SECTION ON EDUCATION AND LEGISLATION, AMERICAN PHARMACEUTICAL ASSOCIATION

MINUTES OF THE SECOND SESSION.*

The second session of the Section on Education and Legislation was called to order at 3 P.M., September 6, by Chairman F. H. Freericks. The first paper presented was by Leonard A. Seltzer on "Classification of Registration in Pharmacy."[1]

A paper by B. E. Pritchard entitled "Concerning Three Cardinal Points in Pharmacy," was read, discussed and referred to the Publication Committee. A paper by John A. Leverty on "Publication of Potent Drug Content in All Ready-Made Medicines," was read, but discussion thereon deferred to the next session and in connection with an allied paper by E. L. Newcomb. The next paper was by Louis Emanuel, entitled "Ethical Proprietaries(?) A Protest." Discussion was withheld until after the report of the Joint Committee on Definition of a Proprietary Medicine was read, for the reason that some of the points involved were related.

ETHICAL PROPRIETARIES(?). A PROTEST TO SUCH CLASSIFICATION.

BY LOUIS EMANUEL.

The report of the A. Ph. A. Commission on Proprietary Medicines, presented at the San Francisco meeting is quite comprehensive, and contains practical elements for the elimination of quackery in proprietary medicines, a consummation much desired by the original fathers of this Association. The report, if properly acted upon should lead the way towards a legalized standardization of proprietary medicines.

However, I have a fault to find with the report, and that is regarding the classification of certain proprietary medicines as "ethical proprietaries." In this, it appears, the Commission has followed the lead of the American Medical Association, which classifies proprietary medicines as "ethical" and "non-ethical" according to the manner of their exploitation. The former are considered "ethical" because they are exploited exclusively to the medical profession, the latter are regarded as "non-ethical" because they are exploited to the public. When an ethical proprietary is exploited to the public, it falls from grace, and becomes non-ethical, according to the rule of the A. M. A. This seems absurd, for a medicine that is properly classed as ethical, should have such features as to deserve the classification, and thus retain the exalted position.

The Standard Dictionary defines the term "ethics" as "The science of human duty,"—"The basic principles of right action."

The manufacture of proprietary medicines is not entered into as a duty to humanity, nor is it based on the principles of right action. The incentive that prompts their manufacture and exploitation is a monopoly, and an extraordinary financial return.

The purpose of the United States Pharmacopœia and the National Formulary is to establish a uniform standard of quality and purity, in such form and manner as to be available to all pharmacists, thus no monopoly may be maintained, and the art of compounding

* Papers with discussion of the subjects will be printed apart from the minutes, hence only the titles of the papers will be mentioned in the minutes. As far as possible reports of committees will be included in the minutes. These minutes are continued from page 1242, November issue.

[1] This paper with discussion was printed in October number of the JOURNAL (pp. 1102–1107).

medicines is universally preserved in order that the public may be served efficiently and economically. And this is in conformity with basic principles of right action, and as a duty to humanity, therefore, the term "ethical" as applied to medicines, should be restricted to U. S. P. and N. F. medicines.

REPORT OF JOINT COMMITTEE ON DEFINITION OF A PROPRIETARY MEDICINE.

To the National Association of Boards of Pharmacy and the American Conference of Pharmaceutical Faculties:

In pursuance of action taken at the San Francisco meetings, in 1915, the following Joint Committee was appointed to consider and report upon a definition for a proprietary medicine.

Representing the National Association of Boards of Pharmacy: J. W. Gayle, Chairman, Frankfort, Ky.; Geo. C. Diekman, New York, N. Y.; F. C. Dodds, Springfield, Ill.

Representing the American Conference of Pharmaceutical Faculties: J. H. Beal, Chairman, Urbana, Ill.; L. E. Sayre, Lawrence, Kan.; Chas. Caspari, Jr., Baltimore, Md.

At the request of Mr. Gayle, J. H. Beal has acted as the Chairman of the Joint Committee.

The Committee has devoted consideration to the definitions submitted respectively by the Association of Boards of Pharmacy and by the Commission on Proprietary Medicines of the American Pharmaceutical Association.

The definition proposed by the Association of Boards of Pharmacy reads as follows:

"A Proprietary or Patent Medicine or remedy is one, the name of which does not appear in the United States Pharmacopœia or National Formulary, or the complete formula of which is not printed or otherwise plainly indicated on the label attached to the container."

The Joint Committee has decided adversely to the above proposed definition upon the following grounds:

1. The definition does not in any way deal with or touch upon the matter of proprietorship, which is an essential element in the definition of a proprietary medicine.

2. The definition would apply only to secret medicines, which constitute only one of the subdivisions of proprietary medicines.

3. According to the definition, a proprietary medicine would cease to be such whenever its formula is printed on the label, an evident impossibility.

4. There are hundreds of well-known proprietary medicines recognized as such by the courts and by the American Medical Association that are not recognized by either the U. S. P. or N. F. (See *New and Non-Official Remedies,* published by the American Medical Association.) The definition would make these well-known proprietary medicines non-proprietary.

5. The definition would include among proprietary medicines such biological products as small-pox vaccine, not recognized by the U. S. P. nor N. F. and the composition of which cannot be stated on the label for the reason that it is unknown.

6. The definition is not in harmony with any of the definitions of proprietary medicines accepted in the decisions of various American and English courts.

7. The definition is in conflict with the definitions for proprietary medicines as stated in standard medical and other dictionaries. (See *Appleton's New Medical Dictionary,* 1915, pages 518 and 588.)

The definition proposed by the Commission on Proprietary Medicines of the American Pharmaceutical Association reads as follows:

"A proprietary medicine is any drug, chemical or preparation, whether simple or compound, intended or recommended for the cure, treatment or prevention of disease, either of man or of lower animals, the exclusive right to the manufacture of which is assumed or claimed by some particular firm or individual, or which is protected against free competition as to name, character of product, composition or process of manufacture by secrecy, patent, copyright, trade-mark, or in any other manner."

The joint committee approves and recommends for adoption the foregoing definition for the following reasons:

1. It is in harmony with the definitions found in various legal and pharmaceutical authorities, both American and English.

2. The definition is in harmony with the definitions given by leading medical dictionaries and dictionaries of the English language.

3. The definition sets out fully the essential element of proprietorship, and is broad enough to include proprietary medicines of every class.

4. The definition is in substance practically the same as that which has been approved in various legal decisions, both in this country and in Great Britain. (See State vs. Donaldson, 41 Minn., 80–83.)

5. The definition is practically the same as that adopted by the American Medical Association, differing only in that the essential facts which constitute proprietorship are set forth with greater detail.

