BRADY.
National Association of Retail Druggists—J. W. Dargavel, A. C. FRITZ, G. H. FRATES, H. P. BEIRNE, S. J. WATKINS, J. OTTO KOHL, F. W. MOUDRY, Wm. McCONAGHY, ROWLAND JONES, JR., S. L. ANTONOW.
National Wholesale Druggists' Association—E. L. Newcomb, W. C. MILLER, J. B. BOWERS.
Proprietary Association—S. T. Helms, F. J. CULLEN, IRVING GROTE.

STATE ASSOCIATIONS

- Alabama*—J. K. Haynie, E. W. GIBBS, PAUL MOLYNEUX, W. F. LITTLE, J. H. EDWARDS, THELMA M. COBURN.
Arkansas—Vince M. Harrington, C. R. COUNTS, IRL BRITE.
Colorado—C. J. Clayton, R. E. KEMP, URA O. MUSICK, D. W. O'DAY, PAUL G. STODGHILL.
District of Columbia—C. J. Fuhrman, W. H. WHITTLESEY, A. C. TAYLOR, W. P. BRIGGS, C. O. WILSON, R. WATSON, F. B. CAMPBELL, J. FRENCH SIMPSON, MORRIS GOLDSTEIN.
Florida—P. A. Foote, ROY HUNTER, GEORGE TAYLOR, A. W. MORRISON, HARRY CHILDS, M. H. DOSS, S. F. HARRIS.
Georgia—R. C. Wilson, C. H. EVANS, L. N. CAMP, Z. O. MOORE.
Idaho—N. A. David.
Illinois—J. Harry Lindahl, JOSEPH J. SHINE.
Indiana—Ira V. Rothrock, H. V. DARNELL.
Iowa—H. H. Gibbs, J. W. SLOCUM.
Kansas—Otto Kuetzer, K. H. PETRO, GENE COOK, PAUL ENGBORG, W. F. SPRAGUE.
Kentucky—T. W. Hoskins, G. L. CURRY, M. A. VAUGHN, ROBERT WYATT, E. M. JOSKY.
Maine—V. H. Hinkley.
Maryland—A. N. Hewing, W. E. WAPLES.
Massachusetts—M. G. Brudno, J. F. FINNERAN, L. M. OHMART, W. H. GLOVER, H. W. YOUNGKEN, E. V. LYNN.
Michigan—O. F. Cook, M. N. HENRY, J. H. WEBSTER, C. B. CAMPBELL.
Minnesota—H. H. Gregg, C. V. NETZ.
Mississippi—C. E. Wilson.
Nebraska—J. B. Burt, R. L. WHALEY.
New Hampshire—G. A. Moulton, P. J. CALLAGHAN, C. D. TUFTS, J. H. GREENAWAY, H. W. YOUNGKEN.
New Jersey—R. P. Fischelis, ERNEST LITTLE, C. W. HOLTON, P. R. LOVELAND.
New York—R. S. Lehman, L. J. PICCOLI, F. C. A. SCHAEFER, H. H. SCHAEFER.
North Carolina—C. C. Fordham, Jr., A. C. CECIL, JOSEPH HOLLINGSWORTH, P. J. SUTTLEMYRE, C. R. WHITEHEAD.
North Dakota—C. B. Hay, P. H. COSTELLO.
Ohio—Otto Moosbrugger, FRANK FREERICKS, W. V. VERBRYKE, T. J. RYAN.
Oklahoma—D. B. R. Johnson, LOYD HARRIS, THOMAS ROACH, RALPH BIENFANG.
Oregon—Harvey Donnell, A. O. MICKELSEN, ADOLPH ZIEFLE.
Pennsylvania—E. P. Guth, C. E. RICKARD.
South Carolina—G. F. Bigby, J. M. PLAXCO.
South Dakota—E. C. Severin, S. A. AMUNSON, KENNETH JONES.
Virginia—A. L. I. Winne, J. C. KEARFOTT, J. M. LEA, V. R. MAY, C. L. GUTHRIE, W. E. LOCKE.
West Virginia—C. V. Selby, J. LESTER HAYMAN, R. B. COOK, F. A. MCFARLIN, G. A. BERG.
Wisconsin—Emerson Stanley, MAX N. LEMBERGER.
Wyoming—R. D. Dame, H. H. CORDINER.

Fraternal Delegates—The Secretary reported that Lt. Glenn K. Smith represented the Medical Department, U. S. Army; Mr. C. H. Simpson represented the U. S. Public Health Service; Messrs. C. W. Ballard, R. S. Lehman, J. Leon Lascoff, F. C. A. Schaefer, C. P. Wimmer, E. L. Newcomb, R. L. Swain and Nicholas Gesoalde represented the N. Y. Veteran Druggists Association; and that J. W.

Sturmer, Ivor Griffith, Arthur Osol, M. S. Dunn, John McDonnell, Freeman P. Stroup, A. B. Nichols, E. Fullerton Cook, and Madeline Holland represented the Philadelphia College of Pharmacy and Science.

Chairman Ford welcomed these fraternal delegates and any who might attend later, especially those representing student branches, and introduced Lt. Smith and Mr. Simpson.

CHAIRMAN'S ADDRESS.—Vice-Chairman Severin presided while the Chairman read the following address which was received with applause and referred to the Committee on Resolutions.

"It is a pleasure to officially greet the delegates who have been chosen as their representatives, by the organizations entitled to representation in this House of Delegates and to welcome their advice and coöperation in the important work that the AMERICAN PHARMACEUTICAL ASSOCIATION has delegated to this group.

The House of Delegates is the legislative division of the ASSOCIATION. It was intended to bring together annually or more frequently if necessary, the representatives of every division of pharmacy and to provide a place where problems of mutual interest to all of them might be considered and acted upon. In addition, the ASSOCIATION has delegated to this House certain very important duties and privileges which because of their importance and because of the trust imposed, should be discharged faithfully and effectively.

At the last annual meeting of the ASSOCIATION, resolutions were adopted (1) urging the incoming officers of the House to inform the delegates about the work of the House of Delegates and about their privileges and responsibilities, and (2) charging the officers with the duty of providing facilities for expediting the business of the House along certain lines as indicated. Vice-Chairman Severin, Secretary Kelly and I have attempted to discharge these instructions as fully as possible and trust that the results obtained will be acceptable and helpful.

On September 22, 1939, a letter was sent to the voting delegates accredited to the Atlanta meeting thanking them for their services, requesting that they submit a comprehensive report of the meeting to their respective associations and enclosing information on which their report should be based. It is a pleasure to report that in many instances very informative reports were submitted and we should like to impress upon each voting delegate who attends this meeting the importance of submitting a corresponding report. Such a report, if carefully worded, serves to bring the many activities of the AMERICAN PHARMACEUTICAL ASSOCIATION to the attention of the members of the State Associations and also impresses upon these members the coöperation which the State Associations render in promoting the program of the AMERICAN PHARMACEUTICAL ASSOCIATION.

In accordance with the requirements of the By-Laws, a letter was addressed on February 12th to the Secretary of each organization entitled to representation in this meeting of the House of Delegates requesting that their delegates be named promptly and that their names be reported on the credential blanks enclosed. In this letter, the opportunities and duties of the delegates were emphasized. A sufficient number of credential blanks were enclosed to furnish one to each delegate and Chapter V of the By-Laws of the AMERICAN PHARMACEUTICAL ASSOCIATION, dealing with the House of Delegates was printed on each blank. This procedure has been followed for several years and the objective has been to acquaint the delegates with the organization of the House of Delegates and the duties and privileges which have been delegated to it.

On April 8th a follow-up letter was addressed to the Secretaries of those organizations which had not at that time reported their delegates, urging that this matter be given early attention in order that a list of delegates could be available prior to the AMERICAN PHARMACEUTICAL ASSOCIATION meeting. It is again a pleasure to report that a large majority of the organizations responded.

It may be helpful to call attention again to the fact that the By-Laws affecting the House of Delegates are made available on each blank and to request that officials of the ASSOCIATIONS entitled to representation and their delegates carefully study these By-Laws in advance of the meeting. It will be noted that the House of Delegates is composed of the accredited voting delegates. Associate and fraternal delegates and members of the AMERICAN PHARMACEUTICAL ASSOCIATION are entitled to attend the sessions of the House and to the privilege of the floor except in executive sessions.

A particular purpose in requesting that associate delegates be named is that if the voting delegate cannot attend for any reason, an associate may be named as his proxy. However, no delegate can act for more than one association or organization.

In order to facilitate business, it is provided that resolutions and other communications shall be submitted in writing and shall bear the endorsement of a voting delegate. It is also requested that delegates in addressing the House shall give their name and that of the organization represented.

The program of the three sessions of the House to be held at this meeting, is a full one and the delegates are requested to be present on time and to give the business of the ASSOCIATION their full attention.

In compliance with the second resolution referred to above, the voting delegates have been supplied a badge bearing the word 'Delegate' in order that the delegates may be easily identified. A section of the seats in the front of this room has been set aside for the use of the delegates and it has been arranged to call a roll of the voting delegates at each session of the House which will be printed in

the PROCEEDINGS. A list of the delegates who have been accredited to this meeting, has been made available to the members of the House.

The Officers of the House have given consideration to providing for more satisfactory facilities for taking roll call votes and for taking secret ballots. Additional lists of voting delegates have been provided for the taking of roll call votes. Until further experience is gained, the Officers decided that the arrangement followed at the Atlanta meeting for secret ballots is the more satisfactory and it will be continued for this meeting.