Respectfully submitted,

Representing the National Association of Boards of Pharmacy:

J. W. GAYLE, *Chairman,*
GEO. C. DIEKMAN,
F. C. DODDS.

Representing the American Conference of Pharmaceutical Faculties:

J. H. BEAL, *Chairman.*
L. E. SAYRE,
CHAS. CASPARI, JR.

The above names are attached to the report in pursuance of written authority given to the Chairman of the Joint Committee.

J. H. BEAL.

ABSTRACT OF DISCUSSION.

JACOB DINER: Mr. Emanuel stated that the American Medical Association, in their classification, differentiated between exploitation to the public and exploitation to the medical profession. If that were really so their classification would not be a sound one and could not exist for a minute, but I believe Mr. Emanuel left out of sight that beside exploitation other qualifications are necessary before a remedy is accepted by the American Medical Association. Not only must it not be exploited to the public, but claims made for efficacy and contents must be true. The claims must be in accordance with established facts, as far as they can be known or physiologically ascertained. That, I believe, puts a different interpretation on the classification as given by the American Medical Association. Now, Mr. Emanuel maintains in the title of his paper—by inference—that there is no such thing as an ethical proprietary. I do not need to state my position here. That is too well known. I am entirely opposed to the so-called nostrums.

Let us just for a moment consider some of the proprietaries which Mr. Emanuel would eliminate, I presume not only from ordinary use, but from any kind of use by the medical and pharmaceutical profession. I do not recall the time, but history records that quinine was a proprietary. It was within our recollection that aspirin was a proprietary, diphtheria antitoxin, and others too numerous to remember are still proprietaries. Do I understand that Mr. Emanuel would eliminate these because they are not in the United States Pharmacopœia or National Formulary? Is it not a fact that the new edition of the Pharmacopœia contains a number of remedies which not so long ago were proprietaries? And if we are to wait before we may use these things until the new edition of the Pharmacopœia comes out, which, as you know, is deferred longer and longer with each revision, many of these remedies will be forgotten and remain unused, many of which have proven and are proving themselves of value to the suffering patient. I do not believe that the pharmaceutical profession should limit the practitioner to the Pharmacopœia and the National Formulary.

M. I. WILBERT: I would like to point out that the Council has carefully refrained from the use of the word "ethical." It has never used the word "ethical," because the word does not apply. The Council differentiates between proprietaries that are acceptable and those that it deems are not acceptable for inclusion. That is as far as the Council goes. It measures these proprietaries by a "yard-stick," that was adopted some eleven years ago and was widely published. The Council, itself, so far has been the most active critic of this

"yard-stick" or set of rules. I do not remember a single criticism that has come either from the retail druggist or the manufacturer. The manufacturers, after several conferences we have had with them, have adopted them, and have agreed that the rules are fair and equitable.

If these rules are fair and equitable, the position of the Council is unassailable. If the medicine does not size up to these rules, it is refused admission. If it does, it is admitted to the N. F. and gets a good deal of free advertising.

My interpretation of what the Commission on Proprietary Medicines has in mind is something equivalent to what the Council has already done. A patent medicine is either acceptable or not. To be acceptable it must measure up to a certain requisition that the Council outlined last year. Now, if a patent medicine measures up to these arbitrary rules, it is acceptable to the Commission on Proprietary Medicines. It is not "ethical." It is simply acceptable and I wish that this differentiation would be made between "ethical" and "acceptable." Ethical is altogether out of place in a differentiation of this kind. The Council has never used the title "ethical."

J. H. BEAL: I believe Mr. Emanuel misread the report of the Commission on Proprietary Medicines last year, and I would like the privilege of reading these definitions which we propose. We were confronted with the question, What are the classes of medicines which are commonly called "proprietary?" What are the classes of medicines which are commonly known as patent medicines? Now, we knew, or believed, that the term "ethical" was misapplied, just as we believe the name, "patent medicine," was misapplied; but we were dealing with a situation where we called one shelf of medicines "ethical proprietaries" and another one patent medicines. What are the distinctions? In some cases I do not believe there are any distinctions.

Moral ethics and legal ethics and pharmaceutical ethics ought to be the same as moral ethics, or the rules which govern moral behavior.

Now, as to the title "ethical proprietaries," we do not endorse it at all; we simply take the classes which exist, and we are trying to express something which describes that class as we find it in the market, and our definitions of these so-named substances are as follows:

Proprietary Medicines Exploited in Accordance with the Requirements of Medical Ethics, or So-called "Ethical Proprietaries": Proprietary medicines, the active ingredients of which, with their proportions, are stated on the label or otherwise published, and which are not advertised to the general public, either through the public press, by accompanying circulars or in any other manner, and not accompanied by printed matter calculated to encourage their use by the laity without the advice of a physician.

"Proprietary Remedies Advertised Directly to the Public," or so-called "Patent Medicines": Proprietary medicines, whether of secret or open formula, which are advertised directly to the general public through newspapers, by circulars or in any other manner, and the packages of which are accompanied by printed matter specifying the affections, symptoms, or purposes for which the remedies are recommended, and directions for their use.*

Now, proprietaries can be divided along other lines. We divide horses into race horses, carriage horses, dray horses; and then there are white horses, black horses and bay horses; and these lines would cross each other—these various classes.

Now, the division or classification proposed by Dr. Emanuel is no doubt legitimate. As I understand it, this is a question of classification, but that is not what our Commission was trying to prove. We were trying to distinguish between two shelves of proprietaries, one of which was called "ethical" and the other "non-ethical." They are both patent medicines—both misnomers.

Now, frankly speaking, I think I am not betraying any secret of the Commission when I say that we regard many so-called ethical proprietaries as not a whit better than patent medicines, and we might as well step over on the other side and say that we know just

* The terms "ethical" and "non-ethical" as employed in this report are intended merely to distinguish between remedies exploited in accordance with the rules of medical ethics regarding the advertising of medicinal agents, and those advertised to the general public in contravention of such rules. The terms have been used for want of better, and are not to be understood as implying any idea of relative merit.

as many patent medicines that are as efficacious and as decent and in accordance with the practices of medicine as are many of the so-called proprietaries that are known as "ethical." That is a subject on which we hope to make a report at some other time. But this was only intended to distinguish between those advertised in an ethical manner and those not advertised in an ethical manner.

A motion made to refer Mr. Emanuel's paper to the Publication Committee was adopted.

A motion made to receive the report of the Committee and adopt the definition in the report was carried.

The report of the Committee on the Chairman's Address was next presented. This is printed in the October number, p. 1082. It was approved.

REPORT OF THE SPECIAL COMMITTEE ON REGULATIONS FOR TRANSPORTATION OF DRUGS BY MAIL.

It is still unlawful to send poisons through the mails. No change in the law has been made and no regulations affording relief have been promulgated since the time of this Committee's report at our last previous meeting a year ago.