The Officers of the House have found the suggestions submitted to them at the last meeting very helpful and wish to express their appreciation of them. It is their belief that their successors will welcome similar suggestions for the improvement of the procedure of the House of Delegates.

With the experience so far gained and with the cooperation of the organizations entitled to representation in it, and their delegates, this House of Delegates will become what its proponents visualized, and will exercise a commanding influence in the fields served by the AMERICAN PHARMACEUTICAL ASSOCIATION. To that end we pledge our best efforts during this meeting.

Speaking for myself and my fellow officers, permit me to say in closing that it has been a pleasure to serve in the offices to which we were elected and to

express our thanks for the cooperation and assistance that we have received and look forward to receiving during the sessions to follow."

Chairman Ford announced the appointment of the following:

COMMITTEE ON NOMINATIONS: *Chairman*, A. L. I. Winne, Virginia; M. J. Andrews, Maryland; R. P. Fischelis, New Jersey; F. W. Moudry, Minnesota; C. L. O'Connell, Pennsylvania; E. D. Stanley, Wisconsin; L. W. Richards, Montana; F. C. A. Schaefer, New York; F. E. Bibbins, Indiana.

COMMITTEE ON RESOLUTIONS: *Chairman*, Hugo Schaefer, New York; Lester Hayman, West Virginia; R. C. Wilson, Georgia; Acquilla Jackson, Maryland; J. F. McCloskey, Louisiana; S. H. Dretzka, Wisconsin; F. J. Goodrich, Washington; Wm. C. Muesing, Minnesota; L. R. Shadwell, Virginia.

ANNUAL REPORT OF THE COUNCIL.—The Secretary read the report which was received. (See Council Proceedings, page 386.)

REPORT OF THE TREASURER.—Treasurer Holton read the following report which was accepted.

Report of the Treasurer of the American Pharmaceutical Association January 1 to March 30, 1940

<i>Current Funds:</i>	Jan. 1, 1940	March 30, 1940
Treasurer's Account	\$ 1,007.71	\$ 1,132.04
Secretary's Account	1,128.55	2,462.81
Total Current Fund	<u>\$ 2,134.26</u>	<u>\$ 3,594.85</u>

Permanent Funds:

Endowment	\$ 19,366.94	\$ 20,864.08
Centennial	6,742.24	6,828.18
Ebert Legacy	10,260.58	10,999.30
Ebert Prize	1,040.54	1,054.92
Life Membership	35,500.51	37,185.31
Endowed Membership	264.34	264.34
Research	93,082.48	99,242.59
Apple Fund	1,494.72	1,494.72
Maintenance Fund	47,879.83	54,511.85
Headquarters Building, Property & Equip- ment	556,376.01	556,460.64
Total Permanent Funds	<u>\$772,008.19</u>	<u>\$788,905.93</u>

Trust Funds:

Procter Monument	\$ 19,995.14	\$ 22,163.04
Remington Honor Medal	1,414.17	1,438.05
Frederick B. Kilmer	3,098.75	3,140.00
Geo. and Lillian Judisch Memorial Fund	2,057.50	2,086.26
Total Trust Funds	<u>\$ 26,565.56</u>	<u>\$ 28,827.35</u>

SUMMARY OF FUNDS

Current Funds	\$ 2,134.26	\$ 3,594.85
Permanent Funds	772,008.19	788,905.93
Total Assets	<u>\$774,142.45</u>	<u>\$792,500.78</u>

Trust Funds	28,565.56	28,827.35
Total Assets and Trust Funds	<u>\$800,708.01</u>	<u>\$821,328.13</u>

SCHEDULE OF DEPOSITS, SECURITIES AND PROPERTY AS OF MARCH 30, 1940

Deposits:

Merchants and Newark Trust Co.	\$ 1,132.04
Baltimore National Bank	13,574.86
Baltimore Trust Co.	4,348.74
Maryland Trust Co.	54,311.85
Total Cash on Deposit	<u>\$ 73,367.49</u>

Securities:

Treasury Bonds, 2 $\frac{1}{4}$ %	\$52,900
Treasury Bonds, 2 $\frac{1}{8}$ %	74,400
U. S. Savings	15,000
Federal Farm Mortgage Corp. Bonds, 3%	1,000
State of Illinois Bonds, 4%	4,000
State of Massachusetts Bonds, 3%	14,000
State of North Carolina Bonds, 4 $\frac{1}{2}$ %	2,000
State of Tennessee Bonds, 4 $\frac{1}{2}$ %	2,000
City of Chattanooga Bonds, 4 $\frac{1}{4}$ %	8,000
City of Dallas Bonds, 4 $\frac{1}{2}$ %	6,000
City of Detroit Bonds, 4%	1,000
City of Newark, N. J., Bonds, 4%	6,000
City of Paterson, N. J., Bonds, 4 $\frac{1}{4}$ %	1,000
Town of Montclair, N. J., 4 $\frac{1}{4}$ %	4,000