The principal constructive move that has been made on this subject during the year originated with the National Association of Manufacturers of Medicinal Products. At the time of the annual meeting of that Association in February it was decided to take action tending to relieve the situation relative to the mailing of poisons. This bore fruit in August when there was introduced in Congress what has become known as the Kern-Doremus bill. It seeks to amend the U. S. Criminal Code in such a way that all poisons and compositions containing poisons may be mailed under proper restrictions and when properly safeguarded. The bill is comprehensive, affording relief not alone to the drug trade, but to every branch of art, science and industry. A copy of the bill as issued by the above Association is attached to this report.

The bill will be considered by Congress somewhat later, probably in December, but we should consider it at the present meeting. The majority of the members of this Committee have expressed themselves favorably after studying the provisions of the bill. The Chairman has had outside legal opinion favorable to the bill and wishes at this time to have the American Pharmaceutical Association itself consider the advisability of endorsing it.

The report of our Committee is again a report of progress for reasons that are apparent, and as suggested last year it is felt that to be effective the Committee should be continued until the work is done and some measures of relief have been enacted.

Respectfully submitted,

B. L. MURRAY, *Chairman.*

The following bill to amend Section 217 of the United States Criminal Code was made part of the report:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Section 217 of the Criminal Code of the United States be amended so as to read as follows:

Sec. 217. All kinds of poisons and all articles and compositions containing poisons which are outwardly or of their own force dangerous or injurious to life, health or property; and all other poisons, and articles and compositions containing poisons so insecurely packaged as to endanger the mails or those handling them from leakage or breakage, all articles and compositions herein described that are not packaged and prepared for the mails in accordance with any regulations that may be made by the Postmaster-General for their preparation and packing; and all poisonous animals, insects, and reptiles, and explosives of all kinds, and inflammable materials, and infernal machines, and mechanical, chemical, or other devices or compositions which may ignite or explode, and all disease germs or scabs, and all other natural or artificial articles, compositions, or materials of whatever kind

which may kill, or in any wise hurt, harm or injure another, or damage, deface, or otherwise injure the mails or other property, whether sealed as first-class matter or not and all spirituous, vinous, malted, fermented, or other intoxicating liquors of any kind are hereby declared to be non-mailable matter and shall not be conveyed in the mails or delivered from any post office or station thereof, nor by any letter carrier. Whoever shall knowingly deposit or cause to be deposited for mailing and delivering, or shall knowingly cause to be delivered according to the direction thereon, or at any place it is directed to be delivered by the person to whom it is addressed, anything declared by this section to be non-mailable; and if the Postmaster-General shall have prescribed rules and regulations as to the preparation and packing for the mails of poisons, substances and articles not outwardly or of their own force dangerous, then whoever shall knowingly deposit or cause to be deposited for mailing and delivery, or shall knowingly cause to be delivered according to the direction thereon, or at any place it is directed to be delivered by the person to whom it is addressed anything not prepared or packed according to such rules and regulations, though otherwise mailable as not outwardly and of its own force dangerous, shall be fined not more than one thousand dollars; or imprisoned not more than two years, or both; and whosoever shall knowingly deposit or cause to be deposited for mailing or delivery, or shall knowingly cause to be delivered by mail according to the direction thereon, or at any place to which it is directed to be delivered by the person to whom it is addressed any poison, explosive or other substance or article of whatsoever kind or nature, whether the same be prepared and packed according to rules and regulations prescribed by the Postmaster-General or not, with the design, intent or purpose to kill, or in any wise hurt, harm, or injure another, or damage, deface or otherwise injure the mails or other property, shall be fined not more than five thousand dollars, or imprisoned not more than ten years, or both; provided nothing herein contained shall be construed to permit the mailing of any poison, substance, article or matter the mailing of which or the introduction of which into interstate commerce is forbidden by some other law of the United States of America.

M. I. WILBERT: I move that we receive the report and endorse the spirit of the recommendation. Seconded by L. L. Walton.

(Mr. Wilbert explained his reason for making the motion by saying that the amendment would not secure the relief desired nor provide the necessary safeguards.)

The motion carried.

The report of the Commission on Proprietary Medicines was then read, and the two declarations therein adopted after a motion to receive the report, which was carried.

(The report is printed in this issue of the JOURNAL.)

THE CHAIRMAN: The next order of business is the report of the Voluntary Conference to Draft Modern Laws Pertaining to Pharmacy. I will ask Mr. Emanuel to preside while I read the report.

REPORT FOR THE VOLUNTARY CONFERENCE TO DRAFT MODERN LAWS PERTAINING TO PHARMACY.

Developments since the San Francisco Convention have made it evident that the work of the Voluntary Conference has suffered because of inability at that time to discuss proposed and other new features, which should properly find a place in Modern Laws pertaining to Pharmacy. Our inability to have such discussion at that time has prevented material progress in the work. It was first thought possible to continue with the preparation of a general outline and draft, based upon expressions from the Conference members and various state boards and state associations, but questions which arose and inquiries which were made on the part of some of those who had expressed their opinion in particular with reference to the eight (8) tentative provisions, seemed to indicate to your Chairman that they had found but insufficient consideration. From the very beginning it was understood that no effort should be made for the presentation of a complete draft of laws until

after there might be a fairly general agreement upon the new provisions which should be found in a Modern Law. Such general agreement of necessity has to depend upon thorough understanding, and under no circumstances is action warranted which is shown to be based only on casual and hurried consideration. It is the very first essential that there be open, full and complete discussion of every new feature proposed as a part of Pharmacy Laws, before being finally advanced for that purpose. Failing to find time for opening such thorough discussion at the San Francisco meeting, and more fully realizing its need, it was hoped discussion would more generally take place at the subsequent meetings of the various state associations, and efforts along that line were made. However, in but few instances was it found possible to present at least the eight (8) tentative new provisions so as to bring out the needed exchange and difference of opinion, and therefore we are obliged to look for the needed complete, intelligent discussion and criticism at this convention. If a fair start can be made at this time with sufficient subsequent publicity we may soon hope to have, and to gather the best thought in pharmacy in all sections of the country pertaining thereto.

It is not meant to convey the impression that the work of the Voluntary Conference has failed to attract general attention, for quite the contrary is true, and comment has come from very many sources and has been very gratifying in that it so fully justifies the task which was undertaken. There seems general agreement that the pharmacy laws of nearly all of the states require added provisions and changes which more fully will suit present-day and future needs. As has been reported before, the eight (8) tentative new provisions, wherever considered, have met with almost invariable approval, excepting the prerequisite requirement, in states which do not believe themselves ready for it, and excepting isolated objection here and there to one or another of the provisions. In fact, all but one state, and that unfortunately the State of New York, have expressed the opinion that the eight (8) provisions or the intent as embodied therein would be acceptable, and your Chairman inclines to believe that in New York there was an insufficient understanding. At this point it possibly should be mentioned that here and there we have met with misunderstanding of the work as planned. Some few members of the Conference even seem to have had the fixed idea that its work would be completed within a few months and that the general draft of laws would then be submitted as a finished product. Such erroneous impression was held in face of the fact, that from the very first the work was spoken of to be the result of most thorough-going research and study. Others again, although but few comparatively, seem of the opinion, that when a final draft of Modern Laws is decided upon, that then every state is to be obliged to immediately adopt or try to adopt the entire draft, which, of course, is not the intent at all, since our work is merely to serve as a model, from which can be adapted all or a part as may be deemed expedient and necessary, though, of course, a complete adoption and adaption would be very desirable and can give the uniformity in pharmacy laws, which is so greatly needed.

In connection with the work of the Voluntary Conference a number of resolutions were presented to it by the National Association of Drug Clerks, and consideration was requested for such resolutions. The resolutions appeared in the June number of the *National Drug Clerk*, and at the request of your Chairman a copy of said resolutions as contained therein was submitted to every member of the Voluntary Conference, who in turn were requested to express their opinion regarding them. In their order the resolutions referred:

First, to the appointment of a National Commission under an Act of Congress, to investigate all activities with reference to pharmacy, evidently for the subsequent enactment of some form of National Pharmacy Law.

Second, to a general requirement for the prerequisite.

Third, to the need for defining a drug store.

Fourth, to the need for more correct enforcement of pharmacy laws.

Fifth, to abolishing the registration of Assistant Pharmacists.

Sixth, to Sunday closing and shorter hour legislation.

Seventh, to representation of drug clerks on boards of pharmacy; and

Eighth, to the limitation of the sale of drugs to pharmacists alone.

While by no means all of the Voluntary Conference members saw fit to express their views on the resolutions so submitted, it is a pleasure to report that quite a substantial number of the Conference members did give them deserved consideration. Almost without exception the Conference members pointed out that nearly all of the subject matters referred to had for years been finding consideration by the various national and state pharmaceutical and drug associations. Practically all of the Conference members were opposed to the creation of a National Commission under Act of Congress. The usual division of opinion was expressed with reference to the prerequisite. All members of the Conference favored a provision in the law which properly defines a retail drug store. Of course, all favored a thorough enforcement of pharmacy laws and contended that for their state at least such laws were being properly enforced. Nearly all were opposed to the discontinuance of registration for assistant pharmacists, though three members of the Conference thought that under some conditions or eventually such might be desirable. A very substantial majority were opposed to Sunday closing and shorter hour legislation, while some held this to be invariably a local question. A very substantial majority opposed the proposition for having drug clerks appointed to the boards of pharmacy, while some few saw no objection thereto and four favored such a proposition. Without exception the Conference members voted it as their opinion that the sale and distribution of drugs should be exclusively in the hands of pharmacists. Since the proposition for a National Commission under an Act of Congress is of far-reaching import and since its object is in line with the agitation for a national pharmacy law of some sort which has been going on for several years, your Chairman has taken the liberty to refer to that particular feature in his address, and the view therein expressed may be taken for what it is worth in this connection.

In conclusion I would say that the program for the section meetings has been so arranged as to provide for a fair discussion and exchange of opinion on at least the eight (8) new tentative provisions which have been under consideration. Some papers have been secured which will tend to open up the discussion and where such papers are not available a brief presentation of the aim and scope of the provisions will be made inclusive of such arguments for and against as have been presented to this time. The first three provisions having to do with a definition for "Potent Drugs"; with the requirement for the publication of "Potent Drug Content"; and finally with a requirement governing the manufacture, distribution and sale of drugs, will be taken up immediately after disposing of this report. The other five provisions which in some form or another are of vital concern also to the boards of pharmacy and college faculties will be taken up at the joint session with the Conference of Pharmaceutical Faculties and the National Association of Boards of Pharmacy.

Respectfully submitted,
FRANK H. FREERICKS.

THE CHAIRMAN: You have heard the report what disposition will you make of it?

J. H. Beal moved and M. I. Wilbert seconded that the report be received. Carried.

THE CHAIRMAN: The first provision will be discussed by courtesy of Mr. Jordan.

POTENT DRUGS.

A DEFINITION; ITS SCOPE AND NEED.

The first tentative new provision as presented by the Voluntary Conference to be part of a Modern Pharmacy Law, reads as follows:

All chemicals and drugs, the maximum adult dose of which according to standard authorities on medicine or *materia medica* is one drachm or less, either fluid or solid, as also compounds and preparations containing such chemicals and drugs, and inclusive specially of morphine, opium, heroin, chloroform, alcohol, cannabis indica, chloral hydrate, and acetanilid, or any derivatives or preparations of said substances, are hereby defined to be of potent character. Provided that the drugs herein not specially named, the maximum

adult dose of which is greater than one (1) drachm, but containing active principles of lesser maximum adult dose, as well as compounds and preparations of such drugs, shall be construed to be of potent character only when they contain the isolated active principle as such, and not as a constituent of the original drug.

From what has been said in connection with these tentative new provisions, which, of course, in no manner is to be regarded as final, it appears that Provision No. 1 embodies three distinctive features or separate ideas, and it must be considered in that light. Its first aim is to define a potent drug as distinguished possibly from a poison; its second aim is to have a proper definition serve for the purpose of requiring a publication of all potent drug content as contained in medicines; and its third aim is to find a correct legal basis for restricting the right to sell medicines, to those who are qualified by law and education for that purpose.

In order to determine the desirability of such a provision in our pharmacy laws, it is necessary to consider from the public viewpoint the value of what is sought to be accomplished.

It is argued, particularly with reference to proprietary medicines, that the public welfare requires that the public or at least its qualified representatives know the content of active drugs as contained therein. It is claimed that such is necessary to save the medicine consuming public from fraud and from harm. Those of contrary view object to a publication of formula requirements in any form, because it will tend to destroy, if it does not actually destroy property rights without any compensating benefit to the public. It will be noted that the provision is drafted to meet the reasonable demands of those who claim the need for formula publication, and, on the other hand, to meet the reasonable objections of those who are opposed thereto. The first vital question raised is, whether public welfare requires disclosure of potent drug content in proprietary medicines.

If it is fairly decided that the public is served by a publication requirement, then it must next be decided whether a definition such as is sought to be made in Provision No. 1 is a sufficient and fairly correct definition. It means to provide that any drug no matter in what quantity it be contained in a medicine, shall be shown to be so contained therein if its maximum adult dose be a drachm or less. It further means to provide that any original drug, the maximum adult dose of which is greater than one drachm, shall not be regarded as a potent drug, and its content in a medicine need not be published, but in that connection further provides, that if a non-potent drug contains an active principle which would be regarded as potent under the definition, that then, the content of such active principle if contained in its isolated character must be disclosed, no matter in what quantity it be contained therein. By way of illustration:

Any medicine would be held to contain a potent drug, even though it be only two drops of tincture of nux vomica to the tablespoonful, and such content would need to be published. If, however, it contained the extractive matter of licorice root, its content would not need to be shown, no matter in what quantity, but if it contained the active principle glycyrrhizin, then its content would have to be shown, no matter how small. The question is, whether such an attempted definition of potent drugs is fairly correct. Objection has been raised to including alcohol specifically as a potent drug, and such objection may be a valid one.

The final important feature or aim which deserves consideration is whether the publication requirement, even though otherwise not deemed of great value, should be so regarded in that it is made to serve as a legal ground for restricting the sale of medicines to those who are qualified to sell them. It is argued, that excepting possibly where medicines are furnished by physicians, all medicines should be supplied to the consumer only by a registered pharmacist. In that connection the claim is advanced that the public welfare requires the ready accessibility to retail pharmacies and drug stores, and that the desirable number of drug stores cannot be maintained unless they may have the exclusive right to supply all medicine needs. This argument is, of course, apart from the one which would give an opportunity for the exercise of judgment in the use of proprietary medicines. Does or does not the public welfare require that the right to distribute and sell all medicines to the consumer be restricted to qualified persons?

ABSTRACT OF DISCUSSION.

THE CHAIRMAN: The question, as plainly presented to you, is taken from the first provision for drafting a modern pharmacy law is, Does or does not the public welfare require the publication of potent drug content, and, if so, is the definition as given tentatively a fairly correct one? The Voluntary Conference, I am sure, will be greatly aided if you will discuss these provisions.

J. H. BEAL: There is one thing I would like to see a little more explicit. What is meant by the standard authority on materia medica? Do you mean the Pharmacopœia and National Formulary? Do you mean a text-book on materia medica?

I ask that question because, in Illinois, in offering an amendment to the Anti-Narcotic Law we used that same phraseology in another connection. It was submitted to the Attorney-General of the State and he decided that the only two standard books on medicine and materia medica in Illinois were the United States Pharmacopœia and the National Formulary. I do not state that the Attorney-General of Illinois is correct, but he is a man placed in a position of authority and he had that idea, and it is possible that others in authority may have the same idea.

What does maximum dose mean? What authority does that refer to? You will find a wonderful difference of opinion relative to maximum doses—a difference of as much as a hundred percent; and, of course, if you take homœopathic works as a standard, there will be a difference of a million percent. It seems to me that it would be advisable to go into this particular part of the definition and make a selection of books which would be uniform, and specify what was meant by "standard" or "accredited" and then modify that statement regarding maximum adult dose so as to fit the conditions as you find them in these books.

It has occurred to me also that it would be a good plan to go through the Pharmacopœia and make a list of drugs which would come under this definition. For example—this is pretty broad—it would include black pepper, because the active principle of black pepper would be fatal in doses of much less than sixty grains. The same is true of red pepper and nutmeg.

M. I. WILBERT: I would also like to caution against the use of a general definition of potent or poisonous drugs. This is a very uncertain and rather dangerous thing to undertake. Even in this country where we are inclined to state things in a broad way, we are getting away from the general definition in framing our poison laws. All our poison laws include definite lists of articles that are supposed to be poisons, and this definite list naturally is a very much better criterion of what should be considered as a poison than is a general definition such as is outlined in the report.

The question of maximum dose is rather an interesting one. While we have no criterion or authority in this country, practically all the Continental Pharmacopœias include maximum dose tables. Some three or four years ago I compiled these maximum dose tables from fourteen pharmacopœias and it was astonishing the variation that existed in the maximum dose as given in the different cases.

As Professor Beal has pointed out, the variation exceeded one hundred percent. A dose considered poisonous in Russia, double that was considered to be poisonous in Germany or in some instances, *vice versa*, which would make it appear that the Germans are susceptible to some poisons more so than the Russians. There was absolutely no correlation, and these maximum dose tables were supposed to have been worked out very carefully.

Now, if in foreign countries where they have established tables, there is such a wide variation, we in this country, having no tables, would have absolutely nothing to go by.

The same thing holds true in connection with potent drugs as considered in some of the patent medicine laws, particularly in Canada. There they realized it was impractical to make a general definition and the Canadian laws include a schedule of drugs which are considered potent and which must be registered with the authorities in Canada, and the Council has been given authority to amplify this list from time to time.

The English poison laws are on the same principle. They include a schedule of poisons and the authorities are given—on the recommendation of the General Medical Council the authorities are empowered to add to this general poison law and amplify it.

In this country up to the present time we have had no specific basis for even the poison schedule. That is, we do not know what drugs are actually used, or what drugs are actually poisonous or potent. In the future we are promised such a source of information.

This compilation, which some of you undoubtedly have seen—Poison Laws issued in 1914–15—and while I am on my feet, I want to say just a word in regard to it. I think this pamphlet is the best illustration anyone would want that pharmacists, as such, are law mad and have been for a long period of time. They appear to think that if they can only get a law on the statute books, it is the salvation of pharmacy and they certainly have a collection of laws; and this is the accumulation passed by the legislative sessions of 1914–15, and it is *some* compilation, and you are expected to live up to this collection of laws, good, bad, and indifferent. Most of them bad.

In regard to this pamphlet, I was struck, on reading the introduction, with the fact that in this country we have no authoritative information with regard to the nature of the drugs used as poisons, or the nature of the drugs that actually kill people. When this was taken up with the Director of Sciences, it was developed that the previous Director of Sciences was curious himself as to what these numerous cases of poisoning were due to; and from 1909 they are turned over to us and are published for the first time in this compilation.

We are promised for future years, beginning with 1916, similar compilations and I am quite sure they will be extremely interesting and valuable from many points of view. They will be of use, for instance, as a basis for a list of potent drugs.

It is undoubtedly a fact that the poisons used to kill people vary from year to year. The causes for that, of course, are many and varied, but the Bureau has promised to give us, at least, a list of the things that are used, and then comparing that with the newspaper reports and the records of reports of poisoning we will have some data on which to discuss the newspaper publicity in connection with poison cases.

The point I would insist upon is that general definitions be discarded and specific enumeration preferred.

C. B. JORDAN: The last provision, it seems to me, is not quite clear. It says here, "Drugs shall be considered potent remedies if the dose be one drachm or less ——"

Now, licorice root and its preparation would be considered impotent if it contained added glycyrrhizin, but suppose the preparation naturally contained glycyrrhizin, it would be considered potent.

THE CHAIRMAN: That is not the intention. It is simply this: No matter what quantity of licorice root or extract of licorice there may be contained in a preparation, it would not be considered a potent drug, or a preparation to be regarded as a potent drug, but if it contained added glycyrrhizin, then no matter how small the quantity, the preparation would be so considered. That feature seems clear enough to me.

J. H. BEAL: Would it be in order to move to refer this particular provision back to the Committee to see if it could remove the principal objections which have been mentioned this afternoon?

If so, I move that Provision No. 1 be referred back to the Committee, with instructions to prepare, if possible, clear definitions of the term "Standard works on materia medica and therapeutics," maximum adult doses, and other matters.

Seconded by C. B. Jordan. Motion carried.

THE CHAIRMAN: The next is an explanation of Provision No. 2, with which Professor Newcomb will please favor us.

PUBLICATION OF POTENT DRUG CONTENT.

The second tentative new provision as presented by the Voluntary Conference to be part of a Modern Pharmacy Law reads as follows:

"All chemicals, drugs, their compounds and preparations, of potent character as herein defined, when intended for use as medicines, shall be dispensed, distributed or sold only in containers bearing a label for ready inspection, upon which such potent drug content is plainly shown, as also the percentage of such drugs contained therein: Provided, that

when such chemicals and drugs are dispensed in keeping with a written record as made by a licensed physician, dentist or veterinarian, and such written record is retained or filed by the pharmacist, physician, dentist or veterinarian, the label requirement herein shall be satisfied when the container of the chemicals and drugs so dispensed contains a number or mark corresponding with a number or mark on the written record, so that it may be readily identified."

Very clearly this provision aims to compel the publication or record keeping of potent drug content contained in all medicines distributed to the consumer. Insofar as it has to do with publication of formula of proprietary medicines the question has been discussed in connection with Provision No. 1. The thought underlying and demand for the publication of potent drug content is carried to its logical conclusion in that it would prescribe a requirement which will enable such as are entitled thereto, to learn or to know readily what potent drugs may have been administered. As distinguished from proprietary medicines it has to do with medicines dispensed upon physicians' prescriptions or by the physician himself. Insofar as it concerns medicines dispensed by pharmacists on physicians' prescriptions, the requirement exists by custom to-day, but insofar as it concerns medicines dispensed by physicians themselves it does not exist to-day in any form. Those who urge such a requirement to be essential advance as a reason, that medicines are very generally distributed to patients by physicians without any record whatever of what has been so dispensed. No one other than the physician, and frequently not even he is able to say what potent drugs are contained in a medicine which he may have left with or given to a patient. It is urged that since physicians usually leave medicines of decided potency that there is even far greater need as a safeguard for the public that a record be made, and that in some form it be available. The provision as drafted would leave it optional with the physician to show the potent drug content on the label of the container, or otherwise to make it possible for identification by the keeping of a written record and identifying number or mark. No more valid objection has been raised to this provision, other than that physicians generally will be opposed thereto, and that as a consequence the chances for its enactment into law are practically nil. It is submitted that if the public welfare really requires such publication or means of identification, that then on proper education of the public an enactment can be secured, even though the medical profession continue to be opposed thereto. The broad question is, whether public welfare requires such publication or means of identification in connection with medicines dispensed by physicians.

ABSTRACT OF DISCUSSION.

M. I. WILBERT: I believe that you would have the coöperation of all the best men in the medical profession in a provision of this kind. The probable opposition of a certain class of medical men could be overcome by a provision somewhat analogous to the provisions in the Patent Medicine Stamp Law in Great Britain. Proprietary medicines made according to an established public formula do not pay an internal revenue tax; and in order to overcome the probable objections of a certain class of self-dispensing doctors, I think it would be quite practicable to evolve some scheme of that kind—that where the formula is published in a recognized book of formulas or standards that the title of that formula be accepted in lieu of a detailed report of the supposed constituents. That would overcome the objection from any point of view the dispensing doctor might hold. Not compounding the medicines himself, he does not actually know what the medicines contain. Or, on the other hand, that it would take too much time and trouble to write out all the several ingredients and quantities, or that he does not want his patient to know what he is actually taking, but is quite willing to safeguard his patient, and to permit the authorities to know whether his patient has been getting a toxic or poisonous drug by indicating the formula or composition in the broad way suggested.

As Mr. Newcomb was reading the provision, this struck me as being a probable way out of the difficulty. But I am sure, so far as the better class of the medical profession is concerned, they will heartily endorse a proposition of that kind to safeguard the patient or to permit other doctors or physicians or health officers to determine what the patient has been taking and determine whether or not he has been getting a potent drug.

W. C. ANDERSON: I cannot agree with Dr. Wilbert as to the attitude of the physician

toward this provision. I think a great majority of such physicians would refuse to obey it. It seems they are failing to comply with a great many of the laws on the statute books to-day. The matter of keeping a record of the sale of narcotics is opposed and the physicians claim they will not do it. In all the cases that have been brought to court, the physician—in every case—has been relieved of any punishment when he has failed to keep these records, on the assertion that his work with the patient was of a private nature and he could not be required to make a record of the name and address of the patient as required under the law, and no convictions have been had under that law because of that claim.

We have a condition here that, in my opinion, would be practically the same, and I think the further we keep away from formula-disclosure operations in our pharmacy laws the better it will be for pharmacy.

I cannot see where anything can be gained for pharmacy if this provision, or the first one considered, which is in reality a formula-disclosure proposition, be passed. When you place on the label the name and quantity of potent drug you practically require the exposure of any formula that is of any value and, consequently, all remedies would have to have placed on the label, the constituents they contain; that is, the constituents that have any medicinal activity.

The object sought for in both these provisions, as far as pharmacy is concerned, is an excellent one. The underlying thought is that we could insert in our pharmacy laws, provisions that will enable us to retain to the pharmacist the sale of all preparations that contain potent drugs. I think that is the idea of the Committee in presenting this proposition—that pharmacy is to be benefited in that way.

In our present condition we bring a proposed law to a legislature requiring that preparations should be sold only in drug stores and are defeated on the ground that package preparations can be sold in dry goods stores and grocery stores as well as in drug stores, and that it requires no special knowledge of these preparations to sell them to the public, and by making a provision of this kind, showing the drug content, we would then be able to establish the fact that these potent drugs should be handled only by registered pharmacists. I think I am correct in this.

Another object is to prevent, if possible, the dispensing by physicians, or to lessen the dispensing by physicians, because of the fact that, according to this provision, they would be required to keep a record of everything they dispense out of their offices, and they would just as soon write a prescription as to go to the trouble of recording the ingredients of the medicines they give to their patients.

That is another worthy object. But, in attempting to attain this the danger in my mind is that we will do what we have done so often—put restrictions around the pharmacist, lessening his business, and gaining nothing for him in the end.

When we discussed the dispensing by physicians generally in our meetings, the physicians came to us and said that if we would take all the patent medicines out of our stores and stop selling anything for self-medication, then they would consider writing more prescriptions. Of course, the druggists have to give up something first, with a very faint or very vague chance of getting anything in return; and those very physicians who make that promise, if every patent medicine were taken out of the drug store, would not write more prescriptions for that same druggist. There is the position we are in—it is placing restrictions around the druggist with the hope of getting something in return, and I am opposed to this whole proposition of formula-disclosure.

The original advocates of formula-disclosure and the most persistent, did not have the welfare of the public in mind. There is only one object in it, and that is to stop the sale in a drug store of every remedy unless the physicians get some pay from it. That is the object. There is no use of us blinding ourselves to the fact, and there is no use in trying to prevent the public from treating themselves as they have been treating themselves for years and years, and with the remedies they want to use. Now, are you, as representing the pharmaceutical trade and profession, going to encourage a proposition of this kind? Are you going to assist in eliminating from the drug store all the remedies that you sell to the public generally for simple use and then get nothing in return?

I think we are wrong on this proposition and, as Mr. Wilbert says, the pharmacists

sometimes are drug-law crazy, and I have taken the position for sometime, and I want to say it again, that we had better be on the defensive with reference to drug legislation to a very great extent and defend ourselves from the oppression that has been placed upon us rather than agitating provisions that are going to reduce our income without any benefit to the public.

M. I. WILBERT: I would like to emphasize what Dr. Anderson just said insofar as his ideas regarding these provisions are concerned. If the intent of these provisions is to safeguard the pharmacists, leave them alone by all means, for you will only be putting a mill-stone around your own neck.

A. W. LINTON: It seems to me that as far as this provision affects the physician, the physician will have to write a prescription for the medicines which he dispenses himself. Under the present condition he writes a prescription and sends it to the pharmacist who places it on file. If any question ever arises as to the quality or proper dispensing of that medicine the pharmacist's file is open to the health authorities and can be consulted, but under the present conditions, with the physicians dispensing their own medicines, there is no record or way of finding out what it was, and it seems to me that this provision would mean that a physician intending to dispense medicine himself would write a prescription, put it on file, and then put on the package some number or other mark, so that the medicine could be checked up with the prescription on the file. I think that is all right. If it is desirable that the pharmacists may be checked up, it is equally desirable that the physicians be checked up also. In some of the states it has come to be the case that a physician's stock of medicines is subject to inspection by state officials just as the pharmacist's is. I see no reason why physicians should be exempt.

Theoretically that is a good thing, but there is a practical objection to it. Two years ago, in Washington, we tried to pass a new pharmacy law and it was intended to correct about all the evils pharmacy is subject to. We were going to cure everything with the one law, and I do not think that law was as carefully considered as this modern pharmacy law now under discussion; but it was carefully considered and I think it would have been a good law, but there were too many provisions in it, and that was the trouble with it when it came before the legislature. Anyone who was opposed to any provision started to fight against it, and there were so many interests opposed to it that it was killed. It seems to me that if this provision we are discussing here were made a part of the pharmacy law we would have the opposition of the physicians to overcome. It seems to me that we should go about the essential things and make pretty sure of getting them and not try to introduce a remedy for every evil. We know there are a lot of things that ought to be corrected and I do not think it possible to get through any legislature a law that will correct all of them at one time.

THE CHAIRMAN: We will now pass on the consideration of the last of the subjects for this session—Provision No. 3, which will be read by Dr. Wilbert.

Shall the compounding and manufacture of medicines be restricted to pharmacists exclusively, and shall the distribution and sale be restricted exclusively to those who are specially qualified?

The third tentative new provision as presented by the Voluntary Conference to be part of a Modern Pharmacy Law reads as follows:

"All chemicals, drugs, their compounds and preparations, when of potent character, as herein defined, when intended as medicines, except as hereinafter provided, shall be dispensed and sold at retail to the consumer only by or under the supervision of a registered pharmacist; compounds and preparations of such chemicals and drugs shall be compounded and prepared only by or under the supervision of a registered pharmacist. All such chemicals, drugs, their compounds and preparations, when intended for distribution or sale at retail as medicines in their original packages, shall be labeled to show that they have been prepared by or under the supervision of a registered pharmacist. When imported into this state for sale at retail, they shall in like manner show that they have been prepared by or under the supervision of a pharmacist licensed or registered at the place where compounded

or prepared. Such chemicals, drugs, their compounds and preparations, when compounded, prepared and labeled in their original packages as herein required may be dispensed, or may be dispensed from, and sold by registered physicians, dentists and veterinarians without showing on the label by whom compounded or prepared: Provided also, that such chemicals, drugs, their compounds or preparations, when compounded, manufactured or prepared by or under the supervision of a registered pharmacist, may be sold or dispensed at retail in communities or places located at least —— miles distant from a registered pharmacy, by storekeepers licensed for that purpose by the Board of Pharmacy."

The provision contemplates a number of very definite changes which have to do with the compounding, manufacture and distribution of medicine. It requires:

First.—That all medicines when of potent character shall be compounded and prepared only under the supervision of a registered pharmacist;

Second.—That such medicines shall be dispensed and sold to the consumer only under the supervision of a registered pharmacist excepting that when they have been prepared and compounded under the supervision of a registered pharmacist they may in their original form be dispensed and sold by registered physicians, and concerning proprietary medicines they, also, when compounded under the supervision of a registered pharmacist, may be sold by storekeepers licensed for that purpose when distant a specified number of miles from a registered pharmacy.

Third.—All such medicines distributed to the consumer shall show on the label that they have been prepared under the supervision of a registered pharmacist, excepting such as are dispensed in original packages, or from original packages by registered physicians, who then in keeping with Provision No. 2 will be required to make and keep a record.

In its broadest sense Provision No. 3 requires that medicines containing potent drugs shall be compounded only by or under the supervision of a registered pharmacist. It would exclude the physician who is not also a pharmacist from compounding the medicines which he would dispense, and would limit him to dispense only such medicines as have been prepared by or under the supervision of a registered pharmacist.

The other requirement to limit the sale and distribution to registered pharmacists, and to registered physicians, etc., excepting in the case of licensed storekeepers, in connection with proprietary medicines particularly, is important but not to an equal extent. It is argued for such a requirement that the compounding and preparation of medicines requires special training, and that the physician usually lacks such special training. As in connection with Provision No. 2 the only objection which has been forcibly raised is that physicians generally will be opposed thereto, and will be able to defeat its enactment, even though the true public welfare require it. Does the public welfare require that all medicines be compounded and prepared by those who are specially trained for that purpose?

ABSTRACT OF DISCUSSION.

M. I. WILBERT: When that was discussed a year ago, I raised objection to this particular point as being altogether impracticable as a state law, but as I outlined to Mr. Freericks last evening I have an idea of something that is coming in the not far distant future that will eliminate the objection to this particular phase.

Those of you who have followed state legislation appreciate the rapidity with which prohibition legislation is growing over this country. It is really astonishing. The prohibition legislation being enacted at the present time is quite different from that of ten or fifteen years ago, and those of you who are from prohibition states—North and South Carolina, Oregon and Washington—have some idea of the provisions being incorporated in these prohibition laws and the irksome nature of the restrictions placed on retail druggists. And yet, the prohibition laws are not enforceable. The prohibitionists of this country are recognizing that, and irrespective of the fact as to whether these laws are good, bad or indifferent, the people who are in favor of them are strongly so and would advocate any provision that will make them enforceable.

Now, if the pharmacists will recognize that and recognize it on a very broad plane, they can bring about a situation that would be of immense importance and open up great possibilities. At the present time a man doing a legitimate drug business in a prohibition state

is required to register as a retail liquor dealer. If he registers as a retail liquor dealer he is on record as a retail liquor dealer and he is suspected and pointed out in the community as a retail liquor dealer. Some retail drug stores in such states are simply "blind tigers" and in reality retail liquor shops, and these retail liquor shops in prohibition territory have done more to discredit pharmacy than any other thing in this country. This is another thing we should recognize and undertake to cope with, if possible.

Now the possibility that from the standpoint of the practical pharmacist would be a very desirable one, would be the introduction of an additional license feature for the handling of alcohol for legitimate drug use, and if the retail druggists of the country could be licensed as dealers in alcohol and narcotic drugs and pay one license fee, it would eliminate the separate classification of retail liquor dealer. It would put the druggist where he properly belongs as a pharmacist and open up the possibilities of legitimately handling alcohol in prohibition territories without the onus of being suspected of illegitimate business.

To open that provision to everyone would leave us just where we are. A Federal law, however, could be devised that would provide restrictive measures of a very far-reaching character in limiting the nature of man to whom such licenses were to be issued. Since the issuance of the license is open to everyone the Federal Government, as I see it, can put any restriction it chooses on the issuance of that license, providing it is uniform. My idea was that in connection with such law it would be practicable to provide for a system of examination under existing civil service boards; the civil service board, to begin with, to issue what they call "non-assembled" examinations, which would, in effect, be a written statement on the part of the applicant as to his qualifications to do certain things and his willingness to abide by certain regulations. In addition to that, this civil service commission could also provide for direct examinations, and in that way provide for a national examination for pharmacists which national examination would take the place, or be somewhat akin to, the National Board of Medical Examiners. It would be more complete and more far-reaching because it would be conducted under Federal auspices by Federal officers and in compliance with rules outlined by the Civil Service Commission.

You can see what the possibilities of that would be. A man who could not handle liquor and narcotics could not fill prescriptions. It would provide immediately for a differentiation in the drug business. It would not interfere in any way with the existing retail druggists who handle largely package medicines, or ready-made medicines containing no alcohol nor narcotics. It would not interfere with the neighborhood accommodations for the so-called retail drug store. It would provide for the neighborhood pharmacy and would safeguard the man who qualifies under the law. It would safeguard his business in a practical way. He would have added responsibilities, it is true, but every corner would not be filled with a competitor, because the number of stores would naturally be restricted on account of the elimination of that particular kind of business through the inability of everyone to comply with the regulations, provided the regulations were sufficiently high.

To me the possibility is an interesting one, and one well worthy of thought and possible elaboration. This particular phase of it, of course, would appeal to the prohibitionists for this reason and to this extent. If the retail druggists of this country would be willing to solicit the co-operation of the prohibitionists they could put a law of that kind through Congress in very short order, because prohibitionists in this country, particularly in Congress, are very, very strong and anything that would make for the enforcement and complete enforcement of state prohibition laws would meet with such hearty support on the part of prohibitionists and it would go through Congress so rapidly that it would surprise many of you. That is the idea I had in mind as to overcoming this provision in so far as its impracticability is concerned. That provision applies to interstate restriction by a state law.

THE CHAIRMAN: Only as one provision.

M. I. WILBERT: Yes. It is impracticable because no one state can legislate as to a preparation made in another state, and cannot prevent the importation of a preparation from another state as long as it is not sold or dispensed.

W. C. ANDERSON: What could be gained to pharmacy or the prohibition cause by such a proposition I cannot see. I do not think that Dr. Wilbert means to infer that there are so many "blind tigers" in the drug stores of this country that we should have a special law

putting 75 percent of the druggists out of business so far as their right to compound prescriptions is concerned in order to protect the people against the sale of liquor in retail drug stores. The idea is ridiculous, and while there may be some of these "blind tigers" in some of the states, I do not know where they are. I cannot see any logic or anything to be gained by the plan suggested by Mr. Wilbert, and I think one of the first things that the American Pharmaceutical Association and the pharmacists of this country should do would be to oppose such a proposition most heartily, because there is evidently very great danger in it, and I can not see where there is any good.

THE CHAIRMAN: It seems to me that in our debate we have gotten away from the provision of your Voluntary Conference in that it was a question as to whether it is right in the public welfare that medicines be prepared only by pharmacists. That is the question that is presented by Provision No. 3. Is it, in your judgment, considering the matter purely and alone from the viewpoint of the public welfare, necessary that medicines be compounded under the supervision of registered pharmacists alone, meaning all medicines?

L. F. KEBLER: Would that apply to the manufacture of morphine?

THE CHAIRMAN: No. We are speaking of preparations.

L. F. KEBLER: Is not morphine a preparation?

THE CHAIRMAN: Not in the sense it was spoken of or construed in the provision. We are speaking there of compounds and preparations sold at retail. I get the thought Dr. Kebler has in mind, but that was not the intent at all, although it is well to have it brought out.

L. F. KEBLER: Suppose I prescribed for a patient a mixture of morphine sulphate and sugar, is not that a preparation?

THE CHAIRMAN: That would be a preparation. The question is whether the welfare of the public requires that only a pharmacist should prepare such a prescription.

L. F. KEBLER: Would that apply to the manufacturing, for instance, of a tablet by a manufacturing house? Would it be necessary that a pharmacist actually complete the preparation himself, or only under his supervision?

THE CHAIRMAN: Under his supervision. The idea is that each manufacturing house must have in its employ, at least one registered pharmacist.

L. F. KEBLER: He might not go into the laboratory, but tell some other man how to do it?

THE CHAIRMAN: The operations of every manufacturing pharmacist must be under the supervision of a registered pharmacist. That applies in the sense that if the manufacturing establishment had in its employ at least one registered pharmacist, that would satisfy the law.

If there is no further discussion, the program is concluded, except that we will entertain further nominations for officers for the ensuing year and then proceed to the election of officers.

Moved by M. I. Wilbert and seconded by William Mansfield, that the nominations be closed.

Motion carried.

The following were then elected: R. A. Kuever, chairman; C. B. Jordan, secretary; associates, A. W. Linton, H. V. Arny and John Culley.

The meeting was then adjourned.